the presentation of patients and the question of structure

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The Presentation of Patients is an activity that was initiated by Jacques Lacan at the Sainte-Anne psychiatric hospital in Paris. thus the specificity of the Presentation of Patients is that it provides an encounter between psychoanalysis and institutional psychiatry. A patient is interviewed by a psychoanalyst in front of an audience that is usually comprised both of participants from psychoanalysis and staff from the psychiatry unit. The audience remains silent during the interview and afterwards there is discussion regarding what was heard from the patient. It constitutes a means of investigating the psychopathological structure of the patient, in other words the structure of psychosis, neurosis and perversion.

This activity has been since reiterated by different psychoanalytic schools that derive their direction from Lacan's teaching. Lacan trained in psychiatry in that hospital and later worked there in the capacity of a psychiatrist. In 1971-72 he returned to the Sainte Anne hospital to give a series of lectures known as *The Knowledge of the Psychoanalyst*, aimed, in the first instance, at the psychiatry registrars there. This is what he had to say within the walls of the chapel at Sainte-Anne, of his experience of listening to the patients interned in that hospital and in the Presentation of Patients:

> Anyway, before speaking at Sainte-Anne, I did lots of other things here, even if it was only coming here and fulfilling my duties. And of course, for me, regarding [...] my discourse, everything starts from there. Because it's obvious that if I speak to the walls, I started doing that late, in other words that, before hearing what they send back to me – in other words my own voice, 'preaching in the desert', that's an answer to the person.
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> Well before that, I heard… I heard quite decisive things, anyway, they were for me. But that's my own business. I mean that people who are here to be "between the walls" are quite capable of making themselves heard, so long as one has the right ears for it! To be frank, and to give homage for something for which she is not personally responsible, it was of course, as everyone knows, around the patient to whom I gave the name Aimée (which wasn't hers, of course) that I was, in that way, drawn towards psychoanalysis.
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> There was not just her, of course. There were some others before her, and then there are still quite a few whom I let speak. That constitutes what is called my presentations of patients. It happens, afterwards, that I speak with a few people who attend that sort of exercise, anyway this presentation that consists of listening to them, which obviously is not something that happens to them on any street corner. It happens that, in speaking afterwards with some people who were there to accompany me, in order to catch whatever they were able to, it happens to me, in speaking afterwards, that I learn something from them... because it's not straight away, obviously it is necessary to tune one's voice, to bounce it off the walls.[2] [my translation]

So here Lacan speaks of his formative experience of listening to the patients whom he treated at Sainte-Anne, and in particular the patient to whom he gave the pseudonym of Aimée, who of course was the subject of his medical thesis, initially published in 1932 under the title of *Paranoid Psychosis in its Relations with the Personality*.[3] And it was around this time that he began his interest in psychoanalysis, precisely through the experience of listening to psychotic patients, quite a different itinerary to that of Freud. And the presentation of patients, as we

hear it, is the possibility of the patients of the asylum, of the psychiatric hospital, *to present themselves* through their speech. This is something quite different to a traditional psychiatric interview.

The Presentation of Patients in *The Freudian School of Melbourne*

The *Freudian School of Melbourne, School of Lacanian Psychoanalysis* has conducted the Presentation of Patients since 1989, first at Mont Park then Larundel Psychiatric Hospitals. It has occurred now for many years at the Alfred Hospital. It has held a significant place in the School as testified by a number of papers that have been written, translated, and published as an effect of this particular encounter. The Presentation of Patients has also, indeed, been formative for many of us in the School. Thus it has had a significant bearing of the major functions of the School, that of the study of psychoanalysis and the formation of analysts.

