Inscription into the community. A footnote on a Lacanian approach to the group treatment of psychosis
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Abstract

Situating psychoanalysis as the foundation of the therapeutic community and as a spiritual exercise, the author argues that contemporary approaches articulate a form of *akēdia* – a desire to be elsewhere – both in its focus on expectation and its misunderstanding of the nature 'place'. This amounts to an avoidance of being-with the subject of psychosis. This leads to a discussion of the formation necessary for therapeutic community practitioners which is in opposition to the notion of training. Such a formation amounts to an inscription into the discourse of the therapeutic community with specific reference to the Law (Oedipus).

Key words: Psychoanalysis, Lacan, therapeutic communities, expectation, spiritual exercise, psychotic structure, formation.

Introduction

We can hardly fail to notice that most contemporary approaches to the care and treatment of people with a psychotic structure are fabricated around the historical phenomenon of 'expectation' (Ricoeur, 2004, p. 297). This most pervasive belief always indicates a flight from the present moment. In this it resembles a desire to be elsewhere, known in Greek as *akēdia* (1) Fundamentally, in the context of psychoanalysis, this amounts to a defence against staying with psychic distress. According to Michel de Certeau (1986), this desire to be somewhere else depends fundamentally on a postulate of individualism that was dismantled by Freudian discourse for which the individual is merely a disguise.

In this short paper I shall make a few very simple comments - albeit it in a rather oblique way - about one or two aspects of the therapeutic community, as a group approach, with particular reference to the treatment of the psychoses, within a broadly Lacanian psychoanalytic framework. Throughout I shall suggest following Foucault (2012; cfr. Allouch 2007), that this approach approximates to a spiritual exercise which links it both to antiquity (Hadot, 1987) and to late antiquity (Hausherr, 1955). I am encouraged, in part, to develop this latter line of thought by an interesting paper by David Henderson (2011) published recently in *Psychodynamic Practice* where he argues that psychoanalysis, founded as it is on an absence both in relation to consciousness and to desire, belongs to the *Gattung* of apophatic theology and is, before all else, a contemplative practice. This mirrors Lacan's description of psychoanalysis both as '[a form of] contemplation…the ideal and unique subject of *theoria*' (Lacan, 1991, pp. 222-3) and as an *akēsis* (2).

The immersion of oneself in one's own interiority is a process in which Symbolic knowledge emerges. Lacan uses the French word *savoir*, in contrast to *connaisance* (3), to describe this knowledge, which is the knowledge of something that, in some sense, still remains unknown. For what analysis does is to uncover 'the fundamental, radical discordance…in relation to everything which he [the subject] experiences' (Lacan, 1991, pp. 85-6) (4). Psychoanalysis aims at a progressive revelation – 'in irregular leaps and bounds' - of this knowledge (Lacan, 1988, p. 86). Fundamentally, this is knowledge about the truth of desire. Truth (*alētheia*) is understood here in terms derived from Heidegger (5) and differing from the way it is denigrated in popular culture to mean an accumulation of empirical facts.

The therapeutic community: psychoanalysis and psychosis
Psychoanalysis is the founding idea of the therapeutic community (Hinshelwood, 2004). But unlike traditional psychoanalysis, which focuses on the dyadic relationship between two people, it focuses on the shared meaning that is generated within discourse.

It is an approach that was pioneered in the UK at Mill Hill Hospital and Northfieds Hospital during the Second World War by Army psychiatrists who were all also psychoanalysts - notably Wilfred Bion, S. J. Foukes, Harold Bridger and John Rickman (6). The also war provided Lacan with an exposure to military psychiatry which included a visit to the England during which he visited Northfields Hospital and to which he reacted enthusiastically (7).

The application of the therapeutic community model to groups of people afflicted by psychosis began in the 1960's at Street Ward in Fulbourn Hospital in Cambridge (Pullen, 1982), at the Phoenix Unit at Littlemore Hospital in Oxford (Mandlebrote, 1965), at Claybury Hospital, and with R.D. Laing and David Cooper at Villa 21 and Kingsley Hall (Berke et al., 2002).

In the 1990's this was taken up Community Housing and Therapy (CHT) (Tucker, 1998). And today there are a range of therapeutic community models for the treatment of psychosis. CHT has, over the last 25 years, developed a model based on a broadly Lacanian psychoanalytic framework. In this it has come close to the approach found at La Borde in France, Le Courtil in Belgium, and GIFRIC in Quebec. In these Lacanian clinics the group treatment approach is a direct challenge and alternative to the medical methodology that has been developed in the National Health Service (NHS) for people diagnosed with what is known in psychiatry by the misleading term 'personality disorder'(8).

