

CHARLES MELMAN*

The Other Joy

NORM AND ENJOYMENT

We always act as if we know the limits of "normality"; this is part of the psychiatrist's job. We know that the difficulty only begins when we are called upon to agree on the concept. Let us take a recent example: psychiatrists in a US state decide to remove homosexuality from their list of mental illnesses. In what register are we, then, quite distinct in any case from that of neurophysiology, that such limits can be shifted according to changing mores? And if the isolation of a delusion seems resistant to this evolution, why not point out that obsessive neurosis seems to have been nonexistent before the establishment of religion? In any case, this knowledge of the norm, which influences us and determines our choices in a similar way, even though it is unknown to us and difficult to conceptualize, testifies, if proof were needed, to the prevalence of the unconscious. Let us use our example to argue that this unconscious consists essentially of knowledge about *jouissance* and that it can be uncertain about its modalities. However, it was customary to recognize as "normal" those who participated in the *jouissance* of the phallus, with the well-known ambiguity of this "*du*" said by the objective or subjective grammar depending on the place where the agent exercises. Revisiting Foucault's *Madness and Civilization* in light of this definition could raise questions about the real cause of widespread confinement in the classical age. More than by a lack of reason, the very diverse beggars rounded up in cities undergoing urbanization to be placed in the general hospital seem to be characterized by their failure to honestly serve the phallic cause. And here we can clearly see what "honesty" means, illustrating the ambiguity pointed out just now in the genitive: "normal" enjoyment does not come without a share due and payable to the fruition and exchange that the phallus seems to demand for its own satisfaction. Kretchmer has also clearly shown, with his "delusion of relationship among sensitives," how being excluded from this enjoyment can have a dramatic subjective impact and lead "old maids" and "masturbators" to delirium.

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Homosexuality also shows its hand on this occasion by revealing its trick: enjoying the phallus without it costing anything, without feeling any obligation towards it. One might think that it is thanks to this economy that it has been classified as "abnormal" until now. What is it today that, in these changed times and customs, might lead us to revise this assessment?

THE PERMANENCE OF OTHER ENJOYMENT

To tell the truth, it is clear that phallic enjoyment has always been doubled in our cultural zone by an Other, necessary because it is supported by the structure. We will not refer to the presence in history of the original couple of the Apollonian and the Dionysian. We will only recall the manifestation, massive on a social scale, of another *jouissance* that is perfectly tolerated, functional even though it is not explicitly formulated or supported by any myth, and

which moreover benefits from complete public complicity: we refer to *bacchanalian jouissance*. We are also aware of the impotence, even the clumsiness, of the doctor in this regard. First, for ethical reasons, since it is obvious that its expression is accompanied by a public feeling of triumph, barely tempered by unfortunate local incidents. Secondly, because of the difficulty of diagnosis, since doctors are deprived of a point of view in a field where the fulfillment of desire ceases to be subordinate to the primacy of maintaining life: there is nothing in the drinker's symptomatology that is not a sign of an aspiration to death, evidence of the prevalence of another norm where it is medical intervention that takes the form of a pathological symptom. Finally, there is a practical problem, since the doctor has no power over such a process: coercion aggravates it, as we know, and laissez-faire does not lead to any solution that could be described as natural. Taken together, these characteristics suggest that the doctor is encountering a different type of human being on whom his dialectic, his power, and his prestige have no effect.

But progress depends on the isolation of the other structure that supports this state. It is remarkable that J. Lacan proposed this isolation as a logical effect of the specific implications of the structure of language (see the seminar "Encore"). We will reduce them to the extreme for the purposes of our demonstration by saying that phallic *jouissance* is supported by a whole whose essential feature is that it is closed: the object therefore owes its quality to the place, the *situs* it occupies, of being beyond, outside the limits, Other, heteros; From the *Sketch* onwards, Freud had made it emerge from the primordial loss of an identical object in favor of the return, each time, of another to whom the nostalgia for this loss gives its brilliance. The very movement of this return emphasizes that this Other is not empty but the place of a whole organized by another structure, complementary to the first, that of being open. Our emphasis is on the obvious clinical manifestation of a mode of *jouissance* organized by such a structure, that of the open whole. In this structure, the object cannot maintain its quality as an Other place, which can only be imagined here at the ever-receding end of a race, since no boundary establishes its legitimacy.

And if we accept that the fulfillment of pleasure lies in the sedation of a tension that is reflected in the abolition of consciousness and sleep, aptly labeled "little death," then the object will owe its quality to pharmacodynamic properties capable of producing a similar effect. Failing to be valued for its quality of being Other, the object will be valued for its semblance of providing a similar *jouissance*. The price to pay will be at least threefold. First, a frenzied attachment to the object, whose disappearance, even through absorption, signals the eclipse of an Other who, even if Euclideanly identified, is alone capable of maintaining the subject's place; hence the extreme anxiety, depersonalization, somatic dislocation, even delirium, in short, what we refer to as expressions of the state of lack. Simultaneously, there is the necessity, linked to the mithridatization of an absorption of ever-increasing quantities. Finally, the unconscious aspiration to death, whose attainment would testify to the successful capture by the Other place; we have mentioned the effect of disorientation produced on those around them.

THE RELEVANCE OF THE OTHER'S ENJOYMENT

This other's enjoyment is evident in our culture and is perfectly tolerated: this is illustrated by the accepted spread of alcoholism. The repulsion of society towards drug addiction, which is similar in nature, seems to be explained by the tacit support it receives from a myth that is difficult to accept. While alcoholism has its roots in the imaginary place of a good Mother, whose invocation can never go unanswered (a representation of psychoanalysis is inspired by the same imaginary and does not tolerate the truth of the Other: that he is voiceless), drug addiction, with its appeal to foreign or artificial substances, reveals the good Mother as a witch: that she can remain Other despite incest. It should be noted that psychotropic drugs act in part in the same way as these toxic substances and are no less, on a massive scale, a state of dependence and submission validated here by the figure of a benevolent Aesculapius. Finally, we cannot ignore that such access to pleasure, supported by ever-increasing consumption and dependence on the object, represents the ideal of an industrial society. As such, it is difficult to see what could hinder its spread: we are likely doomed to continue enjoying it.