I write this account from the perspective of an analyst who has interviewed patients in this activity for a number of years. I also speak from having organised the practical arrangements for the Presentation of Patients, organising the dates and venues, but more importantly, since I do not myself work in this Inpatient Unit, seeking out and speaking to psychiatrists and registrars in order to invite a patient to come and speak at the Presentation of Patients. I also speak from the experience of having both attended the Presentation of Patients as one of the audience both in the psychiatric hospital and the Alfred Psychiatry Unit, but previously also as a psychiatry trainee myself, selecting and bringing patients to the Presentation of Patients at Larundel Hospital.

In the Presentation of Patients we have attempted to discern the logic that underwrites the patient's speech, in order to reveal something of the relation of the subject to his or her speech. As Pereira and Riebl have stated, we "listen for the structure as given by the relation of the speaker to his or her utterance". [4] It is the ethics of such an endeavour that continues to ground the Presentation of Patients in *The Freudian School of Melbourne*.

However over the time that we have been conducting the Presentation of Patients, psychiatry has changed considerably. The move to the Alfred hospital was necessitated by the march of deinstitutionalisation and ultimate closure of the large psychiatric hospitals. Psychiatry units are now to be found in the major public hospitals. Gone, though, is the leisurely pace of the previous psychiatric hospitals as well as the function of asylum that the patients experienced within the confines of the institutions.

The management of patients in the smaller psychiatry units in general hospitals has now become regulated by Key Performance Indicators that are intended to determine variables such as *length of stay*, *number of days in seclusion*, and so on, in order to keep such things to a minimum. Effectively, there is a far rapid *turnover* of patients in the Unit. The practice of psychiatry has become increasingly operationalized by the DSM and the emphasis on normative data, and, correspondingly, the emphasis on biological causes and treatments has increased. The traditional clinical practice, the eliciting of the rich and diverse clinical presentations, the teachings of the classical psychiatrists, the eponymous syndromes and phenomena, all of these are now all but forgotten. These changes have had effects on the possible place of the Presentation of Patients in the public institutional setting

Whilst those working in this setting are familiar with the word *psychoanalysis*, many are unable to differentiate it from *psychotherapy*. Psychiatrists in training have little knowledge of psychoanalysis and the word *psychoanalysis* is strangely repressed and replaced by

psychotherapy. A registrar, or trainee psychiatrist, in introducing the Presentation of Patients to a patient, said that "There will be a room full of psychiatrists from the Freudian School of Psychotherapy"! The same registrar, no doubt through a slip of the tongue, referred to the School as "The Freudian School of Medicine". Here all the 'psychs' are equivalent except for 'psychoanalysis' which disappears to the advantage of Medicine.

I note this precisely because the registrars and psychiatrists are a fundamental part of the device of the Presentation of Patients. In this paper I wish to utilise what they bring to this encounter in order to elaborate and pinpoint its current structure. Psychiatrists in training generally show interest in the Presentation of Patients when they come into contact with it, but it is an interest difficult to sustain in the face of the busy demands of the Unit and the indifference and sometimes hostility shown by their colleagues. Indeed it has been often difficult to find a registrar who is able and willing to participate by inviting a patient to speak at the interview. And, as outsiders, we psychoanalysts are indeed reliant upon the interest and goodwill of those who work inside in order to continue this activity: a very precarious position indeed!

The question of the psychopathological structure

In what has been written about the Presentation of Patients by various authors, it is assumed that the patients interviewed will be psychotic patients. Indeed Erik Porge elaborates upon the place of the audience, those who listen, as taking up a particular place in regard to the patient with a psychotic structure.[5] In *The Freudian School of Melbourne* we have also taken the Presentation of Patients as one means, at least in part, to take up Lacan's exhortation that "Psychosis is that before which no analyst should ever recede".[6]

However much we might be interested to hear from the psychotic, we do not make any anticipatory judgement regarding the diagnosis or structure of the patient. In other words we cannot specify in advance that a patient is psychotic. Hence all that we specify is that the patient is able and willing to speak to us. And since the selection of patient to be invited to speak is ultimately made by the registrar and the psychiatrist working on the Inpatient Unit, it is not those of us from the School who decide that a particular patient will be invited to the Presentation of Patients. It is also clear that not all of those Lacan interviewed in his Presentation of Patients were necessarily psychotic.[7]

