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Abstract

This article gives an overview of the psychiatric approach to psychotic hallucinations and discusses Lacan's conceptual break from this paradigm. Rejecting the traditional focus on the unreality of hallucinatory perceptions, Lacan examines the effects that psychotic hallucinations have on the person who experiences them. He develops an alternative theoretical framework which indicates that psychosis is characterized by the incapacity to signify one's own existence as a subject in relation to the Other. Lacan's different perspectives on hallucinations are discussed in terms of the logic of signification as the constitution of subjectivity and as a manifestation of the *object a* and *jouissance*, and also in terms of his theory of the *sinthome*.

Keywords

hallucination, *jouissance*, Lacan, *object a*, perception, psychoanalysis, psychosis, *sinthome*

Jacques Lacan's career in psychoanalysis began with works on psychosis (Lacan, 1932/1980b, 1946/2006e; Lacan, Lévy-Valensi, & Migault, 1931; see also Cox-Cameron, 2000). Apart from writing texts on this topic (e.g., Lacan, 1959/2006c), he focused on psychosis in his clinic (Lacan, 1980a, 1981/1993), and devoted a year-long seminar to it in 1955–1956 (1981/1993). Indeed the problem of psychosis continued to appear up to the end of his teaching (Lacan, 2005a, 1953/2005b). Surprisingly, it is only in the last few years that his work on psychosis has permeated the English-speaking world. In this paper I explore Lacan's theory on psychotic hallucinations. This theory is innovative as it subverts a number of commonly accepted assumptions that underlie the study of hallucinations.

The paper begins with a brief overview of the psychiatric approach to hallucinations. I pay attention to viewpoints of references from Lacan, and discuss current psychiatric literature. Following this, I explore Lacan's position on hallucinations, which can be best understood as a rupture in terms of the psychiatric discourse of that time (see also Parker, 2003). We will see that this rupture is not outdated. While it is obvious that

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changes have taken place within the discipline of psychiatry, certain basic assumptions remain constant.

The change that has taken place in psychiatric thinking on psychosis can be mainly situated at the level of the methods and the theories that are applied. The intuitively guided, case-oriented observations and the rich theoretical speculations so typical for Lacan's predecessors and contemporaries have largely faded away. Nowadays they have been replaced by methodologically stringent studies that focus on larger groups of patients and that make use of experimental psychological techniques and brain-imaging. However, the attempt to develop accurate, phenomenologically based definitions and descriptions of hallucinations, and the sustained search for their cause, largely remains constant.

The method that Lacan applied in his study of psychoses and hallucinations was classic: working case by case, he made detailed observations and reflections on psychotic patients, and henceforth elaborated a theory. This theory provides a radical recontextualization—in Rorty's (1991) sense of the word—of the nature of hallucinations. He broke with the then common definitions of hallucinations that focused on the unreality of hallucinatory perceptions and instead focused on the effects they have on the person who experienced them. Throughout his work Lacan also developed new theoretical concepts which enabled him to address hallucinations from a perspective that had never been used before. He moves away from a phenomenology and a psychopathology of perception, to a theory on the logic of the subject. Lacan thereby provides us with a new language, which inaugurates a new model for reflection on psychosis. Along the way he opens up a fundamentally new approach to the clinic of psychosis, an approach that moves beyond the idea that a hallucination is a sign of pathological process, and examines the subjective effect of the hallucinatory experience.

The merit of his theory is twofold. On the one hand Lacan outlines an alternative theoretical framework that breaks with many assumptions of psychiatry: he emphasizes that psychosis is characterized by the incapacity to signify one's own existence as a subject in relation to the Other. Confrontations with the otherness of the Other open a field of nonsensicality whereby one's sense of identity gets suspended. Hallucinations derive a status correlative to the psychotic experience of nonsensicality and suspension, a status that ranges from incarnating the element that induces this experience, to playing a role in soothing experiences of destabilization. Furthermore, in Lacan's discussion no univocal nomothetic model on the subjective effect of hallucinations can be found; instead, on a case-to-case basis their status is re-examined each time. On the other hand a pragmatic and ethical issue is at stake: by taking an idiographic approach, Lacan (1959/2006c) invites clinicians towards "complete, albeit enlightened, submission to the patient's properly subjective positions" (p. 447). This means that, guided by a clear idea on the nature of hallucinations, clinicians should enter into a dialogue with hallucinating patients, a dialogue that is essentially oriented on the singular experience and the speech of the hallucinating person. At the clinical level Lacan's theory instigates a different approach to psychosis, an approach that goes against the application of standardized treatment protocols and emphasizes an idiographic inquiry on the status of a patient's hallucinations.

Central to my discussion is Lacan's (1959/2006c) text "On a Question Prior to Any Possible Treatment of Psychosis" and his third seminar of 1955–1956, which constitutes a year-long study of psychosis (Lacan, 1981/1993). I discuss the ideas he put forward in

both of these texts and relate them to his later theory of the logic of signification. I also relate them to his later ideas on the so-called “*object a*,” “*jouissance*,” and the “*sinthome*.”

The psychiatric context

In the psychiatric literature numerous definitions of hallucinations have been put forward. The French psychiatrist Jean-Étienne Esquirol was the first to delineate the hallucination as a distinct mental phenomenon and to define it as a perception without an object. He states that “a man who has the intimate conviction of an actually perceived sensation, while no external object apt for provoking this sensation is within his field of perception, is in a state of hallucination” (Esquirol, 1838, p. 80, my translation; see also Ey, 1973a; Lanteri-Laura, 2000; Sauvagnat, 2000). This definition aroused quite some debate, a debate that is not yet closed, as authors continue to argue about the precise nature of hallucinations in current literature (David, 2004).

