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Book review: what is madness?

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What is madness?, by Darian Leader, London, Hamish Hamilton, 2011, 359 pp., (hardcover), ISBN 978-0-241-14488-6

Darian Leader's early books were intellectually stimulating jaunts through literature, art, and, of course, Freudian and Lacanian psychoanalysis. The more recent titles, including *The new black* (2008) and *What is madness?* retain much of the accessibility of the previous books. What sets them apart however is the refined focus on clinical issues, and, particularly in *What is madness?*, an abiding concern with the practicalities of psychoanalytic treatment. What makes this priority all the more notable is that it is often lamentably absent in Lacanian texts on psychosis. Books of this sort characteristically veer off into abstruse theoretical excursions, evincing a greater interest in Lacan's intellectual productions than the words and experiences of patients themselves. This is patently not the case here; Leader's attentiveness to the particular difficulties, life history and speech of his patients is evident throughout. Importantly also, although Leader would doubtlessly situate himself as a Lacanian, the conceptual antecedents to the clinical approach advanced are not Lacanian alone. There is, characteristically, a good deal of Freud, and, in addition, an impressive knowledge of a spectrum of early psychoanalytic authors on display. More interestingly yet, given the apparent absence of such literature in much of contemporary British psychoanalysis, is the frequent reference to 'old school' (early 20th Century) French psychiatry, a rich tradition of clinical thought that Leader treats of vital importance in conceptualizing psychosis.

Two important claims are made from the outset. Firstly, that we need to take 'quiet madness' seriously, i.e. that the absence of noisy symptoms does not mean that psychotic structure is not present. A great deal of contemporary Lacanian thought has busied itself with questions of 'untriggered' or 'ordinary' psychosis that is not immediately evident, and not diagnosable on the basis of overt behavioural traits. Hence Leader's distinction: "people can *be* mad without *going* mad" (p. 11). This means that madness and normality are not necessarily opposed; more frequently than not, madness and normality are commensurate with one another, thoroughly assimilated. The upshot for clinical diagnosis is clear: "madness is never reducible to external, attention-grabbing symptoms" (p. 34). Far more important for diagnosis than attention

to symptoms is careful consideration of underlying clinical structure. This is a refrain throughout Leader's text: it is not the presence of given symptoms that matters – non-psychotic subjects can experience ostensibly psychotic symptoms – but what the subject makes of these symptoms, how they relate to them.

How then to distinguish neurotic from psychotic structure? A first basic distinction proves helpful in this regard, between repression and foreclosure, the two primary mechanisms qualifying neurosis and psychosis respectively. Whereas repression takes place upon material that has already been symbolized and structured, the

more extreme mechanism of foreclosure doesn't admit the first stage of integration. The rejected element has never been admitted into the person's mental universe, as if there were no possibility of symbolization. It is like an unassimilable signification, something that cannot be thought...a blank spot in the person's thought processes (p. 41).

It is for this reason that the neurotic's slip of the tongue and the psychotic's hallucination can be contrasted: "When the neurotic makes a slip, they feel embarrassed...they recognize that the slip comes from them. But in the psychotic hallucination, the disturbing element comes from outside: it's not us, it's the Other" (pp. 40-41). What follows on from this – a fact of Lacanian practice not often appreciated - is that a radically different treatment regime must be pursued in the case of psychotics. Given that the unconscious is effectively 'in realty itself', not subject to the various mechanisms of repression, then a whole variety of clinical procedures designed to elicit or interpret the unconscious become inappropriate in the psychoanalytic treatment of psychosis.

The key theoretical concept that needs to be mobilized in the case of identifying psychotic structure, at least from a Lacanian perspective, is the notion of the Name-of-the-Father. This initially intimidating construct is explained in exemplary clarity by Leader via a re-telling of the Oedipus complex. Language, as always, is crucial in Lacanian conceptualization, and it is the role of language and symbolic processes as psychically structuring forces

that must be grasped here. "Through language" Leader explains, "the symbolic enters the real of our bodies and organizes them for us" (p. 52). This is how symbolic law comes to be inscribed within us. "Lacan thought that the symbolic order contained a privileged representative of this principle, what he called the Name-of-the-Father" (p. 52). The child is thus ushered into the world of laws, prohibitions, symbolic roles and language, delivered thus from the dyadic relationship with the mother that is characterized by a continual preoccupation with her desire. Lacan dubbed this process the paternal metaphor, which is glossed by Leader: "the father is substituted for the aspiration to complete the mother, who now takes up her place at the vanishing point of unconscious desire" (p. 62).

The phallus is the term Lacan gives to the child's ongoing conjectures as to what the mother wants or lacks. The phallus then, as hypothesis of the mother's lack, typically (but not necessarily) coalesces around the figure of the father. There is nothing essential about the father which would privilege him as owner of the phallus; rather it is the case that this figure often occupies some position within the locus of the mother's focus or interest beyond the child. The phallus, furthermore, is "an index of the impossibility of completion or fulfilment", and it assumes the "value of loss, what we cannot be and cannot have in the present" (p. 61). One should note also, a point anticipated above, that the substitution of symbolic law for the mother's desire as fulcrum of unconscious life has profound effects on the level of sexuality. The sexual energy that Freud termed 'libido' is domesticated, given a focus, and excitations of the body are thus restructured.