Furthermore, and increasingly frequently over recent years, we have had patients who we can say are not of a psychotic structure. And in many cases we cannot say what structure the patient might pertain to, nor indeed that one structure necessarily precludes another.[8] In part, such patients are often presented to us by the registrars as being "interesting cases", the implication being that they would be interesting to us. However we also hear in this a certain interest on the part of the registrar or psychiatrist who proposes such a patient. This interest, we might say, is also their interest in, and transference to, psychoanalysis. Once again, this transference is something that is part and parcel of the structure of the Presentation of Patients and of which we must take account. And what, we can gather, are of interest to the registrars, are patients that are different to the majority of those that constitute their work on the in-patient units. So, curiously, we go to the psychiatry unit in order to hear something from the psychotic, whilst the registrars tend to bring to us patients who are least likely to be of that order.

The place of the audience and the question of the transference

This raises important questions for us of both theoretical and practical interest. Obviously, the setting of the Presentation of Patients differs from any other interview with a patient through the presence of the audience. We must hear this word *audience* in its etymological sense from the Latin *audire*, to hear. The audience is present in order to hear what the patient and analyst have to say, not to make objective observations as might be the case in a psychological or psychiatric interview. And the audience is present in order to sustain the interview of the patient with the analyst, not to speak or to interact with the patient in any other way. But the response of the audience is nonetheless a critical part of the Presentation of Patients by virtue of the response of its members, by virtue of the fact that members of the audience are able to hear something that is not able to be taken on by the two participants in the interview.

The audience by this means might be able to support the nascent transference of the patient to the analyst who is conducting the interview, a transference that may not be able to be sustained through the person of the analyst alone. In other words the audience constitutes a "third place"[9], an Otherness that the subject addresses indirectly. It is from this *third place* that he or she might be heard such that his or her speech may be heard in an inverted form, not in the un-inverted form of paranoia for instance. Indeed we can say that the audience is constituted in a similar way to the chorus in a Greek tragedy, albeit a silent one. The chorus provides the possibility of the subject hearing something of his own words echoed back to him through the presence of others who listen to what he has to say.

The reference to the theatre here is an important one. The Presentation of Patients constitutes a staging of the psychopathology of the patient through speech. The history of the notion of presentations of patients, particularly in France, is marked by those of Charcot. Charcot's presentation of his hysterics, however, served the purpose of the illustration of an already characterised psychopathology. In these, the role of the audience was reduced to that of spectator.

Philippe Pinel, whom we can consider to be the first psychiatrist, preceded Charcot by a century. Pinel believed that in the mad there remained a "residue of reason". In this way he was truly an Enlightenment psychiatrist, privileging reason over madness. Nonetheless, one part of Pinel's so-called "moral treatment" consisted in the staging of the patient's delusion, in this case with the aim of eradicating it. In his *Medico-Philosophical Treatise on Mental Alienation or Mania*, Pinel described a man whose delusion was that of having committed regicide. Pinel gave his assistant Pussin the task of dramatising his delusion in the form of a hearing:

> A false tribunal was convoked in which three doctors, dressed in black, played the role of the commissars of the people. After a long interrogation they gave their judgement, in the name of the National Assembly, which abolished all suspicion and restored the rights of the "accused" with a sentiment of pure patriotism.[10] [my translation]

Here the audience takes on an active role in a dramatisation of the delusion. The endeavour of the presentation in this case goes beyond an illustrative and teaching function. Its aim is a therapeutic one through an intervention within the delusion, as well as effecting a limit to that delusion. By this staging of the delusion and its attempt to produce an effect on the patient, we could consider that the predecessor of the Presentation of Patients was in fact Pinel's treatment, rather than Charcot's presentations of his hysterics and other patients. The Presentation of Patients, like Pinel's treatment, provides the patient with a *hearing*.

