

THE THEORY OF THE FOUR DISCOURSES: A challenge for therapeutic communities?

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Adapted from the original by the editor.

To criticise the existence and the function of institutions or therapeutic communities by means of a theory or an ideology is not my intention. I would like to critically examine the relation between knowledge (*savoir*), invoked as a basis, and competence (*savoir-faire*), with reference to psychoanalysis as given in the doctrine of Jacques Lacan. In my opinion it is striking how often one can see a pretension to lean on psychoanalysis, while nothing of the essence of the Freudian discoveries is visible in practice. It means that psychoanalysis is no longer a knowledge based on the unconscious but becomes an adapted knowledge which, without the perspective proper to it, is synthesised with all other kinds of knowledge, medicine, psychiatry, educational sciences, and even the most diverse ideologies. To counter the remark that references to psychoanalysis which are relevant to the institutional situation are extremely rare, one puts forward the urgency and the immensity of the task. On these grounds, any knowledge can be used and put to work, psychoanalysis included. These reasons neglect the fact that psychoanalysis, a science applied to solve a psychical problem, is an unconscious science, which doesn't as such become operative. The worst confusions - i.e., the "ego" is confused with the subject of the unconscious, the object of desire with the object of love, anamnesis and family myth...- are made because this adapted psychoanalysis is found in the most diverse mixtures. A knowledge, possibly psychoanalytical, has to justify each action, and these actions, which have the effect of institutionalising or even bureaucratising, must in turn valorise this knowledge by means of its so-called results.

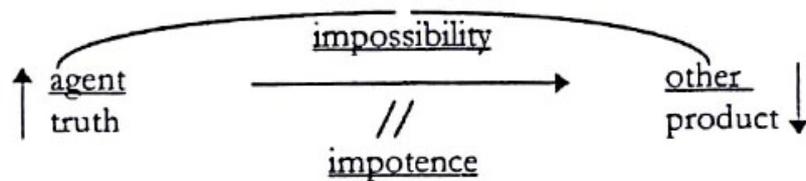
This type of mutually rendered service disables any problematic perspective, it dispenses with any reflection, any research and even any education of therapists, all of which is left to a Utopian elsewhere. This way of proceeding results in stagnation: the problems which preceded Freud still exist. This is especially clear in work in institutions, in group work and in work with children and psychotics.

That is what Jacques Lacan proved. It will not take much to get the same movement repeated together with the work of renovation and exploration due to it. Therefore, I would like to propose to you one of Jacques Lacan's constructions which, to me, seems to present the following advantage: it is in accordance with the current fashion for theories of discourse and it resists deviations and psychologisation.

Series of elements and their motions, each of which forms a discourse:

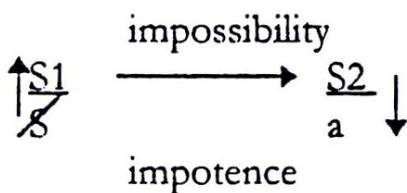
S1	S2	a	8	Master
	S2	a	8	S1 University
		a	8	S1 S2 Analytic
			8	S1 S2 a Hysteric

Fixed places and the constitutive disjunctions:

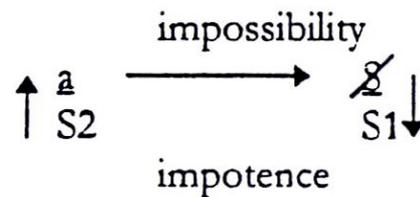


Four discourses, two of which have a reverse:

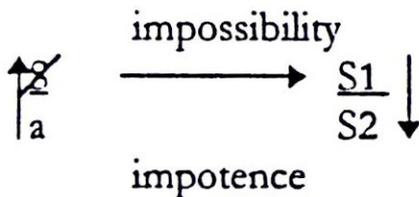
Discourse of the Master



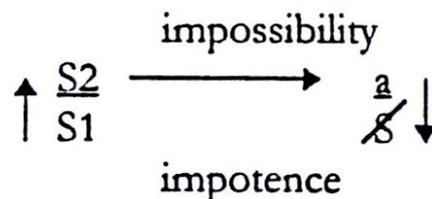
Discourse of the Analyst



Discourse of the Hysteric



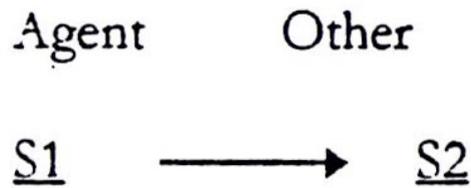
Discourse of the University



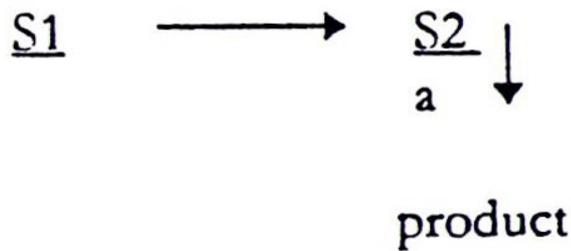
This formalisation is in conformity with the particular being who has had the advantage of being born with a choice: ability to learn a language and to become a divided subject \$, who is represented by a signifier (S1) for another signifier (S2), and for whom only part of his enjoyment can be signified, for whom a part, (a), is not captured in the signifier and is left as a remainder; or the other option which does not accept this absence-of-being: although he was born with the ability to learn a language, he does not enter into discourse, into the social bond and therefore remains a human being who is totally taken up with enjoyment.