Despite these disputes, a remarkable consistency can be observed in later definitions of hallucinations, which typically build on Esquirol’s epistemic characterization of hallucinations as erroneous perceptions. Lacan’s friend and opponent, Henri Ey, obviously adopted this viewpoint in characterizing hallucinations as “perceptions without a perceptible object” (Ey, 1973a, p. 50, my translation). Current definitions of hallucinations tend to elaborate this focus on the unreality of hallucinatory perceptions: these include “any perceptual experience in the absence of external stimuli” (Allen, Laroï, McGuire, & Aleman, 2008, p. 176) or their characterization as

a sensory experience which occurs in the absence of corresponding external stimulation of the relevant sensory organ, which has a sufficient sense of reality to resemble a veridical perception, over which the subject does not feel s/he has direct and voluntary control, and which occurs in the awake state. (David, 2004, p. 110)

As all senses can be involved in hallucinatory experiences, their phenomenology is heterogeneous and complex (Ey, 1934, 1973a, 1973b; Lanteri-Laura, 2000). Yet, most studies of Lacan’s predecessors and contemporaries, as well as of current authors in psychiatry, concentrate on the auditory verbal hallucination, which is the most typical and most prevalent type of hallucination in psychoses (Allen, Aleman, & McGuire, 2007; Lanteri-Laura, 2000; Laroï & Woodward, 2007; Sauvagnat, 2000). Lacan also focuses on the auditory verbal hallucination. In doing so, his interest primarily goes to their *verbal* nature, to the fact that words are what is hallucinated. This interest brings him to also pay attention to other types of hallucination in which verbal elements are central, like the psychomotor verbal hallucinations as described by Jules Séglas, and the phenomenon of mental automatism as described by Gaëtan de Clérambault (de Clérambault, 1942; Estévez, 2001; Ey, 1934, 1973a, pp. 220–231; Lacan, 1981/1993, pp. 23–24, p. 307; Lanteri-Laura, 2000; Séglas, 1892). Typical of psychomotor verbal hallucinations is that, rather than hearing a voice from outside, patients experience a speaking voice in themselves and actually utter speech, while experiencing no control over what is said. Mental automatism, on the other hand, refers to phenomena in which a patient loses control over their own thoughts and internal speech. Similar to Ey (1934, 1973a), Lacan connects

these phenomena, and discerns a typically psychotic relation to language as common to them. To stress the latter aspect, Lacan frequently uses the term “verbal hallucination.”

To grasp the variability of auditory verbal hallucinations, underlying dimensions and classification schemas have been developed. Some of these classification schemas, which Ey (1973a, p. 217) calls “basic” (*élémentariste*), focus on the perceptual qualities of hallucinations, and, for example, make a classification in terms of the sensory register involved. Others, which Ey (1973a, p. 220) calls “structuralist” (*structuraliste*), focus on the modifications of mental life that are reflected through hallucinations. In classic French psychiatry, attention was paid to questions such as whether confused phonemes, words, sentences, or complete dialogues are being heard; whether voices are heard as coming from outside (psycho-sensorial hallucinations) or as coming from inside (psychical hallucinations); and whether or not hallucinations are related to delusions (Ey, 1973a; Lanteri-Laura, 2000). In current psychiatric literature a similar interest in the phenomenological characterization of hallucinations persists. Exemplary in this respect is a study by Stéphane, Thuras, Nasrallah, and Georgopoulos (2003), who discern three dimensions in auditory verbal hallucinations: (a) linguistic complexity (ranging from hearing words to hearing conversations); (b) self/other attribution (hearing one’s own voice versus hearing the voice of someone else); and (c) inner/outer space location (hearing the voice inside one’s head versus hearing a voice from outside).

The main theoretical frameworks used in the tradition of French psychiatry have been characterized by Ey (1973a, 1973b) as mechanistic, psychodynamic, or organo-dynamic in nature. The mechanistic model considers hallucinations as disturbed perceptions. Mental activity is thought to be the result of electric activation in the brain, which in cases of hallucinations is disturbed and gives cause for erroneous activation of mental images: activation takes place while no external stimulation is present. This approach gave rise to models that locate the cause of hallucinations in specific brain areas (de Clérambault, 1942; Estévez, 2001; Ey, 1973b). The psychodynamic model originates in Freudian psychoanalysis and stresses drive-related conflicts in psychosis that give rise to typical defenses. Within this perspective hallucinations are seen as expression of the unconscious that are experienced as coming from outside (Ey, 1973a). The organo-dynamic model, which Ey himself elaborated throughout his life, considers hallucinations as the result of an organically based disintegration of mental life (Ey, 1973b, p. 1341). He metaphorically compares hallucinations to a cancer that disintegrates consciousness and that likewise gives voice to dynamic elements from the unconscious. Whereas in normal mental functioning unconscious elements are subordinated to what Freud called the reality principle, a reversal takes place in a hallucinating person, whose unconscious is out in the open (Ey, 1973b, 1974). The organo-dynamic model aims at grasping the conditions upon which hallucinations appear, and at understanding the clinical evolution of hallucinatory activity (Ey, 1973b; Strauss, 2001). Although interest in Ey’s model persists in psychiatric literature (Farina, Ceccarelli, & Di Giannantonio, 2005), current psychiatry mainly focuses on the brain activity underlying hallucinations. However, through the adoption of cognitive science and neuroimaging approaches, current models differ substantially from past mechanistic theories. The dominant cognitive theories consider hallucinations as resulting from defective cognitive self-monitoring and thought-biases, and focus on grasping these processes as precisely as possible (Allen et al., 2007;

Frith, Blakemore, & Wolpert, 2000; Laroi & Woodward, 2007). Typical for a hallucination is that, while essentially stemming from an internal self-generated event (i.e., one's own speech and thoughts), it is not experienced as inner or self-generated (Laroi & Woodward, 2007). Neuroimaging studies in their turn indicate that while no gross brain abnormalities can be seen on scans at the level of individual patients, hallucinations are associated with functional differences in brain activity. An extensive network of cortical and subcortical areas thereby proved to be activated during hallucinatory activity, ranging from speech production and speech reception areas, to monitoring areas, association areas, and areas involved in emotion regulation and attention (Allen et al., 2007; Allen et al., 2008; Tracy & Shergill, 2006).

A hallucination is (not) a *perceptum* without an object

As Lacan (1959/2006c) develops an alternative theory of hallucinations, he makes use of concepts elaborated by the philosopher Maurice Merleau-Ponty. In 1945 Merleau-Ponty published a book on the phenomenology of perception, which Lacan hardly cites, but which was undoubtedly a major source of inspiration (Kusnierek, 2008; Merleau-Ponty, 1945/1962; Miller, 2001). In this book Merleau-Ponty claims that human perception is not just an issue of sensory stimulation producing perceived images. The mental image we have of the world (called "*perceptum*," "what is seen") cannot just be understood in terms of measurable facts, since the perceiving subject himself (called "*percipiens*," "he who is seeing") is always part of the world he perceives. *Percipiens* and *perceptum* are intimately linked owing to the fact that the human body is strongly involved in perception. According to Merleau-Ponty, the body "understands" and gives shape to our perception, rather than objectively processing sensorial information. Important to his work (Merleau-Ponty, 1945/1962) is the idea from Gestalt psychology that the perceptual field as such is organized (Miller, 2001). The human *perceptum* has an internal logic or organization, which can not only be deduced from the external world alone.