One major problematic of the Presentation of Patients has been that of how to construct a transference in the place of the psychotic. In the first instance this is through our transference to the patient: in making a request that a patient come and speak to one of us, before an audience, we suppose that there is a knowledge in the psychotic that we might be able to hear. That is, it is *our* transference to the psychotic in the first instance that sustains the interview. The presence of the audience, in endeavouring to sustain a third place for the patient, provides the possibility at the same time of producing an induction of a transference in the patient.

But as we have noted, Porge elaborates the place and function of the audience specifically in relation to the structure of psychosis. However, if we avoid any preconceptions about what the patient's psychopathological structure might be, and if indeed many patients who present themselves cannot necessarily be considered to have a diagnosis of psychosis, can we then sustain the notion of the audience as functioning only for the psychotic? It is precisely the patients who present themselves to us in the Presentation of Patients through their speech that effectively poses such a question.

Hence it is the major contention of this paper that the stage of the Presentation of Patients is able to produce a dramatization of the complaint of each and every patient who is able and willing to speak. In this way the Presentation of Patients is able to effect a hystericization and thus an intensification of the transference of the patient. We are thus proposing that the Presentation of Patients can function to investigate and elaborate upon the very notion of psychopathological structure in psychoanalysis.

From a Freudian point of view, I have been celibate for a number of years

One patient who put the question of structure to us was a woman in her 50s who had been exceedingly keen to attend the Presentation of Patients. When she arrived she announced that she had something important to say. She then proceeded to recount how she was "violently attacked" and "raped" a number of years previously, giving a lengthy and dramatic account of this event. This was the first time she had spoken of this to anyone except a flatmate. And after this account, directed to the analyst, she turned to the audience and said, "I needed to get this out". What was missing in this account though, was any indication of her own place in the attack.

She recounted that prior to the attack she was in a wine bar and left her drink on a ledge when she went to the toilet. Although she does not say it explicitly there is an implication here that something happens to the drink, that it is spiked, and she notes that immediately afterwards she feels "woozy". And it is this wooziness that effectively leads, in her account, to her later being violently attacked. Here we might question the place of this drink, a drink that is a cause of the drama.

It is perhaps not inconsequential to the drama of the Presentation of Patients that this woman had a career as an actress in the cinema and later as a screenwriter. And in relation to the cinema, Slavoj Žižek[11] speaks of a certain type of object in the films of Alfred Hitchcock, as a "third", or a "stain" in the mirror relationship. He notes that there is always a small object, not necessarily taking an active part in the scenario, but that nonetheless passes between the protagonists in the film. Such an object also evokes for us the letter in Edgar Allan Poe's *Purloined Letter*.[12] It also evokes a particular letter of the alphabet, the letter 'a': Lacan's object *a* cause of desire.

This object functions as a type of motor or cause of the drama of the film, whether it be a ring, a cigarette lighter, a key, a necklace or some other object. Hitchcock himself called such an object a "MacGuffin". Here he speaks of this type of object to François Truffaut:

> Now, where does the term MacGuffin come from? It evokes a Scottish name and one can imagine a conversation between two men in a train.
>
> One says to the other:"What's that packet that you placed on the rack?"
>
> The other: "Ah, that! It's a MacGuffin."
>
> The first: "What is a MacGuffin?"
>
> The other: "Well, it an apparatus for killing lions in the mountains of Adironak"
>
> The first: "But there are no lions in the Adironaks"
>
> So the other concludes: "In that case, it's not a MacGuffin."
>
> This anecdote shows you the emptiness of the MacGuffin... the nothingness of the MacGuffin.[13] [my translation]

So it is precisely the emptiness and nothingness of the MacGuffin, of the object, that allows it to be the motor of the drama. Our patient, like Hitchcock, speaks of her drink as a type of MacGuffin, an object cause of the "violent attack", but not in the disembodied way that Žižek describes for the cinema. She speaks of this drink precisely in her hystericized account of herself that is presented to us on the stage of the Presentation of Patients. And if this object precipitates a certain movement in her account, it does so through a sketching of a fantasm, that precisely of a "violent attack".