A similar pattern of therapeutic communities for psychotic subjects was established elsewhere (Kennard 2004). In Croatia, with Dr Horetzky at the Psychiatric Hospital Vrapče near Zagreb (Pisk, 2014). In Finland an acute closed ward was run along therapeutic community lines for over twenty years at the Department of Psychiatry at the University of Oulu (Kennard, 1998) but closed in 1993. Soteria House in California, a small community based unit

specialising in the treatment of first onset schizophrenia and dedicated to researching effectiveness, developed under the influence of Laing's ideas. Under the direction of Loren Mosher it operated from 1971 to 1983 (Kennard, 2004).

In Italy therapeutic communities were developed under the influence of Franco Basaglia and Diego Napolitani (Ferruta et al., 2012). And in France therapeutic community ideas were developed principally by Paul-Claude Racamier and Jean Oury, who had been analysed by Lacan, and are principally associated with the movement known as *psychotherapie institutionelle* (Ayme, 2009).

A structural approach

A psychoanalytic approach considers a person's mental structure (the fundamental way a person has constructed his/her identity and relationship to others and the world) to be something determined in early life which cannot be changed, and symptoms as the way a person attempts to order his/her experience.

At the same time, great emphasis is placed on the singularity of each subject. Despite similarities, each person is unique and formed by his/her own complex personal history. In fact, the more we get to know each subject, the more of a mystery he or she becomes. This reminds us that we can never master them in the way an expert builder might master the art of plastering a wall. It also reminds us that outcomes will be unique too and that what may represent progress for one, may not be the same for another.

The 'place' of the therapeutic community

While treatment in a therapeutic community is in Racamier's words, *sans divan,* the environment is still of central importance (Racamier, 1973). However, discussions about the environment in relation to therapeutic communities have almost exclusively been restricted to considerations of the social milieu and the way the group can impact on treatment. Only occasionally, as well as these psycho-social considerations, is the question of architecture raised. But the ensuing discussion is invariably prosaic and restricted to the way hospital buildings can be designed or the furnishings in the clinic arranged in order for the place to be more pleasant. Once again, like the 'flight' of expectation, the impulse to make the building more agreeable is directed away from staying with the distress and is therefore another manifestation of *akēdia* – a desire to be elsewhere.

For Heidegger a place is a space that has been cleared, like a clearing in the forest, cleared for something. And in a way what matters, he suggests, is the kind of thing for which the place has been cleared. In other words, he shifts the emphasis in architecture away from aesthetics to the human activity for which the building was constructed. We may ask then, quite legitimately, what kind of 'place' is the therapeutic community?

The therapeutic community aims at enabling the subject of psychosis to find stabilisation by identification with a role in the community (e.g. chairperson; cook etc) that creates a social bond (inscription into the community).

The role and formation of the staff

The main thing staff do in therapeutic communities is to 'be with' and 'be alongside' the psychotic subject in his or her distress, in as non-hierarchical way as possible, while maintaining an analytic position. They do this in a number of different ways, including by participating fully in the life of the community at the Symbolic level (Vecchio, 1994); by tolerating uncertainty and not-knowing (understanding the position of the subject-supposed-to-know) which is closely linked to an apophatic inclination; by observing and remembering in great detail everything that occurs and is said, particularly the small things, and not taking anything at face value; and by not being seduced into responding to the subject's demands which are on the surface, while at the same time not giving in to their own sadistic impulse to frustrate these demands, but by listening to the desire fully present yet camouflaged in the demand.

To achieve and maintain an analytic position, in relation to the psychotic subject, requires staff members to undertake a particular kind of formation. This formation comes close to what Epictetus meant by *epistrophē eis heauton* or *epistrephein eis heauton* which is rendered in Latin as *conversio ad se* and in Late Latin as *conversatio morum*. Such a formation is quite distinct from training. It is aimed not at acquiring an Imaginary knowledge (*connaissance*), learning a set of skills or techniques. In fact, it is fundamentally opposed to anything that might fall within the domain of machination - the *poiēsis* that is the basis for all forms of therapeutic 'things' that can be *done* to patients – and aimed solely at changing the relation that one has with oneself. As such, formation is a process that takes time, cannot be rushed and is never complete. In fact it merely marks a change of direction that will last a lifetime. Importantly, it involves serious study and always transforms the practitioner into a philologos, an exegete - a 'man of letters' as we used to say – in which the Symbolic is at the forefront. It denotes, that is, the development of an intellectual life – a relationship of the self to the world of thought, language and meaning - in which the staff member's fundamental contradictions come to the fore. In this sense, a psychoanalytic formation is always scholarly both in the original sense of the Greek word *scholē* (leisure) and in the modern sense of learned, though not necessarily academic. It signifies a reflective and thoughtful attitude that is the handmaid of the psychoanalytic journey itself.

