

TOXICOMANIA AND PSYCHOANALYTIC TREATMENT: DOUBLE TROUBLE

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Introduction

In Jokes and their Relation to the Unconscious Freud analyses the technique of a joke about a dipsomaniac tutor. The joke goes as follows:

“A man who had taken to the drink supported himself by tutoring in a small town. His vice became gradually known, however, and as a result he lost most of his pupils. A friend was commissioned to urge him to mend his ways. ‘Look, you could get the best tutoring in town if you would give up drinking. So do give it up!’ ‘Who do you think you are?’ was the indignant reply. ‘I do tutoring so I can drink. Am I to give up drinking so that I can get tutoring?’”¹

Freud writes that the technique of this joke is extremely scanty and therefore can not explain its effectiveness. It is not a displacement joke in which the psychical emphasis is shifted from one train of thought to another. The cynicism here is open and direct: “Drinking is the most important thing for me”. The joke depends on its form of expression in which, as Freud indicates, the same material is rearranged by reversing the relation of means and ends between drinking and work.² This dipsomaniac tutor wants to work only to be able to pay for his drinking. This joke and Freud’s analysis of it touches upon a particular aspect of a certain kind of alcoholism: Work is usually one of the first aspects affected in the lives of alcoholics, but at the same time the aspect they most need to hold on to in order to be able to continue drinking.

Further on in this book Freud continues with an interpretation of this joke. The joke corresponds to a conflict within ourselves. On the one hand we want enjoyment and it makes no difference how we get it. This is exemplified in Horace’s *Carpe Diem*, which according to Freud “appeals to the uncertainty of life and the unfruitfulness of virtuous renunciation”.³ At times we like to hold on to this philosophy of life because we have stopped believing that renunciation will lead to satisfaction in the future since we might not be there to enjoy it. Freud writes that this joke says “that the wishes and desires of men have a right to make themselves acceptable alongside of exacting and ruthless morality”.⁴ There will be always a voice in us which rebels against the demands of morality as long as healing hasn’t made our lives safe and existing social arrangements do not make it more enjoyable. On the other hand, morality demands that we don’t fulfil our needs illegitimately because the continuance of the demands of so many unfulfilled needs can develop the power to change the order of society. Freud is referring here to a morality which is in the service of the common good. Freud concludes his interpretation by saying that there is no way out of this conflict.⁵

¹ S. Freud, (1905), Jokes and their Relation to the Unconscious, P.F.L. 6, pp. 88-89.

² Ibid.

³ Ibid., p. 154.

⁴ Ibid., p. 154.

This fundamental human conflict is reflected in two ancient schools of philosophy of ethics: Epicurism and Stoicism. Epicurus said that “pleasure is the beginning and end of blessed life. The beginning and the root of all good is the pleasure of the stomach; even wisdom and culture must be referred to this”.⁶ Cyril Bailey, who is an Epicurus expert, made an interesting statement in relation to Epicurus’ conception of pleasure: “Absence of pain is in itself pleasure, indeed in its ultimate analysis the truest pleasure”.⁷ This is interesting because it is completely coherent with an apparent paradox inherent in Freud’s pleasure principle, namely that pleasure and pain cannot exist independently of each other and that the former is built on a reduction of the latter.

In Stoicism, virtue is the only important thing and the sole good.⁸ Pleasure and satisfaction are of no importance in the light of being virtuous. We have to step back from our mundane desires and passions. Only then will man be completely free. Here too, we detect an apparent paradox, namely that freedom is only attainable through abstinence. When we analyse the Stoic conception of freedom one step further we come to the conclusion that it means the following: not being imprisoned by the pleasures and passions of the body. The only position which can ground this concept of freedom is the ultimate moralism of virtue being the only common good.