To refer to Aristotle's causes, the drink is a type of *efficient cause* that is able to produce the movement that reveals the outline of a fantasm as a *formal cause*, one which is "the support, scene and condition of unconscious desire".[14] This "violent attack" is then repeated a number of times in the interview, for instance in the account of an attack on her sister who later was also shot dead in yet another "violent attack". Her father was also described as "violent", at least when he had had "a few drinks".

If the signifier "psychoanalysis" was not conveyed to this patient in inviting her to the interview, the signifier "Freudian" certainly was. She noted that "From a Freudian point of view, I have been celibate for a number of years". So then, as sustained by her account of the rape that was recounted to us, she puts forward that in inviting her to the Presentation of Patients, by our being "Freudian" it is something sexual that we want from her, another sort of "violent attack" that she is keen to attend.

You're Freudian, you'll enjoy this!

Another patient also retains the word "Freudian". He said at the beginning of the interview that he knew that the analyst was from the "Freudian School" and commented further that he was there in the interview as a sort of "Guinea Pig". He felt that he had been looked after by the staff in the Inpatient Unit and thus attending the interview at their request was a means of repaying them. And then, launching into his history, he stated: "You're Freudian, you'll enjoy this!"

In other words, from the outset, he positions himself as being the object of the Other's enjoyment, an enjoyment all the greater since it is supported by the presence of the others from the "Freudian School". This provided a scene through which he endeavoured to place himself in his own history. He privileged a particular memory of his childhood: "I was in my room, playing with my toys. My mother was having lunch with her friend. I was making too much noise. That was the rule, to not make noise. She broke my toy and then she picked me up and threw me against the wall. Her friend came in and intervened." Here he places himself as the object of the Other's enjoyment, the Other's jouissance, and it is in this that we can begin to pinpoint his own jouissance.

In his account there was no mention of his father. In response to a question about being conceived he replied "my father was a man, *apparently*". We might hear in this statement the proposition that to be a man requires a certain *appearance*, including, we could add, an appearance at the Presentation of Patients just like Pinel's patient appeared before a mock hearing. In this way he also proposes himself as *apparent*, in other words, as a semblant. But this place as semblant also allows something to be heard: his own *noise*. For this to occur requires him to be *a-parent* (as a privative), to allow the parental figures of his story to fall. To do so might allow him to excise the parents, the Other, whose Guinea Pig he is.

This structure was repeated in his account by speaking of an incident that left him with chronic pain. But rather than describe the incident, he stated: "It's easier if I call it an assault." This *ease* of not describing it makes sure that the jouissance, in other words both the enjoyment and the pain circumscribed by this account, remains intact. Here again we have the outline of a fundamental fantasm sketched out for us in how the patient positions himself in relation to his account.

And like with the first patient of whom we have spoken, he said in the interview that he had only spoken of these events to one other person, and then only in little tit-bits in which he had alluded to them. He implied that he had only recounted small fragments to others and then only in certain circumstances. We could posit that precisely in not speaking of these things he had preserved a certain real beyond them, a real conveyed by a stammering laugh of enjoyment at a couple of points in his account. Speaking to the analyst in the presence of the audience, we propose, allowed the possibility of putting a sketch of his fantasm into speech through the drama of Presentation of Patients.

The Other scene

In regard to the first patient of whom we have spoken, when the registrar returned the following week to discuss the interview, she told us that the patient had been visibly moved by the experience of the interview and felt that she had been relieved of a great burden. The registrar confirmed that she had not heard of the "violent attack" previously. She explained that for the patient the Presentation of Patients had provided a setting for the patient to recount this and other aspects of her history, things in regard to which she thought that herself and the psychiatrist, from the patient's point of view, were not worthy recipients.