Indeed, Freud of course, was himself a deeply erudite man or to use Lacan's phrase, 'an encyclopaedia of the arts and muses' and his oeuvres abound with references to the classics, to anthropology, art, literature and religion (Lacan, 2006, p. 434). Jung and Lacan were no less well read. Lacan's seminars evidence the same broad literary tradition which was central in Freud's

intellectual formation, and included incursions into philosophy, history, literature, poetry, art, anthropology and mysticism - all of which he regarded as essential in the formation of analysts (Lacan, 2006, 432).

The psychic home
Although, as a result of language, the subject is always inevitably alienated, in normal development where the infant has good enough experiences, he or she will mature and move from a position of discordance to a more realistic position in which he or she will be able to tolerate bad feelings within himself or herself and in the external world. In psychosis, however, alienation remains a dominant experience and characterises the relationship of the subject to place and psychosis itself has thus be described as a kind of homelessness in which split off parts of the self return in the Real in the form of hallucinations (Lacan, 1981). Thus we can describe the healing process in the treatment of psychosis in terms of a homecoming. The metaphor of homelessness and of homecoming may have the advantage of bringing the discussion of residence back to the discourse of being, to the location-relationship of *Dasein* and thus of being-with (*Mitsein*). Thus Black (2008) writes that '[i]n pychosis…homelessness and absence of home seem intensified. Psychotic experience seems eminently lost and without moorings, adrift in a language without shared meaning' (Black 2008: 82). This image of being adrift is resonant of Augustine's notion of dissimilarity in which the self is dispersed, literally dissolute, loosened, uncontained or spread out (Heidegger, 1990). This homelessness contrasts with a gathering up of the self which amounts to an inwardness (*intus ire*) akin to the psychanalytic impulse. 'In going inwards, one precisely "seizes" what one properly is' (Schürmann, 2008, p. 98). In a very real sense then, the turn inward of psychoanalysis can be viewed as a homecoming (Kennedy, 2014).

The 'place' of the Law
Particularly significant here is the notion of the boundaries, which signify the Law, and transgression (Oedipus). 'Home as the place of dwelling also include a 'relation to the threshold, whether this is constituted by the doorway, the boundary stone or the ocean's edge' (Black, 2008, p. 82). The boundary marks the inside and the outside of a location and as such makes possible bringing-in and preserving within the residence, as well as going out and being in relation to what is not the shelter. This distinction between inside and outside has particular significance in the treatment of psychosis where distinctions blur and thinking often consists of a constant attack on linking between the inner and the outer (Bion, 1967). The residential living setting of a therapeutic community allows the psychotic subject to 'gather around them people with whom they can develop relationships…we know that a foundation of treatment is the creation and maintenance of meaningful relationships, and a need to respond to autistic

thinking that could otherwise develop in a "fractal" way' (Culberg, 2006, p. 181).

The culture of the community (Symbolic) is embodied in rules and customs. These rules (laws) also represent the Law and all authority in some way. And this links them to inscription (belonging; joining the group), to psychic structure (Oedipus) and language. And so the position the subject adopts in relation to rules and boundaries always refers us back to his or her individual history. A past that is always both forgotten (the unconscious) as well as remembered. To turn away from set limits or boundaries and from the law (*nomos*), is at its most fundamental in psychosis and amounts, through the failure of symbolic castration (9), to a radical non-inscription (*Verwerfung*) (10).

Singularity, as opposed to individuality, is also important in the application of sanctions (the enforcement of rules and boundaries) in the community. Here there must be a certain elasticity so that the staff are able to discern how to apply sanctions in individual circumstances. This lack of rigidity or dogmatism (one size fits all) should not be confused with a lack of containment, authority or clarity.

This reference to a failure to enrol or to enlist - to the negation of writing (*scriptum, scriptura*) and the work of the scriptorium and to the non-textual (*scribere*) - alludes both to legal documents (*scriptum legis*) including wills (testamentum), and to breaking contracts, as well as to witnesses (*testatio* – usually, in antiquity, to the gods), and to sacred scripture. Indeed, Freud referred to the dream as '*eine Heiligen Text*'. That is to say, they are historically bound, written and redacted within a social context.