Lacan (1959/2006c) makes use of these concepts to criticize common psychiatric approaches. He indicates that psychiatric theories largely build on the idea that our *sensoria* extract information from objects in the extra-mental material world, and that based on this information the *percipiens* builds a synthetic *perceptum*. Lacan qualifies this paradigmatic idea as typically scholastic. It is in its essence faithful to Thomas Aquinas' theory on perception and cognition, which follows a similar path (Stump, 2003). We can also consider it as linear. It assumes that when senses are stimulated by an extra-mental object, the *percipiens* will be triggered to create a *perceptum* (see Figure 1).

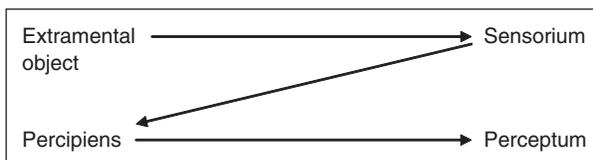


Figure 1. Schematic representation of the classic perception paradigm

Notwithstanding the variability in psychiatric definitions of hallucinations, Lacan indicates that they all remain within the lines of the classic perception paradigm, and thus epitomize the basic idea that a hallucination is a “*perceptum* without an object” (Lacan, 1959/2006c, p. 446); there is no extra-mental object giving rise to sensorial processing, but a mental image is nevertheless produced. He suggests that this basic idea leads to typical concerns. On the one hand it leads to classifying hallucinations in terms of the sensorial register involved (visual hallucinations, auditory hallucinations, tactile hallucinations . . .), and, on the other hand, it leads to a dazzling search for the pathogenic processes in the *percipiens* that are responsible for the production of erroneous *percepta*, a search that still determines the empiricist point of view of contemporary psychiatric research.

Lacan considers the first concern as simply erroneous. According to him, the sensorial quality of hallucinations doesn’t really matter, whereby he refers to the case of deaf-mutes. Congenitally profoundly deaf people, who by definition have never processed auditory sensorial information, can indeed have voice-hallucinations (see also Atkinson, 2006). Yet, how could this be possible if the auditory register, which is not active in case of deafness, is essential to voice-hallucinations? Lacan rules this out and concludes that the act of hearing should be understood not in terms of the sensory registers involved, but in terms of meaning-generating processes.

The second concern is also problematic, as it presumes that the *percipiens* is an instance who synthesizes incoming sensorial information and actively builds his perceptions. For Lacan the *percipiens* is only unifying to the extent that a person makes use of the dimension of “the imaginary.” This means that it is only to the extent that he creates *Gestalts* or consistent mental representations and images that a *percipiens* shapes his own *perceptum*. The imaginary enables a person to develop delineated and coherent experiences, and to create a sense of reality (Lacan, 1949/2006b). Yet, this unifying tendency reflects only one dimension of the way a person relates to the world. The other dimensions Lacan discerns are “the symbolic” and “the real.” The symbolic thereby stands for the inherently structured way in which we experience the world. The concept of the real refers to all things we are not able to get to grips with (Fink, 1996, 1997; Nobus, 2000). In his approach of the verbal hallucination Lacan stresses that the symbolic and the real should be taken into account.

Clinically speaking, Lacan argues that at an idiographic level, an open-minded clinician will usually observe that hallucinating patients do not experience their hallucinations as being consistent with other aspects of their mental life. This casts doubt on the rationale of emphasizing the patient’s own synthetic activity. Hallucinations, by contrast, tend to pose a problem and evoke an experience of paradox in the patient. Lacan (1959/2006c) says that if one listens attentively, and does not allow oneself to get blinded by theoretical presumptions on pathological processes in the patient, one will typically observe a number of “paradoxes to which [the hallucinating subject] falls victim in this singular perception” (p. 447). By making this claim, Lacan subverts the question of how a hallucinating *percipiens* produces erroneous *percepta*, and turns it into a question of how the hallucinated *perceptum* affects the *percipiens*. The latter issue is what really matters to him; a hallucinating person does not coincide with his hallucinations, but is subjected to them. The hallucination “renders equivocal the supposedly unifying *percipiens*” (p. 447).

If we link this idea to Lacan's theory of neurosis, in which the subject is considered to be "barred" or "divided" owing to the fact that he does not coincide with the productions of his unconscious, we can conclude that the same is true for the psychotic subject. To the extent that a hallucinating person does not coincide with his own hallucinations, he too is a divided subject. In Lacan's theory the very notion of a subject in fact implies that an external element (a signifier) is determinant of one's identity (Fink, 1996). In both neurosis and psychosis the subject is a determined entity, rather than a determining force. This is the reason why in clinical practice a Lacanian analyst will focus on the constellation of signifiers, and open up the possibility for a patient/analysant to reconfigure this constellation.

A conclusion we can draw from this is that rather than a *perceptum* without an object, a hallucination is a *perceptum* that has a paradoxical effect on the *percipiens*. The question of how this paradoxical effect can be understood will be explored in the next section.

A hallucination is an unchained signifier: Part I

To explore the paradoxical effect of hallucinations, and more broadly to map the structure of the hallucinatory experience, Lacan (1981/1993, 1959/2006c) makes use of the case of a young woman suffering from paranoia whom he interviewed in 1955 during one of his clinical case presentations. A clinical case presentation is an interview for an audience of psychiatrists and psychoanalysts during which the interviewing clinician gives voice to the particular story of a patient, and attempts to map the structure of his/her problems (Miller, 1980).

The case concerns a young woman who was hospitalized together with her mother, with whom she had a shared delusion. In this delusion the conviction of being intruded upon and being threatened was pivotal. During the case presentation Lacan questioned this conviction and invited the patient to explain her problem in detail. One of the problems she mentions is that she and her mother had been insulted by their neighbors, and this is a complaint Lacan focuses upon. At first, contacts with these neighbors – a woman and her lover – were kindly received. The woman was a friend, she frequently visited the patient and her mother at their home, and they got on well. However, at a certain point the mother and daughter began to experience these visits as intrusive: "She would always come and knock at their door while they were in the toilet or just as they were dining or reading" (Lacan, 1981/1993, p. 50), which motivated them to take a distance from her. Although the patient was reluctant to document her conviction with examples, she does give Lacan the anecdote that one day as she crossed the hallway of their apartment building, she was offended by the neighbor's lover. What we know about this lover is that he was a married man having an affair, and that our patient thought of him as someone of loose morals (p. 48). Upon meeting him in the hallway she had a hallucination of hearing the offensive term "sow."

To the patient, the term "sow" illustrates what the insults that she and her mother have had to endure are about, yet Lacan notices that she is very reluctant to utter this heavy-laden word. The young lady was not only scandalized, but also confused and perplexed by what she heard. She does not know what exactly to make of it, and consequently has difficulty talking about what she heard. This is the experience Lacan refers to when he

indicates that a hallucination has a paradoxical effect on the *percipiens*; it is a *perceptum* that a patient cannot bring into coherence with her other experiences.