Epicurism and Stoicism seem to be completely opposed as ethical systems of thinking. On closer inspection of Epicurism, however, we come to a surprising conclusion. We mentioned that the absence of pain is considered to be the highest good and we know that overindulgence in all kinds of pleasures can lead to pain. This knowledge allowed Epicurus to make the following statements: “The greatest good of all is prudence; it is a more precious thing even than philosophy”, and “Sexual intercourse has never done a man good and he is lucky if it has not harmed him”.⁹ So even the high priest of pleasure and enjoyment preached the virtues of renunciation, refinement and moderation. It is the contradiction within Epicurism and its paradoxical relationship to Stoicism which illustrates and confirms Freud’s aforementioned fundamental human conflict. Man finds himself in relentless pursuit of pleasure or avoidance of pain. But he finds this at the same time either unacceptable or else impossible to continue and therefore cannot allow himself to sustain it.

Already since The Interpretation of Dreams Freud knew that we can only constitute a relationship to a human reality through the renunciation of an experience of complete satisfaction. The hallucinatory nature of this experience is not enough in relation to the demands of human reality and we will need to direct ourselves to the external world of substitute objects for another kind of satisfaction. From then on a lack will be at the very foundation of our existence. A complete or total satisfaction is replaced by a limited pleasure. But it is important to keep the following in mind: a substitution always retains its relationship to what it substituted in a psyche which, since this loss, is structured like a language. We will later see that this relationship is an impossible one, because it is based on a fundamental human impotence. The peculiar nature of this relationship is the cause of the failure of the pleasure principle

⁵ Ibid., pp. 154-155.

⁶ As quoted in: B. Russell, History of Western Philosophy, London, Routledge 1993, p. 252.

⁷ Ibid., p. 253nl.

⁸ Ibid., p. 262.

⁹ Ibid., p. 253.

and our incapacity for pure and unadulterated pleasure. Suffering and pain seem to be our destiny. Our lot in life is discontent in civilisation.

Civilisation and its toxicomanias

In Civilisation and its Discontents Freud writes:

“But the most interesting methods of averting suffering are those which seek to influence our own organism. In the last analysis, all suffering is nothing else than sensation; it only exists in so far as we feel it, and we only feel it in consequence of certain ways in which our organism is regulated.”¹⁰

We have described elsewhere how the incorporation of language is able to represent these “certain ways in which our organism is regulated”, how different forms of *jouissance* result from this incorporation, and how certain distributions of these forms can lead to toxicity and cause suffering, pain and anxiety.¹¹ Freud continues: “The crudest, but also the most effective among these methods of influence is the chemical one – intoxication.”¹²

The immediate context from which these quotes are taken is crucial for an understanding of the problem of toxicomania in the field of psychoanalysis. We will therefore explore this context in some detail here. Freud says that suffering threatens us from three directions: our bodies, the external world and our relations to others.¹³ This last source causes us most suffering. Isolating ourselves from others is thus one solution to our problems. Drugs and alcohol can provide us with pleasure, but they can also render us incapable of “receiving unpleasurable impulses”. These two effects appear to be intimately connected with each other. The pleasure these “foreign substances” can generate, and the halt they can call to unpleasurable impulses, whether they come from within or outside the organism, are independent of the other. Freud writes: “The service rendered by intoxicating media in the struggle for happiness and in keeping misery at a distance is so highly prized as a benefit that individuals and peoples alike have given them an established place in the economies of their libido.”¹⁴ Implied in this statement and its wider context we already find the rudiments for a possible differential diagnosis of toxicomania. This is a diagnosis which is based on a certain economy and distribution of *jouissance* which results from the constitution of the subject within the field of the Other and not a diagnosis which is based on a description of drug taking and alcohol consumption from an empirical (i.e., medical, legal and social) point of view.

This last perspective has never led to any satisfactory results and is only able to display an alarming inconsistency. Alain Delrieu, who has made a very detailed study of more than four hundred written texts on toxicomania, came to the following conclusion in his book L’Inconsistance de la Toxicomanie: “...despite the multiplicity of scientific disciplines which are interested in this theme (...), it is actually impossible to respond without fuss to two questions which preoccupy the adult

¹⁰ S. Freud, (1930), Civilization and its Discontents, P.F.L. 12, p. 265.