Freud's work is situated in relation to the Other, to the illusion of completeness and autonomy, and to that which cannot be symbolised in language. The latter stretches all representations and is outside all systems of thought. As such, it is only in the traces of its absence that it is glimpsed. Wittgenstein's contention in the Tractatus is that there is a whole realm of human life made up of the things that belong to the limit of the world – things, that is, that cannot be put into propositions. In this sense mysticism signifies the realm of the unsayable. However, when we think about the inexpressible we are already engaged in language. Tugendhat (2003) describes mysticism as a retreat from oneself, from an egocentric view of the world in which there is no room for gratitude or thanksgiving for that upon which our existence depends. In this sense the mystical could be described in terms of a displacement of the self. 'One can perhaps say – to adopt the terminology of his [Wittgenstein's] later works – that he has given us an instance of one particular language-game, from which already the feeling of something "mystical" emerges' (D'hert, 1978, p. 32). Thus language – and this includes the language of empiricism – always points beyond itself in the sense that 'aspects of things which are most important for us are hidden' (Wittgenstein, 1999, p. 129).

Conclusion

Unconscious desire is at the heart of Lacan's work (11). He considers it to be of the essence of the subject and thus at the centre of psychoanalysis which enables a person both to recognise and articulate his desire (Lacan, 2006). Desire in this sense is very different from conscious wanting or from the demands we often make of others. *Savoir* is intersubjective, which means that it is not something inside the patient, or inside the analyst but is somehow 'between them' in the relationship. That is to say the 'place' where unconscious desire is to be understood is in the community.

This backs up Henderson's contention that psychoanalysis fits better within the *Gattung* of apophatic theology than it does in empiricism as the kind of understanding it generates is very different to the acquisition of empirical data. Rather, it is predominantly knowledge of one's own ignorance and lack (Lacan, 1991). Paradoxically, however, this knowledge brings with it a subtle progression from a focus and preoccupation with action (*praktikē*), albeit an action directed towards one's own inner world, towards a deeper, contemplative mode of being (*theōria*). This movement towards a more contemplative position is underlined by the linguistic foundations of interpretation and understanding. For understanding opens our eyes to the universal ontological structure or fundamental condition of everything to which understanding can be directed. As Gadamer puts it 'being that can be understood is language' (Gadamer, 1975, p. 450).

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Notes

1. *Akēdia* is a difficult term to translate and even Cicero (Cic. *Att.* 12.45.1) struggled to find a Latin equivalent, and many modern authors leave it in Greek e.g. Bamberger, J. E. (Trans) (1981). *Evagrius Ponticus. The Praktikos. Chapters on Prayer*. Kalamazoo, Michigan: Cistercian Publications. In German it is referred to without ambiguity as *Klosterkrankheit* or *Mönchskrankheit* (Flashar 1966) cf. Flascher, H. (1966). *Melancholie und melancholike in den mediziniscen Theorien der Antike.* Berlin: Walter de Gruyer.It indicates a particular form of depression. Prior to Evagrius Ponticus we find only very few instances of its use but notably once in the *Vita Antonii* and in Origen cf. Guillaumont, A. (Ed and trans) (1971). *Évagre Le Pontique. Traité Pratique ou Le Moine.* 2 Vols. Paris : Les Éditions du Cerf.It was transmitted to the West through the *Institutes* of John Cassian cf. Chadwick, O. (1950). *John Cassian. A Study in Primitive Monasticism*. Cambridge: Cambridge University Press. Manifested in both somatic and psychological symptoms such as fatigue, inertia, anxiety, despair, sadness and boredom, symptoms of *akēdia* were set to persist well into the Middle Ages cf. Lampe, G. W. H. (Ed) (1961). *A Patristic Greek Lexicon*. Oxford: The Clarendon Press. However, by the sixteenth century, it was more or less replaced by a revival of the ancient term melancholia. This was driven, to a large extent, by a preoccupation with the need to find a medical