What is more, for Lacan this experience of a paradox refers first of all to a radical interruption in mental life. Lacan (1959/2006c) qualifies hallucinations as an “irruption in the real” (p. 449). By making this claim, he emphasizes that for the patient a hallucination comes out of the blue; it is an encounter with an unimaginable element that imposes itself from outside of mental life. A hallucination is “real” to the extent that it is “a sudden emergence of total strangeness” (Lacan, 1981/1993, p. 86). In formulating this idea, Lacan connects with the French psychiatrist Guiraud (1950), who qualified psychotic hallucinations as “xenopathic,” meaning that they are typically experienced as not emanating from one’s own mind.

A second aspect that Lacan emphasizes is that the hallucinated *perceptum* itself should be considered as internally organized, which echoes Merleau-Ponty’s idea. Lacan (1959/2006c) more specifically assumes that in the experience of a hallucination a signifying structure can be detected. His conceptualization of the verbal hallucination’s signifying structure clearly diverges from Merleau-Ponty’s philosophy (Miller, 2001). To understand this, I will briefly explain Lacan’s theory on the logic of signification and explore how meaning and subjectivity are generated by using signifiers (Lacan, 1998, 1960/2006f). He fully elaborated this part of his theory next to his work on psychoses, but the basic elements of it are actually present in his seminar (Lacan, 1981/1993), and especially in his article on psychosis (Lacan, 1959/2006c).

Interlude: The logic of signification

According to Lacan, two combined dimensions (represented by the two arrows in Figure 2) determine our human use of language. On the one hand, language use is always a matter of linking signifiers (in Figure 2 symbolized by S and S’) in a chain, a process that temporally follows diachronic logic (in Figure 2 represented by the horizontal arrow). On the other hand speech will only be generated if a person feels the urge to articulate an intention or need (in Figure 2 symbolized by Δ at the basis of the returning arrow). The returning arrow in Figure 2 indicates how this intention eventually leads to the production of meaning and subjectivity. The two intersections between the arrows are thereby crucial.

The right intersection (indicated as A in Figure 2) refers to the Other (“*Autre*”) or “the locus of the treasure trove of signifiers” (Lacan, 1960/2006f, p. 682), and indicates that in the production of speech, signifiers are picked up from the lexicon we have at our disposal. The speaker picks up signifiers and links them in a chain. By doing so the anticipation of meaning begins. Through the use of signifiers, a message is expected to arise. Yet, as long as the advent of a meaning is under construction or postponed, meaning is suspended (Lacan, 1959/2006c, p. 446).

The left intersection refers to the moment of punctuation, in which the intention to speak eventually crystallizes in signification; in a message. Lacan stresses that, temporally speaking, punctuation follows a retroactive logic. Only if a sufficient number of signifiers have been articulated can meaning arise. Signifiers that are later articulated will thereby determine the final meaning of formerly uttered signifiers. For example in the sentence “you are my friend . . . no more” the first four signifiers make us anticipate

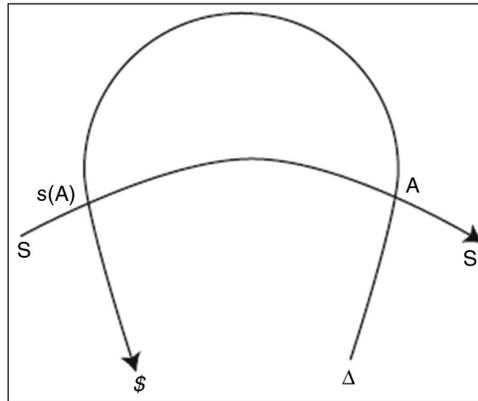


Figure 2. Schema on the logic of signification, based on Lacan (1998, 1960/2006f)

that the message will be about friendship, yet the last two words aim at the opposite, and determine that what is actually transferred is a message of separation.

Finally, the meaning-generating process also has the effect of generating subjectivity in the Lacanian sense. The signifiers articulated in the whole process mark and connote those implied, but will never denote them exactly. Lacan considers the human subject as an effect of this connotation and thus concludes that the subject is divided (indicated as $\$$ in Figure 2). The subject that signifies itself with speech is fundamentally dispersed or divided over signifiers (Lacan, 1998, 1960/2006f). Typical for neurosis is that this division is experienced as internal, hence the neurotic tendency to repress, while in psychosis it is experienced as disconnected from one's own intentions and as coming from without (Fink, 1996; Nobus, 2000; Verhaeghe, 2004)

A hallucination is an unchained signifier: Part II

Starting from his theory on the logic of signification, Lacan (1959/2006c, pp. 447, 485) more specifically argues that the hallucinated *perceptum* is basically a signifier, an “unchained signifier,” and he suggests that it is in terms of an interruption within the signifying chain that the logic of the hallucinatory experience should be understood.

The case of the young woman suffering from paranoia who, upon meeting her neighbor's lover in the corridor of their apartment building, hallucinated the term “sow” can thereby illustrate what is at stake. As “sow” is an unchained signifier; Lacan suggests that any relevant intervention should try to locate this signifier within the chain of signifiers from which it emanated.¹ Consequently he asks his patient what she herself had said to her neighbour that day in the hallway. This type of intervention in relation to a hallucination is diachronic. It aims at situating the hallucination in the actual circumstances that led to its production. “Not in vain, for she conceded with a smile that, upon seeing the man, she had murmured the following words which, if she is to be believed here, gave no cause for offence: ‘I've just been to the pork butcher's’” (Lacan, 1959/2006c, p. 448).

According to Lacan, the sentence “I’ve just been to the pork butcher’s” is essentially allusive and incomplete. The sentence is allusive as the patient has problems in specifying what it means, and why exactly she said this to that man. Lacan further stresses that grammatically speaking the sentence is also allusive, and this is more fundamental. As it is her own utterance, it introduces her as the subject of the phrase, reflected by the pronoun “I.” On the other hand the predicate “have just been to the pork butcher’s” fails to provide her with a meaningful position towards this particular man with his particular reputation in the corridor. The sentence gives a description of what she has been doing in daily life, but it does not adequately signify who she is and what she is living through. This is why we can consider it as incomplete. The encounter in the corridor introduces her as a woman in relation to a man who is engaged in a type of enjoyment that is foreign to her.