¹¹ R. Loose, ‘Libido and Toxic Substance’, in *The Letter* 6, 1996, pp. 32-43.

¹² S. Freud, op.cit., p.265.

¹³ Ibid. p. 264.

¹⁴ Ibid. p. 266.

world, 'why do so many young people take drugs?', 'who are those who take drugs?'"¹⁵ In other words toxicomania exists, but not the toxicomaniac, as Markos Zafiroopoulos argued in his psychoanalytic study entitled: Le toxicomane n'existe pas.¹⁶

Another important aspect of toxicomania, which Freud makes quite explicit in this passage in his work, is his insistence that toxicomania is a social symptom. He writes:

"We owe to such media not merely the immediate yield of pleasure, but also a greatly desired degree of independence from the external world. For one knows that, with the help of this 'drowner of cares' one can at any time withdraw from the pressure of reality and find refuge in a world of one's own with better conditions of sensibility. As is well known, it is precisely this property of intoxicants which also determines their danger and their injuriousness."¹⁷

What we propose here is that toxicomania as a social symptom creates a specific social bond and forms a particular structure. All three clinical structures in psychoanalysis form social bonds and are relational in nature; they orientate the subject in relation to the Other. If it is permissible to define the clinical structures (and toxicomania) with only a few words, basing ourselves, not on the results of psychological measurement, but on a topological conception of the relationships between the Subject and the Other, then maybe we can say the following:

- Neurosis addresses the Other with a question.
- Perversion dresses the Other with an object.
- Psychosis is being or not being the Other.
- Toxicomania is an independence of the Other.

It is as a social symptom which creates a particular social bond that we will continue to study the problem of toxicomania in this paper. Before we do this we want to give an indication of what direction to go into in order to develop the aforementioned possible differential diagnosis of toxicomania as it relates to *jouissance*.

Towards a differential diagnosis of toxicomania

When we propose that toxicomania is an independence of the Other we imply that it is an attempt to administer a *jouissance* independent of the Other. The expression 'to administer' is used in three ways: (1) to govern or regulate, (2) to manage as a substitute and (3) to dispense or supply. Toxicomania can be related to the three clinical structures of psychosis, neurosis and perversion. It can also be related to actual neurosis which would make toxicomania a clinical entity which is separate from the clinical structures and their symptoms.

¹⁵ A. Delrieu, L'Inconsistance de la Toxicomanie, Paris, Navarin, Analytica 53, p. 101. (our translation).

¹⁶ M. Zafiroopoulos, Le toxicomane n'existe pas, Paris, Navarin, Analytica 45, pp. 1-106.

¹⁷ S. Freud, op.cit., p. 266.

In psychosis the foreclosure of the Name-of-the-Father results in a position of the subject as object or Thing for, or in, the Other. The subject can maintain himself in this position by a mechanism of substitution which Lacan called a *sinthome* in Seminar XXIII. The subject is a body and is completely overwhelmed by *jouissance*. Toxicomania is here a form of 'management' of *jouissance* by 'substitution' with drugs and alcohol, as forms of self-medication.

In neurosis and perversion the mechanisms of repression and disavowal result in a fundamental dissatisfaction due to a failure of the pleasure principle. What lies beyond this pleasure principle is always 'too much' and yet the absence of this beyond creates a 'never enough', a '*plus-de-jouir*'. Here we can situate one of the few (maybe the only) reference(s) Lacan makes to toxicomania: "(...) everything which permits to escape this marriage is clearly welcome, that is the reason for the success of the drug, for instance; there is no other definition than this one: it is what permits to break the marriage to the little Willie."¹⁸ Lacan indicates here that toxicomania is an attempt to break away from phallic *jouissance* and an attempt to turn the pleasure principle into a successful operation through the refusal of symbolic castration. It takes the form of the subject 'dispensing' with the failure of the pleasure principle by 'supplying' himself with an additional *jouissance*. The drug or alcohol here functions as an "object-cause-of-*jouissance*" which allows the subject to avoid the ever problematic encounter with the desire of the Other and sustains in him the illusion that he is able to attain the lost "object-cause-of-desire". This implies a direct access to *jouissance* for the subject which enables him to avoid the long detour via the Other as it can be administered at will. It is therefore essentially oral in nature and drowns the symbolically structured "formations of the unconscious" in a sea of toxicity.