diagnosis of demoniac possession cf. Levack, B.P. (2013). *The Devil Within. Possession and Exorcism in the Christian West.* New Haven and London: Yale University Press. The medical revival of the theory of the temperaments and humoral theory was firmly established in the nineteenth century, shortly before Freud, by Wilhelm Griesinger cf. Bartra, R. (2008). *Melancholy and Culture. Essays on the Diseases of the Soul in Golden Age Spain.* Cardiff: University of Wales; and Jansson, A. (2011). Mood Disorders and the Brain: Depression, Melancholia, and the Historiography of Psychiatry Medical History 55 (3): 393-99.Flashar (1966) discusses *akēdia* in the context of melancholia. Some modern commentators have been keen to emphasise the differences between *akēdia* and depression. But their arguments tend to be based on medieval Latin texts which are heavily reliant on Cassian's translation of *akēdia*as *taedium*. Bunge (1991) also rejects the identification of *akēdia* with melancholy because he relies entirely on Kierkegaard's definition of melancholy as something determined by a natural predisposition. Bunge, G. (1991). *Akèdia. La Doctrine Spirituelle d'Évagre Le Pontique sur l'Acédie.* Bégrolles-en-Mauges: Abbaye de Bellefontaine. On the link between the idea of 'la plenitude du moment présent' as it is found in Jean Pierre de Caussade see J.-C. Guy (1993). (Ed) *Les Apophthegmes des Pères. Collection Systématique.* Chapitres I-IX: 337 n.1. Paris: Les Éditions du Cerf.

2. The position that the student occupies in the psychoanalytic *école* demands a certain 'ascetic of speech' with its double connotation of withholding and training. It is a position characterised by what Lacan calls 'a long subjective ascesis' (Lacan, 1984, p. 85). Presumably this simply refers to the student's own analysis. After all, although of obscure origin, the Greek word *askēsis* by Plato's time had come to mean training, particularly physical training that involved a struggle cf. Lampe, 1961).

3. In many respects this distinction mirrors the distinction between *phronēsis* and *sophia* as we find it in antiquity.

4. In his doctoral thesis, in a translation of a passage from Spinoza's *Ethics*, Lacan had described one aspect of paranoia with the French word *discordance*. The term had first been introduced in French psychiatry by Philippe Chaslin [1857-1923] in reference to a conflict between symptoms, particularly in cases of paranoia. As a result, *discordance* is closely associated with the introduction of the term schizophrenia. Etymologically it comes directly from the Latin *discordare* and translated both splitting and dissociation (the German *Spaltung*). What Lacan did was to equate the French term *discordance* with Freud's *Ichspaltung*, the splitting of the ego. On the background to this term and its introduction into French psychiatry in 1912 by P. Chaslin see the erudite study by Lantéri-Laura, G. and Gros, M. (1992). *Essai sur la discordance dans*

psychiatrie contemporaine. Paris: E.P.E.L. The authors show that the origins of the term are to be found in Augustine.

5. Most commentators see Lacan's notion of desire coming from Hegel's *Begierde* - the relationship between consciousness and the self. But the influence of Heidegger should not, in my view, be underestimated.

6. With the emergence of competing psychoanalyses after World War II Kleinian and object relations schools took centre stage in the UK. In fact, the grandees of the therapeutic community movement were, for the most part, closely connected to Melanie Klein herself. John Rickman and Wilfred Bion, who were both at Northfields Military Hospital in Birmingham, and Maxwell Jones, who was at Mill Hill Hospital and then at Belmont (later the Henderson) Hospital, were all analysed by Klein. Although Jones was critical of Klein and psychoanalysis in general, he admitted he had learnt a lot from his psychoanalytic colleagues (Hinshelwood 1991; Vandevelde, 1999). Rickman had also analysed Bion before his analysis with Klein. Harold Bridger, who was also at Northfields, had been supervised by Klein and analysed by Paula Heimann, who in her turn had been analysed by Klein. Tom Main, who was the Medical Director of the Cassel Hospital for over 30 years, had also been at Northfields and had been analysed by Susan Isaacs who was greatly influenced by the work of Klein. Klein and Paula Heimann supervised Tom Main. Later, it was a Kleinian reading of the therapeutic community which was to see its heyday at the Cassel Hospital under R.D. Hinshelwood (Griffith, Pringle, 1997; Hinshelwood and Skogstad, 1998; Kennedy, Heymans,Tischler, 1987; Santos, Hinshelwood, 1998). Although Bion was to develop interests rather at odds with Kleinian orthodoxy, of the founding fathers of the therapeutic community, it was really only S. H. Foulkes who took a critical view of Melanie Klein's thought. Foulkes represented an earlier tradition, having been analysed in Vienna by Helene Deutsch, one of Freud's students and analysands (Rosen 1985). For this reason it is not surprising that a Kleinian approach has continued to be espoused by those using psychoanalytic ideas to understand the therapeutic community. This has been done principally in terms of a highly sophisticated understanding of unconscious phantasies and images of objects or part-objects (Stokoe, 2003), projective identification (Berke, 2001), splitting (Hinshelwood, 1987; Pooley, 2003), interpreting the transference (James, 1984) and containment. Yet, despite the popularity of Klein, a significant minority of writers on the therapeutic community have spoken with a decidedly foreign accent. Here, Robin Cooper and his fellow analysts at the Philadelphia Association must be considered to take pride of place (Cooper et al., 1994; cf. also Flegel, 1990).