In Lacan’s terminology from 1959 the man can be considered as an “Other” to the extent that he is someone she cannot understand or grasp in terms of her own image. Typical for such an encounter with an-Other is that it calls into question one’s “existence as a subject” (Lacan, 1959/2006c, p. 460). It raises the question of who she is, as a woman, in relation to men, and it also touches the issue of what it is that ties a man and a woman. Yet, precisely upon her confrontation with the question of her existence as a subject, punctuation on her identity is deferred. In terms of the logic of signification this implies that the anticipatory suspension, which is inherent to the use of the signifier, remains pending. Lacan (1981/1993) indicates that it typically provokes a feeling of enigma and tension in the psychotic subject. The formulated sentence is not adequate in signifying the intention that drove this woman to address herself to that man, and illustrates her failure to take up a desiring position in relation to the man she meets.²

With Lacan’s later terminology we can consider this man as an “Other of *jouissance*” (see Lacan, 1966/2001, p. 215). This means to say not only that his presence questions her, but above all that he embodies a libidinal charge that she cannot grasp by means of the signifiers that she uses to signify her own existence. Within this perspective the tension the situation raises is not just the expression of failed signification; it bears witness to a confrontation with the thrust of the drive from which the signifier breaks.

Lacan argues that the appearance in the real of the signifier “sow” solves this tension and retroactively binds the suspension that marks the constituent “I’ve just been to the pork butcher’s.” The sudden appearance of the hallucinated signifier installs the punctuation that was thus far deferred, and results in the generation of a meaning. The predicate “sow” will henceforth signify the identity of the “I” that was first introduced as the subject of the phrase. The message thus obtained is that “I” was equalized with “sow,” which leads the woman to the conclusion that she has been insulted. Lacan (1959/2006c) indicates that the longer the process of punctuation takes to come to an end, the stronger the degree of certitude about the finally obtained message will be.

Typical for this process of interrupted signification is that it bears witness to a radical impossibility to name what is at stake. Lacan (1959/2006c) says that in the case of psychosis a fundamental signifier has been “foreclosed.” The concept of “foreclosure” should therefore be understood as the opposite of what Freud calls “*Bejahung*” (Grigg, 2008; Lacan, 1981/1993; Maleval, 2000; Verhaeghe, 2004). The concept “*Bejahung*” expresses the transcription of a drive-related component into a representation or signifier, and thus its recognition by the subject as an element in mental life. The concept foreclosure indicates

that such transcription has not taken place, and that certain elements remain radically alien, foreign, or, in Lacan's terms, "real" in relation to the subject. Lacan more specifically indicates that the signifier that is foreclosed in psychosis concerns the "*Name-of-the-Father*."³ The concept "*Name-of-the-Father*" refers to what integrates a subject in the shared normative universe we live in (Fink, 1997; Grigg, 2008; Maleval, 2000). Adopting the "*Name-of-the-Father*" implies that a subject can orient his life in relation to a number of ideas and laws that, in a certain (sub)culture, orient human interactions. It results in the acquisition or incorporation of ideas on fundamentally existential questions like the issues of what life means in the light of death, the question of how people should relate, or the point of what man and woman are exactly like (see Lacan, 1959/2006c, pp. 459–460). The normative ideas with which the "*Name-of-the-Father*" provides us make the fundamental uncertainty associated with these points tolerable, and, in a next stage, enable the subject as a desiring being to make his own judgements and choices. Since in psychosis the "*Name-of-the-Father*" is foreclosed, the psychotic subject not only lacks a basic repertoire of answers to these existential issues, but more fundamentally has a different relation to the symbolic and to the Other, which the hallucination expresses.

Lacan (1959/2006c, 1981/1993) indicates that a confrontation with questions pointing to one's existence as a subject, in which one is expected to take a personal position, will bring out the psychotic subject's radical incapacity for symbolization, and will evoke perplexity. Such a confrontation calls forth the impossibility of signifying the situation at hand, and leads to an interruption in the process of signification; the chain of signifiers no longer names what is at stake for a subject and as a result a sense of identity is suspended. This interruption leads to an experience of tension and enigma, to which the appearance of an unchained signifier in the real may give a name.

What Schreber teaches: Message phenomena and code phenomena in hallucinations

A most crucial reference for Lacan, not only for elaborating these ideas on psychoses in general, but particularly for discussing hallucinations, is the autobiographical book by Daniël Paul Schreber (1903/2000), which Freud (1911/1958) also commented upon. Lacan (1981/1993, 1959/2006c) uses Schreber's autobiography to further examine the structure of verbal hallucinations, and thereby focuses on the way Schreber describes his hallucinations. Starting from his theory on the logic of signification, Lacan (1959/2006c) discerns two typical types of hallucination in Schreber: message phenomena and code phenomena.

On the one hand he recognizes hallucinations in Schreber that have a similar structure as the ones detected in the case discussed above of the hallucinating woman; hallucinations in which deferred punctuation is pivotal. A key reference in this context is the passage from Schreber's book (1903/2000, pp. 198–199) in which he describes how unfinished sentences and fragmented ideas are exerted on him from without, via the "rays" that connect him with God. Schreber, for example, hallucinates the expression "Now I shall" and feels compelled to complete the fragment with an answer like "resign myself to being stupid." Lacan (1959/2006c) considers these unfinished sentences as indicative of interruptions in the process of generating meaning, and qualifies them as *message phenomena*.

In one respect, the interrupted messages described in Schreber's book differ from the hallucinatory experiences of the woman from Lacan's case presentation. Schreber hears the first part of the sentence and complements it with his own supplementary signifiers, whereas the hallucinating woman utters the first signifiers and then hears a complement. Yet, at the level of their structure both hallucinations have a number of characteristics in common. In both cases the interrupted sentence fails to convey a message but a movement of anticipating meaning is established. In both cases this interruption leads to a situation of enigma and suspension for the subject. Lacan (1959/2006c) also concludes that just like in the case of his own patient, the unfinished sentences interrupt at the point at which the subject is introduced, but not yet defined by the number of attributes. The unfinished sentence contains a *protasis* that introduces the subject, but which suspends the definition of it. The *apodosis*, which could effectively attribute qualities to the subject, and which would thus complement the sentence, is each time lacking. The result is that the production of a message is disturbed, hence the idea that these are message phenomena.