The real toxicity in toxicomania considered as a separate clinical entity or as related to actual neurosis, is not situated in the drug or alcohol itself but concerns that *jouissance* of the body which threatens to devour us when the phallic or sexual *jouissance* of the signifier is unable to contain it. We have elaborated this idea in a previous paper.¹⁹ We argued there that toxicomania takes the form of a kind of flood-gate which 'governs' or 'regulates' in a homeostatic movement the lethal attraction to the *jouissance* of the Other. Toxicomania functions then as a barrier against an anxiety which results from this other toxic *jouissance* which overwhelms the subject when something of the body cannot be psychically processed or symbolised. The anxiety referred to here belongs to the clinical category of anxiety neurosis as one variant of actual neurosis.

It is without a doubt the case that these different toxicomanias have implications for the direction of the treatment. A full consideration of these implications would extend by far the scope of our paper and we will set ourselves the task to do this elsewhere. We will now continue to investigate the problem of toxicomania as a social symptom.

Toxicomania as a social symptom: A discourse of toxicomania

Is it fair to suggest that toxicomania engenders (or implies) a particular social bond? A social bond suggests the existence of a relationship between an agent and an

¹⁸ This is a remark Lacan made during the 'Journées des cartels', J. Lacan, 'Discours pendant la Séance de Clôture', in *Lettres de l'École Freudienne*, 18, 1976. (our translation).

¹⁹ R. Loose, op.cit, pp. 40-42.

other which is based on language as the only reality capable of structuring this relationship. We have just seen that toxicomania is based on a mechanism of independence from the Other and that it drowns the formations which find their cause - and acquire their significance - in this relationship. This mechanism of independence seems to indicate a violation of the social bond and a severance of the Other by the subject. The time has come to put this mechanism of independence in toxicomania into its proper perspective. The violation of the social bond does not make it less of a social bond: it only provides it with its particularity. The severance of the Other in toxicomania does not affect the structural dependence of the subject on the signifier of the Other: it only concerns the independent administration of particular distributions of *jouissance* which come as a result of this structural dependence. This is precisely what sets toxicomania apart from most other psychopathologies. Toxicomania does not represent the subject for another signifier, but eclipses the signifier that does. Toxicomania as a psychopathology functions outside the signifier but it operates within a violating social bond.

What gives toxicomania, as a social symptom, its sense of uniformity is the fact that an object is in command, but surprisingly also, as we will see, what it commands. The object (drug or alcohol) is in the place of agent. What is the effect of this object in charge? The effect, as we have seen, is an eclipse of the signifier which represents the subject for another signifier. The object tries to absorb this master-signifier ($a \rightarrow S1$). This relationship represents the (impossible) desire to unite the object with the master-signifier. In other words, this is an attempt to put the object and the Ego-Ideal in the same place, where we consider this last one to be the symbolic identification with the Name-of-the-Father as the master-signifier (S1). The peculiarity of this desire does not only create a sense of uniformity from an outside perspective, but it also creates a group when this object concerns a communal one. In Group Psychology and the Analysis of the Ego Freud writes: "A primary group of this kind is a number of individuals who have put one and the same object in the place of their ego ideal and have consequently identified themselves with one another in their ego."²⁰ The conjoining of object and Ego-Ideal binds people together which is not uncommon in toxicomania as a social phenomenon. This can lead to all kinds of therapeutic difficulties, especially also when the therapies are group and community based. Freud likens this conjoining to the hypnotic relationship. He writes in the same chapter that "(...) the hypnotic relationship is (if the expression is permissible) a group formation with two members. Hypnosis is not a good object for a comparison with a group formation, because it is truer to say that it is identical with it".²¹ Lacan considers the definition of hypnosis, as the confusion between the object *a* and the ideal signifier, to be the most assured one so far.²²