This primordial choice results either in a divided subject tied to the signifying chain, a neurotic subject, or in a psychotic subject.

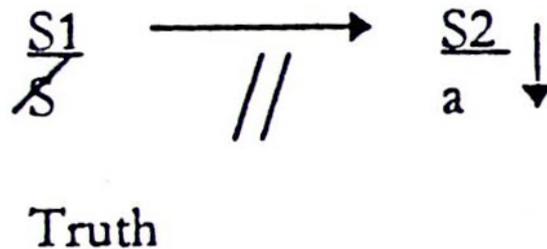
This bipartition - the subject is chained to or rejected, foreclosed from the discourse - does not constitute the only trait of it. The differentiation of the four types of social bond permits the interpretation of several preliminary conditions which are necessary in the work. In the first place, the therapeutic community and its degree of institutionalisation is often considered as a discourse of the Master. Taking the position of agent has an effect of Mastery on the Other:



The Other is caught in a network of signifiers, in a knowledge. This produces a remainder, residue of the enjoyment that is not caught up in the signifying chain, the object 'little a' as "(no)-more-enjoyment".



What makes the agent speak is the truth that drives him. The divided subject remains unconscious.



The unconscious desire of the discourse of the Master needs to be placed on this level: no subjectivity is allowed, certainly no stories or actualising of problems. It is of the greatest importance for a Therapeutic Community, for an institution, to determine this unconscious desire and to gauge accurately the degree of its manifestation. From the very first, every one who intervenes will have to place himself in relation to this desire, otherwise he will get imprisoned there, whether he is a psycho-analyst or not.

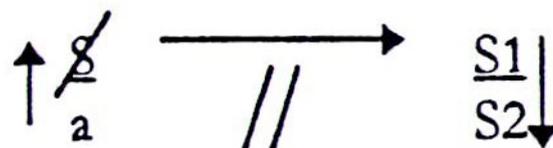
It is known that this discourse is pre-eminently therapeutic, which means both the best and the worst can be expected from it. The worst certainly will happen, if one places oneself in a dual relation, one of symbiosis, because such a relationship is doomed to end up in repetition; it is mortifying, and always results in aggression. Where the Master pretends to be identical to himself, to S1, it is impossible for him to reach S2, to approximate to the Big Other represented by S2; not being ready to admit his imperfection, he cannot present himself as a desiring subject.

If this discourse is the required condition for the speaking being to reach any other form of social bond, then what has to be done to escape from the unfavourable perspective mentioned above?

Several conditions are decisive to me in answering this question, the most important

being that not everything can be expected from one single discourse, one does not refer to one sacrosanct and therefore totalitarian discourse. This mistake has often been made, even by the defenders of psychoanalysis. Consequently, they haven't got time to meditate on impossibility and impotence, inherent in every discourse.

The hope they provoked changed, in the inevitable disappointment, into bitter criticism. It is not a matter of replacing the discourse of the Master by its reverse, the discourse of the psychoanalyst; the point is not to forget that formalisation of the four discourses demands all four of them. The constitutive disjunctions, impossibility and impotence - which form the motor of the system -, lead the agent to a moment in which he is out of the discourse and thus forced to pass to another one. The alternation of the discourses constitutes the explicit aim, as it allows each of the four elements in turn to occupy the four fixed places of any discourse, and allows a passage from one form of impotence to another, from one mode of the impossible to another. Thus, the discourse of the analyst can function for the different dualities created by the Master, the institution, the therapist, the educator... and the patient, as a reference to the third. In this manner the place of the patient is isolated as the appropriate one to represent the complaint of his divided subjectivity \$, and in addressing himself to the other, to the Master (S1), he incites this latter to produce a knowledge (S2), which he declares impotent with respect to object (a), reason of desire.



It is the task of the psychoanalyst to see to it that this discourse of the hysteric can be maintained in relation to the one of the therapist. He does this by taking a specific place in the discourse characteristic to him, that of object (a). He allows the patient to make himself a subject \$, so that the master signifiers (S1) obscuring his destiny can be brought forth.



The psychoanalyst becomes the depository of the family history, of the unconscious incorporated by the family myth. It is his task to transform the anamnesis into a family romance, and to get hold of the place that the patient fills in the unconscious desire of his close relations, to find out how their demands fail to coincide with those of the patient. How many therapeutic processes start without having verified the demand, without having made sure that there is one!

Working with close friends, parents, family, also creates the possibility to make manifest the discourse of the university. These so-called important personages have seldom been important because of their function, but rather boring, due to their massive and stupefying knowledge, S2, about the patient who is considered as a thing, 'das Ding'. They all become defenders of such a knowledge. This happens without realising either that this science finds its truth in their own unconscious, or

that the reduction of the Other to a thing obliges him to repress all subjectivity.



The work here consists of releasing the patient from his trap. One has to undermine this knowledge about the patient, break it up into splinters, reduce their chatter to the truth of his speaking, and shake the certainty represented by this knowledge.

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