In his discussion of the interrupted sentence Lacan also concludes that interrupted messages typically break off at the moment the subject is introduced via a personal pronoun, or what he calls a "shifter": "each sentence is interrupted at the point at which the group of words that one might call 'index terms' ends, the latter being those designated by their function in the signifier . . . as shifters" (Lacan, 1959/2006c, p. 452). Strictly speaking this statement is incorrect. Schreber himself (1903/2000, p. 198) reports *protases* like "this of course was" and "lacking now is," in which no personal pronoun appears (and which Lacan doesn't cite). From a clinical point of view, the idea that hallucinations from this type always introduce the subject via a personal pronoun is not tenable. The proof of the contrary can easily be found in testimonies of psychotic patients. Yet, what the unfinished sentences in each case do introduce is the subject of the sentence in the *grammatical* sense of the word. Unfinished sentences typically nominate the grammatical subject, or allude to it, without further defining its characteristics. In terms of the logic of signification, which Lacan (1998, 1960/2006f) fully elaborated next to his work on psychosis (1981/1993, 1959/2006c), the effect on the subject in the psychoanalytic sense of the word can be thought of as indirect. As I indicated in the discussion of Figure 2, all signification has an effect of generating subjectivity since the articulated signifiers inescapably connote speaker and listener. When the process of signification itself is interrupted, as is the case in the unfinished sentences, this connotation will be deferred. At the level of the message this will produce a suspension: no identity-generating punctuation takes place, as a result of which the person involved in the speech act remains essentially undefined in relation to the Other.

On the other hand Lacan also discerns *code phenomena* in the hallucinations Schreber describes. These refer to fundamental changes in the set of signifiers a subject has at its disposal. Through his hallucinations Schreber acquires a new set of signifiers like "nerve-contact" or "basic language" (Schreber, 1903/2000, pp. 23, 26) which have no conventional meaning, and which are added to the conventional lexicon he makes use of. Lacan (1959/2006c) indicates that "code phenomena are specified in locutions that are neological in both their form (new compound words, though the compounding here takes place in accordance with the rules of the patient's mother tongue) and usage" (p. 450). With this idea he refers to the fact that through hallucinations words with a radically private

meaning can be conveyed; words that have no intelligible meaning outside the context of a psychotic person's speech, but that designate an essential aspect of this person's experience. Neologisms name aspects of experience that owing to the foreclosure of the *Name-of-the-Father* cannot be named in conventional ways. The neologism "nerve-contact," for example, is used to name the exceptional physically felt contact Schreber believes to have with God.

Summarizing: the distinction between message phenomena and code phenomena makes clear that the unchained signifiers that are so typical of psychotic hallucinations can bear witness of two processes: of disrupted interpunction and a fundamental inability to signify one's own life and being (message phenomena); or privately created terms that do signify one's own life and being (code phenomena).

The voice as an object a

A key characteristic of verbal hallucinations that Lacan (1959/2006c) describes in his article on psychoses is that the experience of a voice is essential: "the signifying chain imposes itself, by itself, on the subject in its dimension as voice" (p. 447). Yet, in this text the exact status of what he calls voice is uncertain. Lacan indeed indicates that the fact of hearing voices should be understood in terms of the logic of signification, and not in auditory terms. However, it is only in terms of the fully elaborated logic of signification (Lacan, 1960/2006f) and starting from his discussions of the *object a* (Lacan, 2004a, 1973/2004b) that the status of the concept "voice" can clearly be understood (Dolar, 2006; Miller, 2007b).

Within Lacan's theory of signification, three effects of human use of speech can be discerned. The first effect concerns the constitution of meaning: through speech, messages are formed in which signifiers express aspects of the intention that drove someone to the use of speech (in Figure 2 symbolized by $s(A)$). The second effect is that through the use of speech a subject is constituted: signifiers connote speaker and listener, without exactly denoting their identity (in Figure 2 symbolised by $\$$). The third effect is that a remainder of unsaid is produced as well. Lacan's concept of the *object a* refers to this remainder, and he defines it as the residue of the intention of signification, or of the drive, that is not embodied by the signifier the moment an appeal to the linguistic code is made; it is the remainder of the division of the living being by the signifier (Lacan, 2004a, 1973/2004b, 1966/2006d, 1960/2006f). This remainder should not be thought of as substantial; it is a scum of unsaid which ongoing speech constantly anticipates (Dolar, 2006; Malone, 2008; Parker, 2003). In terms of Figure 2, Lacan (1960/2006f) locates the *object a* at the end of the diachronic arrow. He more precisely indicates that in the process of speech, the *object a* is expressed as "voice."

The introduction of the concept "voice" reflects an important development in Lacan's work. In the 1950s Lacan was inspired by linguistic theory and focused on the structural aspects of language, hence his interest in the nature of the signifier and the logic of signification. Quite crucial to this context is the idea that language as such is death. Lacan (1956/2006a) says that "the symbol first manifests itself as the murder of the thing" (p. 262). A confrontation with an event in the real, with "the thing," prompts the human subject to use signifiers to represent and categorize the event. Signifiers classify

the experience in the fixed order of language. This gives rise to a representational system, enabling the subject to conceive of absence and finitude. From this perspective, the deadliness of language is contrasted with the liveliness of the imaginary. The imaginary is then seen as the register that adds meaning to language, and it is within this domain that the libidinal drive is expressed. In the 1960s Lacan shifts the emphasis onto the way in which the living body (as opposed to the represented and imaginary body; see Vanheule & Verhaeghe, 2009) relates to language. This time more attention is paid to *language use* rather than the signifier alone. It is within this context that the concept “voice” arises, indicating that language use is not equivalent to language. Lacan therefore does not think of the voice in sensorial or sonorous terms, but qualifies it as non-phenomenal or a-phonetic. *The vocal* refers to the fact that as humans we continuously speak in inner dialogues and monologues or to others, and that obviously we are in need of doing so (Miller, 2007b). Lacan relates this to the limits of language and to the drive. He states that there is a fundamental void or lack in the Other (the Other as the treasure trove of signifiers), as ultimately the Other cannot provide us with signifiers that guarantee the adequacy or truthfulness of discourse. “The structure of the Other, in itself, constitutes a certain void, the void of its lack of guarantee” (Lacan, 2004a, p. 318). Given the lack of ultimate signifiers we as speaking beings are destined for continuous articulation, and with this an inarticulable remainder of the unsaid is determined: the *object a*. Lacan (2004a, p. 318) argues that the voice “resonates” or “embodies” the inarticulable remainder. What is more, he indicates that the vocal dimension is related to the drive (Lacan, 1967a, 1967b, 2004a). The *object a* is not only an inarticulable remainder, he also qualifies it as a “waste product” of the body, with which we have a libidinous relation. In the way we deal with the *object a*, a certain *jouissance* is expressed (Lacan, 2004a). When Lacan (2004a) speaks of *jouissance*, this means to say that the relation with the *object a* contains a dimension of gratification and enjoyment that explain the attraction to this object. Yet this enjoyment goes beyond Freud’s pleasure principle, hence the eventual expression in dissatisfaction. This viewpoint indicates that the drive and the living body are no longer seen as opposed language. Both are interwoven, and symbolic enunciation defines the vocal as a distinguished place where the drive and *jouissance* are manifested.