7. Features of this visit are recounted in Lacan, J. (1947). La psychiatrie anglaise et la guerre, *Autre écrits* (ed) Jacques-Alain Miller. Paris: Éditions du Seuil.

8. In psychiatry clusters of symptoms are identified in order to determine a disorder and treatment tends to focus on alleviating symptoms.

9. In Lacan's thought this refers to the symbolic loss of the imaginary phallus and he links it to fantasies of bodily mutilation which originate during the mirror stage of development. Castration is crucial to our understanding of the Oedipus complex where it represents the dissolution of the complex. As a result symbolic castration is at the root of psychopathology. In psychosis, the subject fundamentally refuses to limit *jouissance* (pleasure) through a denial of castration. This rejection then generates hallucinations of dismemberment (e.g. the Wolf Man).

10. The term foreclosure was originally introduced into psychology in 1928, when Eduard Pichon published an article on the psychological significance of negation, borrowing the legal term *forclusif* to indicate things that the speaker no longer sees as part of reality. The publication appeared against the background of the dispute between Freud and René Laforgue concerning scotomization (Mijolla, 2010). Lacan first translates *Verwerfung* as foreclosure in Seminar III. In On a Question Prior to Any Possible Treatment of Psychosis (1955) he defines *Verwerfung* as a foreclosure 'of the signifier': 'at the point at which the Name of the Father is summoned...a pure and simple hole may thus answer in the Other; due to the lack of the metaphoric effect, this hole will give rise to a corresponding hole in the place of phallic signification' (Lacan 2005: 558). He specifies that it is the Name of the Father that is foreclosed. If the Name of the Father is foreclosed and the symbolic function of castration is refused by the subject, the signifiers of the father and of castration reappear in reality, in the form of hallucinations. Thus, in developing the concept of foreclosure, Lacan was able to declare, 'What does not come to light in the symbolic appears in the real' (Lacan, 2005, p. 388). Lacan reconceived Freud's hypothesis of an original affirmation as a symbolic operation in which the subject emerges from an already present real and recognises the signifying stroke that engages the subject in a world symbolically ordered by the Name of the Father and castration. In his seminar *The Four Fundamental Concepts of Psychoanalysis* (1978), Lacan took up Freud's *Beyond the Pleasure Principle* (Freud, SE, 1920) and approached the real in terms of compulsion and repetition. He proposed distinguishing between two different aspects of repetition: a symbolic aspect that depends on the compulsion of signifiers (automaton) and a real aspect that he called *tuché*, the interruption of the automaton by trauma or a bad encounter that the subject is unable to avoid. Engendered by the real of trauma, repetition is perpetuated by the failure of

symbolisation. From this point on, Lacan defined the real as 'that which always returns to the same place' (Lacan, 1978, p. 49). Trauma, which Freud situated within the framework of the death drive, Lacan conceptualised as the impossible-to-symbolise real.

11. The Standard Edition of Freud's works translates *Wunsch* as wish (*voeu* in French) whereas Freud's French translators use désir rather than voeu. Desire, with its sexual overtones, comes nearer to the Latin.

About the author

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He is the President of the International Network of Psychotherapeutic Practice (INPP) and former president the International Network of Democratic Therapeutic Communities (INDTC), board member The Consortium of Therapeutic Communities (TCTC), board member the International Society for the Psychological and Social Treatment of Psychosis (ISPS UK), member of the Advisory Panel of the Community of Communities programme at the Royal College of Psychiatrists, member of the editorial advisory boards of a number of journals. He has published over 25 academic papers and book chapters on the intersecting discourses of psychoanalysis, philosophy and spirituality, with a particular interest in the work of Lacan. The main references in his work include the notions of language, silence, tradition, absence, mysticism, madness, place and dwelling. Foremost literary references in his writings are to Stoic and Neoplatonic texts, theological literature from Late Antiquity, Augustine, the work of Heidegger, Wittgenstein, Pierre Hadot, Michel Foucault and Michel de Certeau.

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