In his article *Psychical Treatment* from 1905, Freud argues that the use of hypnosis tends to create a kind of dependency of the patient on the doctor.²³ The patient becomes addicted to hypnosis. In the same article Freud compares the hypnotist to a mother feeding a child.²⁴ Sylvie Le Poulichet wonders in relation to this: "Do the words of the hypnotist possess themselves a similar status as the one of the flow of mother's milk?" She continues: "The hypnotist functions like an imaginary Other who

²⁰ S. Freud, (1921), Group Psychology and the Analysis of the Ego, P.F.L. 12, p. 147.

²¹ *Ibid.*, p. 145.

²² J. Lacan, The Four Fundamental Concepts of Psychoanalysis (1973), Trans. by A. Sheridan, New York, Norton & Company, 1981, p. 273.

²³ S. Freud, Psychical (or mental) Treatment, S.E., VII, pp. 298 and 301.

²⁴ *Ibid.*, p. 295.

is not lacking, an Other who does not let himself be de-completed so that the desire of the subject can take root in this gap.”²⁵ Sylvie le Poulichet suggests that a true toxicity in the field of psychoanalysis concerns words and especially those spoken in the relationship of hypnosis.²⁶ This idea is extremely important because it is able to explain why abstinence from drugs or alcohol is often not problematic for toxicomaniacs. We propose here that a detoxification can be easily maintained as long as a re-intoxication takes place in the form of a substitution. The therapists and therapeutic communities who demand total abstinence from their patients often need to compensate for this demand which deprives by positioning themselves as caring and complete others. That is to say that they seek to set themselves up as an ideal of identification for their patients. The relationships tend to become hypnotic ones in this structure; the words acquire a ‘toxic’ effect and are capable of re-intoxication. It is important to note here that this substitution is not always successful in the sense that it will result in pleasant and docile behaviour. Sometimes patients react against this through “acting-out”, other forms of behaviour, or indeed a relapse into what is called “active addiction”. In therapeutic communities this structure can lead to a “toxic space” as Thierry Snoy worded it in an excellent talk on the psychoanalytic treatment of toxicomaniac patients in the setting of a therapeutic community.²⁷ A toxic space can take many different forms in this context. There can be a bad atmosphere, a euphoric one, an aggressive one, a secretive one or what is called an ‘us-and-them’ situation, all of which is often labelled as ‘addictive behaviour’ or ‘addictive thinking’. Snoy argued that above a certain degree of this toxicity the therapeutic work becomes impossible,²⁸ even in an orientation of therapy which would consider these behaviours to be analysable symptoms or avatars of transference.

So far we have discussed the relationship between the agent and the other in the discourse of toxicomania. What does this relationship produce in this discourse? It produces an increasing division of a subject, \$, who suffers in the Real when the effect of the intoxication has ceased. The only route available for this subject to undo his mounting suffering and pain is to rush straight to the object which is in command. The phallic signifier, S1, is rendered idle, because it hangs apart from the rest of the chain of signifiers, S2, in this movement. The subject therefore has no access to a knowledge about his *jouissance* in the place of truth. This knowledge is unconscious. Now we can represent the complete formula of the discourse of toxicomania as a social symptom in the way it was first presented and elaborated on by Charles Melman in a paper on toxicomania from 1989 entitled *Un Heroïsme Populaire*:²⁹

$$\begin{array}{cc} a & S1 \\ \hline S2 // \$ \end{array}$$

We immediately notice the similarity in structure with the discourse of analysis:

²⁵ S. Le Poulichet, *Toxicomanies et Psychanalyse. Les Narcoses du Désir*, Paris, P.U.F., 1987, p. 73. (our translation).

²⁶ Ibid.