In summation then, the Oedipus complex achieves three key operations in non-psychotic subjects. Firstly, "it introduces meaning, by tying the question of the mother's desire to an answer: the father and the phallus" (p. 66). Secondly, it localizes libido, determining "the strength of our sexual attachments and interests, making...the prohibited image of the mother...the horizon of sexual desire" (p. 66). Thirdly, it situates us relative to what Lacan refers to as the Other, that is, the set of social and symbolic values set in play by language, the trans-subjective social substance, particularized in different ways for different subjects. It becomes clear why Leader devotes this much time to discussing these facets of the Name-of-the-Father. A failure in any of

these crucial operations - the attribution of stable meaning to reality, the anchoring of the libido, the ability to maintain a safe distance from the Other – is indicative of psychosis. More than just that, “these problems will allow us not only to distinguish different kinds of psychosis, but also...[to] show us how other forms of...construction can help the individual create a less invasive, more bearable world” (p.66).

The three chief sub-categories of psychosis that Leader names are paranoia, schizophrenia and melancholia. In paranoia, libido is located outside, typically in some persecutory subject or institution with malign intents, or in some fault or problem in the world that needs be rectified. Affirming the Lacanian prioritization of certainty as a general indicator of psychosis, Leader reiterates the Freudian lesson: “The paranoia lies less in the idea itself than in the certainty and the rigidity with which it is held” (p. 77). Paranoia, furthermore, involves the generation of knowledge, “a belief system centred around a fault or persecutor, which has a high yield of explanatory power” (p. 77). A useful distinction between melancholia and paranoia concerns the relation to the Other: for paranoiacs, the problem is always the fault of others (the government, the neighbour, etc.); in melancholia it is always the *subject themselves* who is to blame. Leader has offered a developed account of melancholia elsewhere (2008), but nonetheless includes further comments that prove helpful in the case of differential diagnosis. In contrast to neurotic doubt, the melancholic is absolutely certain of their worthlessness – “It is as if the melancholic subject harbours a primary ontological fault within themselves” (p. 91).

Particularly helpful is Leader’s characterization of schizophrenia. Schizophrenic psychosis often becomes apparent by virtue of the instability of meaning for the patient, and, as importantly, by the lack of a coherent or unified body image. In contrasting neurosis and psychosis, Leader speaks of how the libido is linked to a minus sign in neurosis - where there is often a prevailing sense of a lost or compromised enjoyment - and a plus sign in psychosis, where the libido is experienced as excessive, an invasive force. The diagnostic priority that follows is an acute attentiveness to how subjects describe their bodily experience, or, more to the point, how they speak about the limits and/or wholeness of the body image. Likewise important is any

indication of the sliding of meaning, often evinced in ‘schizophrenic speech’ (whereby words are joined by sound rather than meaning), polysemy (multiple meanings attributed to a single signifier), or the failure of metaphor (instances of literalization evident that the subject struggles with figurative modes of language).

In a passage describing the importance of what he terms ‘the naming function’, Leader offers an example of the threefold diagnostic distinction discussed above:

Where, in neurosis, the Oedipus complex succeeds in naming the desire of the mother...in the psychoses the subject has to invent: for the paranoiac, in naming what is wrong with the world; for the melancholic, in naming what is wrong with themselves; and for the schizophrenic, as a perpetual and unresolved activity (p. 87).

The book’s penultimate chapter identifies a series of clinical strategies for working with psychosis. The imperative of restructuring the patient’s world is a primary aim, and Leader describes how a type of external structure may help compensate for an internal system that was never adequately established. There are different ways that such a structure might become operative. Clearly designated roles, tasks or rule systems can be of help in forming a prosthetic symbolic order. Also of significant value are practices which help name and limit the libido; that enable the naming and ‘objectifying’ of symptoms and hence a pinning down of meaning; forms of identification that designate a stable position, a location-point; and what Leader refers to as “the modulation of the addressee function” (p. 310), that is, the passing on to others of invasive messages or punishing thoughts. The factor of invention is particularly emphasized. If in psychosis we find a particular difficulty with the symbolization of the beginnings and ends of things – an intriguing notion Leader borrows from Arthur Burton – if, furthermore pre-existing grids of meaning continual fail, then “the psychotic subject must reinvent” (p. 322). Hence the importance of encouraging and facilitating such acts of production, be it writing, drawing, painting “or any human practice of inscription” (p. 322).

One criticism of Leader’s style concerns his use of examples. True enough, the impressive case studies assembled here - including that of Freud’s

famous 'Wolf man', and the mass murderer Harold Shipman – provide the backbone of the book and usefully exemplify many of the theoretical points introduced earlier on. That being said, there are moments when an isolated example – a patient's repeated use of the word 'Wassup?' from a Jay-Z song, for instance, or the invention of an imaginary machine of torture by an inmate of Bedlam in 1797 – beg further description, and a somewhat less elliptical treatment. The text also lacks an index, a significant oversight for a volume that can well serve as a useful reference-book for clinicians. These issues being noted, there is no denying that Leader has produced a rare combination: an essential sourcebook for the treatment of psychosis which is also a fascinating introduction, suitable for the lay reader, to the domain of Lacanian thought.

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