Lacan suggests that particularly in the context of neurosis the voice is virtual and not substantial. It is the tacit remainder which the speaking subject is ever anticipating. The neurotic is characterized by the hope of finding something of the *object a* in relation to the Other (Lacan, 1967b). It functions as one of the supports of neurotic desire (Lacan, 1966/2006d).⁴

In psychosis the situation is different. Lacan (1967b) says that the psychotic person “has the *object a* in his pocket” and that the voices he hears bear witness to it. This reference to having the object in one’s pocket implies that the *object a* it is not a virtuality, but that it is experienced as real and as imposing itself. Verbal hallucinations show how the voice can be experienced as substantialized and actual. More specifically, when, owing to the typical condition of foreclosure, a psychotic person is confronted with that which he cannot signify, the voice will pass a signifier into the real. Miller (2007b) says that “the voice comes in the place of what is properly unspeakable about the subject” (p. 144), and that it is a symbolic element that appears “under the purely material form of sonority, a sound without a sense” (Miller, 2007a, p. 23, my translation). The voice heard in a

hallucination is essentially nonsensical. It bears witness to an impossibility to derive meaning and to assert one's identity in relation to the Other one is confronted with. The surplus of tension or *jouissance* that the impossibility of signification evokes is exactly what returns in the hallucination. The voice expresses the overwhelming surplus the signifying chain fails to grasp. This means that the hallucinated voice is charged with *jouissance*; it is loaded with the tension that was impossible to signify. It embodies the drive-related issues that the signifying chain cannot grasp and imposes on the *percipiens* what the subject of the signifier cannot assume (Miller, 2007a). Lacan (1973/2004b, p. 258) consequently suggests that "the subject is immanent in his verbal hallucinations," albeit that the principal difference between psychosis and neurosis is that owing to foreclosure the psychotic subject cannot account for his implication in what is voiced (Miller, 2007b).

Hallucinations as a "sinthome"

In the mid-1970s, after a period of relative silence on the topic, Lacan returned to the question of the verbal hallucination. By then the conceptual apparatus he used had changed substantially (Voruz & Wolf, 2007). Pivotal in the mid-1970s is his idea that the dimensions of the real, the symbolic, and the imaginary (RSI) should not be thought of as separate, but as dimensions that are integrated and tied together. The notion of the subject was at that time thought of in terms of integration or a "knotting" between RSI. The imaginary is thereby conceptualized as that which gives consistency, the real as that which remains out of grasp, and the symbolic as the dimension which by its imposing structure creates lacks in the real and the imaginary. The knotting or integration of these dimensions is realized either by the *Name-of-the-Father*, or alternatively by another stabilizing factor in mental life, which Lacan qualifies as a "*sinthome*" (Lacan, 2005a).

The concept of the *sinthome* can best be understood in the light of Lacan's earlier conceptualization of the symptom. In his early work Lacan defined the symptom as a hieroglyph in which a subjectively relevant message is locked, or as a metaphoric signifier that refers to other repressed signifiers. "The neurotic symptom acts as a language that enables the repression to be expressed," he says (Lacan, 1981/1993, p. 60). Within this perspective symptoms are to be deciphered. Gradually Lacan leaves behind this strict focus on the signified dimension of the symptom, and concentrates on what Freud called the dynamic side of the symptom and what he calls *jouissance*: "the symptom in its nature is *jouissance*" (Lacan, 2004a). The *sinthome* is the symptom minus the characteristic of being a signifier that refers to other signifiers. It is an idiosyncratic unanalyzable trait in which a person's way of dealing with *jouissance* is expressed (Lacan, 2005a). Moreover, Lacan (2005a) indicates that *sinthomes* have an important stabilizing effect on mental life. In case of a foreclosure of the *Name-of-the-Father* (psychosis) or in case of a confrontation with the limits of the *Name-of-the-Father* (neurosis; see Brousse, 2007), the *sinthome* helps knot the RSI registers to avoid their disintegration into chaos.

In his discussion of the *sinthome* in psychosis, Lacan (2005a) refers to verbal hallucinations, and suggests that they might have a stabilizing function. Central to this discussion is the case of a man, Gérard Primeau, whom he interviewed in 1976 during one of his clinical presentations (Lacan, 1980a). During the presentation it turns out that Primeau

experiences what he calls “imposed speech,” sentences that pop into his mind without being intentionally thought. “Imposed speech is an emergence which imposes itself on my intellect and which has no meaning in the ordinary sense” says the man (Lacan, 1980a, p. 20). The structure of the imposed speech that Primeau experiences is similar to the structure we discerned in the message phenomena. On the one hand meaningless sentences impose themselves, like for example the phrase “Mr. D. is nice,” which appears upon his contacts with a physician, Dr. D. (Lacan, 1980a, p. 21). When these sentences are imposed, Primeau, on the other hand, feels compelled to “counterbalance” them by means of a self-initiated “reflexive sentence,” such as “but I am insane” (Lacan, 1980a, p. 20). Primeau summarizes the complete structure by arguing: “I say ‘Mr. D is nice,’ imposed sentence, ‘but I am insane,’ reflexive sentence” (Lacan, 1980a, p. 20).

In the seminar that runs parallel to this presentation Lacan (2005a, p. 95) says that this imposed speech has the status of a *sinthome*, suggesting that it has an integrative function and helps to acquire mental stability. By making this claim he opens a new perspective on hallucinations, namely that these can help to create structure and consistency at the moment that these get lost. A radical disappearance of order and an experience of disintegration or emptiness are often central to the first moments of psychosis (Maleval, 1997). Based on his reading of Schreber, Lacan (1959/2006c) even suggests that the subject is “death” at those moments. The idea of the *sinthomatic* status of hallucinations suggests that they might counter these initial experiences. I believe that this is the case because they bring about scansion in a world of chaos. Moreover, as they are experienced as clearly addressed to the *percipiens*, they revive the subject. This does not mean to say that, as a universal principle, hallucinations always and in each case have an alleviating effect. Rather, hallucinations are not by definition disintegrating, and that in particular cases and situations they might lead to pacification.