²⁷ Th. Snoy, ‘Per via di porre, Per via di levare’, *Psychoanalyse en Therapeutische Instelling*, Rondzendbrief uit het Freudiaanse Veld, nr 54, pp. 31-49.

²⁸ Ibid, p.48.

²⁹ Ch. Melman, ‘Un Héroïsme Populaire’, in *Le Trimestre Psychoanalytique*, nr 4, Paris, 1989, pp. 95-96.

$$\frac{a}{S2} // \frac{\$}{S1}$$

There is a crucial difference in that the right antipode is inverted. This makes all the difference because in the discourse of analysis the subject relates to his object-cause-of-desire and it is positioned such that in this structure the relationship between the two can be openly explored. In the discourse of toxicomania the subject is excluded or foreclosed from any form of investigation. This is the element it shares with the discourse of science. We will see that this leads to a harmonious but fruitless encounter between these last two discourses. Before we go into a brief survey of general problems and indications for treatment we would like to situate toxicomania in relation to the disjunctions of impossibility and impotence in the theory of the discourses.

The disjunction of impotence represents the gap of the unconscious and what lies beyond the pleasure principle as that total *jouissance* of which we are not capable anymore and which is lost on us. It is therefore situated between product and truth at the bottom level of the discourse. This disjunction hides the disjunction of impossibility at the top level of the discourse, which represents the impossible desires and the failure of the pleasure principle. The existence of - and the dynamic between - these two disjunctions show that we are constantly duped. Toxicomania is one way of avoiding this. Psychosis is another way. In psychosis the discourse comes full circle in the sense that the impossibility of the relationship between agent and other does not exist. The psychotic is not cut off from total *jouissance*. It completely overwhelms him and the relationship of impotence does not protect him from the Real horror of being One and the Other. The result is that the psychotic is driven mad in a discourse from which there is no way out. The psychotic does not get a chance to tumble from impotence to impotence as an escape from one discourse to another. In toxicomania there appears to be a lack of impotence which expresses itself in the relationship of impossibility. In reality however the sensation of omnipotence in the toxic state directly hides the relationship of impossibility, leaving the subject with the illusion that there is the possibility of a complete harmonisation of the relationship between agent and other. This movement of toxicity avoids as such the necessary and protective dynamic between the disjunctions of impotence and impossibility. Toxicomania avoids the detour of hiding the failure of the pleasure principle through our impotence in relation to a *jouissance* which lies beyond it. We propose here that most toxicomanias intervene directly and openly on the relationship of impossibility at the top level of the discourse, by trying to establish a perfect communication between agent and other via the toxic route in the body. Exceptions to this are those forms of toxicomania for which the administration of *jouissance* is not the key factor, but in which the act of drinking or taking drugs is an appeal to the Other. The act, in this case, is a signifier which represents the subject and should be treated as a neurotic symptom.

Some problems and a general indication for the direction of treatment

In a series of seminars which he entitled *Vers Un Signifiant Nouveau* from 1977, Lacan says that mental illness is the unconscious and it does not wake up to the

truth.³⁰ Science, he continues, is a kind of awakening, but a difficult and suspect one.³¹ When he says in this context that science and religion go well together, he seems to be suggesting that when science wakes up to something, it is to that which grounds it, namely the idea of God as a name for the Father (S1). This installs the master signifier which represents God in the place from which it can be woken up in the discourse of science. In a discourse where knowledge (S2) is in command, God or the master signifier (S1) is in the place of truth underneath to ground this knowledge S2/S1. Lacan also says here that the subject finds himself in an impotent position to justify what is produced by the signifier.³² What is produced by the signifier, it seems to us, is the subject. This positions it in the place of product from where this subject is unable to grasp his own particular truth. Lacan seems to imply here something which he said before in Seminar XVII: Scientific discourse is a university discourse.³³ This is written as follows:

$$\begin{array}{cc} S2 & a \\ \hline S1 & \$ \end{array}$$

When we look at the structure of this discourse we notice that it does not produce knowledge, but as we said, the subject. Our conclusion is that this discourse has not got the right structure for representing that form of science which produces knowledge. As a university discourse it represents the teaching and application of knowledge. How can we represent the structure of a discourse of the kind of science which produces knowledge about people? How can we develop a discourse of human science? On several occasions in his later seminars Lacan indicated that the four discourses he initially developed can be twisted so that they represent a more specific discourse. We are of the opinion that this is justifiable as long as the resulting discourses represent a particular praxis or are able to illustrate certain clinical phenomena within a system which is logically coherent. In this way discourse theory does not lapse into a meta-language.

In his article *Science and Truth* Lacan indicates that science implies the foreclosure of subjectivity from its practice by “suturing” the subject and avoiding as such its truth as cause.³⁴ Scientific research generates knowledge and explanations (S2) over and above the subject. This is a generated knowledge which separates the subject from its cause and finds itself in the place of product. The scientist who wants to understand and unify the ‘material’ he studies is placed in the position of agent as a master in his field of research (S1). The ‘material’ he researches objectively (*a*) is in the place of other. The subject of science, who is sutured, is in the place of truth because without this subject there would be no such science. We now have a discourse of human science which reads as follows:

$$\begin{array}{cc} S1 & a \\ \hline \$ & S2 \end{array}$$

³⁰ J. Lacan, (1976-1977), *Le Séminaire XXIV*, L'Insu que sait de l'une-bevue s'aile à mourre. Seminar of 17 May 1977, *Ornicar?* 1979 17/18 p. 21.

³¹ *Ibid.*

³² *Ibid.*

³³ J. Lacan, (1969-1970), *Le Séminaire XVII: L'Envers de la Psychanalyse*, text edited by J.A. Miller, Paris, du Seuil, 1991, p. 119.

³⁴ J. Lacan, (1066), '*La Science et la Vérité*'; in *Écrits*, Paris, du Seuil, 1966, p. 869.

Toxicomania is a mental illness and it has an unconscious cause. In the discourse of toxicomania we find not only that knowledge is its driving force and thus superimposed in the place of truth, but also that explanations are often openly and explicitly stated and completely misrepresent this truth. Cause and explanation are confused by both toxicomaniacs and their therapists. In the language of addiction treatment one often hears the therapists say to the addicts that they shouldn't look for causes for their addiction because it will only justify their 'addictive behaviour'. What shines through these words is a moralistic perspective which can be condensed into the judgement "Your behaviour is not justifiable!" It is an empirical fact that explanations are heavily sought after by toxicomaniacs. This represents a true surge for knowledge which is valued like a precious substance (S2 // \$).

Toxicomaniacs and their therapists confuse cause and explanation in different ways and for different reasons. Despite these differences they find themselves in a most peculiar collusion. The toxicomaniacs confuse cause and explanation by using the latter to allow themselves to ignore the unbearable real aspect of the former (a). Therapists who work in the field of addiction and more often than not apply a clinic of re-education (university discourse), especially in an institutional setting, do not make a distinction between cause and explanation because their desire is to unite both (S2 → a). Their desire is also related to something unbearable, namely a horror which stares them in the face, like it does some people who are attracted to the gory results of some car accidents. The grotesque relationship the toxicomaniac has with his object-cause-of-*jouissance* exposes the illusory character of any object: it unveils the phallus as the signifier of lack and it confronts them with a gaping abyss which is, to use an expression often used by drug addicts, "too much man". This clarifies the fascination and horror toxicomania can engender in the other.

As a form of protection against this abyss therapists often base themselves on a particular approach in their work within the field of toxicomania. This approach is usually (pseudo) scientific or sometimes even religious in nature. The latter approach is exemplified by the so-called self-help programmes like Alcoholics Anonymous and Narcotics Anonymous. The knowledge in the former is a knowledge produced by human science. This knowledge, as we can see in the discourse of human science, has no relationship to the subject, who stands excluded in the corner of the truth, but it also separates him from a relationship to his object (cause-of-desire) which can be explored. It is essential to note that there is a similarity between the structure of this discourse and the structure of the discourse of toxicomania. In toxicomania the subject is also separated from a relationship with his object and this deprives him of the possibility of exploring it with the ultimate intention of trying to change something in its economy.