In any case, the interview had provided a *different* setting, one which allowed something of the patient's fantasm to be outlined, something she was not able to do elsewhere. Indeed we can say that the structure of the Presentation of Patients is one that allows an Other scene to emerge, *ein anderer Schauplatz*, which Freud speaks of in relation to dreams in *The Interpretation of Dreams*.[15] Indeed, the Presentation of Patients is literally a *Schauplatz*, a theatre stage that conveys the dramatization of the unconscious.

Over the years, some of those who have attended the Presentation of Patients have complained that it is *weird* or *strange* and no doubt they are right. But if it is weird it is that it allows something of the uncanniness of the unconscious to emerge through this Other scene. In the face of this strangeness, the clinician can flee or retreat to his or her usual modalities of apprehending a patient: empathy, identification, objective observations, feelings of sympathy for the patient, and so on. Or one can accept the uncanny of what emerges. To accept this is to not refuse the transference. This is something that psychoanalysis can offer to psychiatry, to accept the transference in all its strangeness.

We have endeavoured to take the registrars, the psychiatrists and the Inpatient Unit into consideration as part of the Presentation of Patients. We have also proposed that there has been an evolution in the Presentation of Patients that has emerged through the changing nature of the clinical and administrative practice of psychiatry. Thus there is a different relation of the registrars and the Inpatient Unit psychiatrists, who select and bring the patients, to the interview itself. Thus over time a new structure of the Presentation of Patients has emerged, through a different modality of an intersection of institutional psychiatry and psychoanalysis.

In taking into account such changes as well as the accounts that we hear in the Presentation of Patients themselves, we can specify a somewhat different function of the Presentation of Patients. If it can be said that the Presentation of Patients provides both a stage for the patient's delusion as well as a boundary for this[16], this can only be said specifically of the psychotic patient. But if we do not judge *a priori* what the structure of the patient might be, nor are we necessarily able to make a judgement regarding the patient's structure *a posteriori*, we can posit that the Presentation of Patients can function as a device to elucidate something of the psychopathological structure of each patient who is willing and able to speak in this setting. It is a device that produces an intensification of the transference through the chorus provided by the audience. Thus it is a setting in which an hystericization of the complaint can be staged.

Freud differentiated the structure of the three structures of perversion, psychosis and neurosis in the following way:

> The contents of the clearly conscious phantasies of perverts (which in favourable circumstances can be transformed into manifest behaviour), of the delusional fears of paranoics (which are projected in a hostile sense on to other people) and of the unconscious phantasies of hysterics (which psychoanalysis reveals behind their symptoms) – all of these coincide with one another even down to their detail.[17]

We have seen that if the psychotic patient stages his or her delusion through the Presentation of Patients, other patients may stage a sketch of the fantasm. In the two patients we have spoken of here, we have noted that each, in addition to the registrar, noted that it was specifically the device of the Presentation of Patients that allowed them to speak in a particular way, to reveal certain things. Such accounts then allowed us to discern the outline of "unconscious phantasy" to use Freud's term, or rather what Lacan refers to as the fundamental fantasm. For the perverse it would be the "conscious phantasy" that Freud speaks of, and its denegation that constitutes the disavowal, that might be elucidated.

Thus we can consider that the Presentation of Patients provides a mechanism of elucidating each of these three structures, thus delineating them, as well as noting the limitations of the endeavour to circumscribe a patient within a particular structure. It is a mechanism by which

the very concept of psychopathological structures can be investigated. The Presentation of Patients also can offer to psychiatry an approach to the transference by not refusing the strangeness of what emerges in the Other scene produced. In doing so, we might offer a hearing of the subject who may then choose to do something more with the account that emerges through his or her speech.

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