How is it then that Primeau’s imposed speech helps him to acquire stability? This man fails to experience clear boundaries in relation to the outer world. His own being fails to be a closed-off entity that is categorically distinct from others, as a result of which he often feels intruded upon: “I live without boundaries” (Lacan, 1980a, p. 33). In relation to his parents, for example, he describes a problem which he calls “osmosis” (Lacan, 1980a, p. 25). His parents often had fights, which he experienced as “contagious,” anxiety-provoking, and threatening for his feeling of consistency (e.g., he has memory loss owing to them; Lacan, 1980a, p. 25). Another experience is that some people are “radiating.” He sees something in their face which fascinates him, but which at the same time is difficult to grasp: “I see, but I cannot translate rationally what I was seeing” (Lacan, 1980a, p. 27). A last example of the experience of being intruded upon is that he has had the impression that dialogues heard on the radio were destined for him. The subjective effect of these experiences is that they evoke his aggressiveness: “when I have an emotional contact, I am aggressive inside” (Lacan, 1980a, p. 21). Parallel to the imaginary experience of intrusion, Primeau also has the experience that against his will his personal thoughts and experiences are directly accessible to others, and that his thoughts are transmitted automatically and against his will: “I am a transmitting telepath . . . what passes through my head is heard by certain receiving telepaths” (Lacan, 1980a, p. 35). With Lacan’s terminology in mind, I conclude that the imaginary and the real get intermingled, while the symbolic, which precisely has a function in establishing differentiation and

structure, is poor. The experience of imposed speech seems to compensate this problem. Primeau indicates that the emerging sentences recompense the aggressive tension that is built up through close contacts with others: "I tend to compensate. I am aggressive, not physically but inside. I tend to compensate with imposed sentences . . . I tend to recover with the imposed sentences" (Lacan, 1980a, p. 21). The imposed sentences at least temporarily put a stop to the experiences of intrusion and transmission, and have a pacifying effect. It therefore appears to be essential that the emerging sentences are meaningless and thus compensate for the imaginary tendency to relate everything to everything else.

Conclusion

In this paper I have explored Lacan's theory of hallucinations and contrasted it with classic psychiatric approaches on the topic. I have argued that the psychiatric approach to hallucinations typically starts from phenomenologically based definitions that focus on the unreality of hallucinatory perceptions, and that they go hand in hand with a sustained search for the causes underlying hallucinations. This search is present in early psychiatric considerations on hallucinations, but still persists in dominant psychiatric research paradigms. Lacan breaks with this tradition to the extent that he concentrates on the subjective effect of hallucinations on the person experiencing them. According to him a hallucination is a *perceptum* that has a paradoxical effect on the *percipiens*. Rather than a *perceptum* without an object, it is a *perceptum* that disrupts the subject. Lacan first emphasizes the effects of perplexity that hallucinations evoke; effects he examines in terms of disrupted signification. Later on he elaborates this viewpoint and addresses the possibility of hallucinations having a stabilizing and pacifying effect.

Within the first logic Lacan emphasizes that hallucinations bear witness to an impossibility to occupy a desiring position when psychotic persons are confronted with personally touching situations and drive-related issues. Such confrontations bring out a radical failure in symbolization. Within this logic, hallucinations are rooted in the incapacity to signify one's own existence as a subject in relation to the other. The chain of signifiers cannot name what is at stake for a subject upon confrontations with the Other. This interruption suspends the psychotic person's sense of identity and leads to an experience of tension and enigma, to which the appearance of an unchained or hallucinated signifier gives a name. Two types of hallucinations were thereby discerned: message phenomena and code phenomena. Message phenomena bear witness to disrupted interpunction and to a fundamental inability to signify one's own life and being, and code phenomena to a highly private naming that does signify one's own life and being. Building on the logic of disrupted signification Lacan also discussed the voice-like quality of hallucinations. He thus accentuates that the surplus of tension or *jouissance* evoked by the confrontation with drive-related issues is exactly what returns in the hallucination.

What is innovative about these ideas is that they offer a new approach to the hallucinating person; an approach that does not automatically reduce hallucinations to the status of disease symptoms that are produced by a disintegrated mind or a disturbed brain. Lacan claims that hallucinations bear witness to an internal structure that reflects what exactly the hallucinating person is struggling with. He refrains from any semantic interpretation or any attempt at empathic understanding, but insists on accurate listening:

hallucinations should be read to the letter and clinicians should carefully examine the context that led to their production. Lacan's focus is on the disruptions in the process of signification and he insists on studying this disruption on a case-to-case level. Along the way he insists that psychoanalysts should not shrink back from psychotic persons; their experiences should be listened to, but interpreting these is not under discussion. The Lacanian treatment of psychotic patients instead focuses on helping these persons build an answer to experiences that overwhelm them (Apollon, Bergeron, & Cantin, 2000; Maleval, 2000).

Later on, in the mid-1970s, when his theory took a fundamentally pragmatic turn and focused on the *sinthome*, that is, on the purely particular aspects in someone's functioning that prove to have a stabilizing effect on mental life, Lacan insists that hallucinations can have an integrative function. Whereas this certainly is not a universal effect they have, he indicates that hallucinations can result in pacification and in acquiring points of consolidation.

This paper has not addressed adjacent issues, like the question of how hallucinations are related to the onset of manifest psychosis, to delusions, to passages to the act, and to the experience of hallucinosis in the context of neurosis. Nor have I related Lacan's conceptualization of hallucinations to the work of other psychoanalytic authors. These are limitations to my discussion, and issues that should certainly be picked up.

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Notes

1. Given his opinion on the fundamental split between the hallucinated *perceptum* and the *percipiens*, Lacan radically rejects any psychological intervention that accentuates the continuity between both, and that would directly try to focus on the meaning of the hallucinated signifier. For example, an interpretation of the word "sow" in terms of the Freudian idea on projection (the patient actually thinks that her neighbor's lover is a dirty pig since he's a married man who is openly courting her neighbor friend; yet this idea is rejected, and returns from outside as a message attributed to him) is something he radically dismisses (Lacan, 1959/2006c).
2. In line with Lacan's (1981/1993) idea that the structure of someone's symptom actually reflects the structure of his/her pathology, the same failure in occupying a desiring position as a woman in relation to a man can also be found at the root of this woman's paranoid convictions. The patient only recently returned to live with her mother, driven by the conviction that her husband and his family had the intention of carving her up piece by piece, like peasants used to do with pigs in the countryside at that time.
3. Lacan (1959/2006c) discusses the Oedipus complex as a metaphor in which the *Name-of-the-Father* is a crucial signifier that substitutes for another signifier, the desire of the mother, which until then was an enigma for the child. It is presented as a fundamental signifier that installs a model for naming through metaphoric substitution, and that permits signification to proceed normally. *The Name-of-the-Father* is also the signifier incarnating the rules and prohibitions that structure relations to others. It positions the subject within the symbolic order of human reality.

4. Lacan argues that in the dialectical relation with the Other, the voice “is the instrument where the desire of the Other manifests itself” (Lacan, 1965–1966, lecture June 1). In this context “desire of the Other” stands for desire as directed to the Other, as well as desire coming from the Other.

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