The encounter between the discourse of toxicomania and the knowledge from the discourse of human science is a 'happy' one because toxicomania produces a subject and at the same time blinds this subject to its cause in an attempt to avoid suffering and pain. This movement is perfectly coherent with the suturing of the subject and the production of knowledge as a barricade of ignorance against its cause in the discourse of human science. Although the encounter is a 'happy' one, the consequences can be disastrous. The least disastrous of these consequences is either an identification with the therapist as an ideal or with the group of addicts as one of its members. With regard to the latter identification it is a well-known fact that addicts often present themselves as "I am an alcoholic" or "I am a drug addict". The more disastrous consequence is a relapse into the single-minded (or -bodied) pursuit of complete satisfaction and happiness thereby producing ever more

suffering.

The discourse of analysis provides the subject with an opportunity for exploring the phantasmatic relationship he has with the object-cause-of-desire. But it would be extremely naive to presume that this discourse is the only soul-saving one in the treatment of a subject who finds himself caught in the discourse of toxicomania. We only need to look at the similarities in structure of these discourses to realise the inherent danger of an encounter between them. In this encounter the analytical relationship can easily tilt over into a hypnotic relationship in which words can become toxic for a subject who looks for his cause in an effect. The only general indication for a direction of treatment we can give here is that the therapist must prevent the subject from trying to fill the gap of his cause with an effect. That is to say, the therapist has to keep this gap open long enough to establish a demand so that eventually an analysis is able to produce a change in the Real.

Conclusion

The not-duped are mistaken! Yet they are happy! But at what cost? At the cost of their own organism? Or else, as Freud suggested, “at the cost of a large quota of energy which might have been employed for the improvement of the human lot”.³⁵ What can psychoanalysis do? Psychoanalysis can apply its “know-how”. That means a knowledge based on truth which does not know what is best, or even, just good for the other. It is a “no-ing” which produces a particular knowledge, as it is supposed to the subject, in the discourse of analysis. Does that imply an abstinence of drugs and alcohol for the subject? That depends. It means definitely keeping a certain distance from toxicity, which is not quite the same thing. The ethics of psychoanalysis is perhaps not without a relationship to the ethics of Stoicism. In Seminar XI Lacan wonders: “Is it not strange, that echo we found (...) between the ethic of psychoanalysis and the Stoic ethic?”³⁶ But then he puts this immediately into perspective by rhetorically asking: “What does the Stoic ethic really amount to other than the recognition of the absolute authority of the desire of the Other, that *Thy will be done!* that is taken up again in the Christian register?”³⁷ What about the ethics of Epicurism in this context? Would you tell a chronic alcoholic who is stretched out on the pavement drunk and out of his mind to moderate his drinking, to refine his tastes and drink an “appellation controlée”? That’s unlikely! Instead we appeal for the intervention of the desire of the analyst which is a desire to obtain absolute difference. That implies that the object and the Ego Ideal which are conjoined in toxicomania and alcoholism are placed at the greatest possible distance from each other in the discourse of analysis. The analyst, who will find himself in an idealised master position to the enslaved subject, has to assume the responsibility for permitting himself, as Lacan said, “to fall in order to be the support of the separating *a*, in so far as his desire allows him, in an upside-down hypnosis, to embody the hypnotised patient”.³⁸

³⁵ S. Freud, (1930), *Civilization and Its Discontents*, P.F.L. 12, p. 266.

³⁶ J. Lacan, *The Four Fundamental Concepts of Psychoanalysis* (1973), Trans. by A. Sheridan, New York, Norton & Company, 1981, p. 254.

³⁷ Ibid.

³⁸ Ibid.