

An Analyst's Work In An Adult Home

This talk concerns how an analyst can work in an institutional setting like the Adult Home by listening to the enunciations of the subject. It may surprise you to hear that this is not regularly done there by either the staff or the doctors. Thus, after briefly describing the origins and general relations operating within the Adult Home, I will focus on two vignettes— a slice from work done with two residents of the Adult Home — taken from our first few years of work. I should tell you at the start that both either have psychotic structures or appear to have them do to their long institutionalization and exposure to various anti-psychotic meds and mood stabilizers. But, although it is a vary important, how the subject's jouissance are tied to his meds will not form a part of this presentation. My aim simply being to show that, in spite of everything, an analyst can by listening to their enunciations, help bring his or her Adult Home patients into an analysis

To begin: how did the Adult Home come to be? The story of how the Adult Home came into being is a fairly mundane one. It came into being during the era of Reaganomics as part of the privatization of the health-care field and the defunding of major State-run psychiatric facilities. People who used to be warehoused in psychiatric hospitals found themselves with no place to live and no place to receive the mental health care they needed. States' promises to fund housing and health care in the communities where these people lived largely went unfulfilled or were inadequate; and, so, many people were thrown back on families who were not prepared or willing to care for them. As might be expected, many — perhaps most — of these unfortunates ended

up on the streets, in shelters, or in prison, where they became the invisible visibles again. The Adult Home was born out of this mess as a semi-private institution for housing and providing medical, social, recreational, and psychiatric care for people who fell into this category of need.

The Adult Home, in other words, began as a questionable market solution to a health care problem generated by political and economic choices made in the nineteen-eighties. And there was a lot of money to be made by smart entrepreneurs who found that they could take the lions share of the SSI and SSD checks from the people placed in their facilities while doing a 'good deed'.

Life inside the Adult Home has a matter-of-factness quality. It is a place where people live, eat, clean themselves or have other do it for them, get small monthly or weekly stipends culled from their SSI checks, take medications daily that are given to them by nurses, speak on the phone to family, watch a great deal of television and listen to music, argue and bicker, walk in the neighborhood or stay all day in their rooms, buy smokes and drugs from fellow residents, borrow money, and try to get on with the business of life.

At the imaginary level, the residents are constantly vying to be recognized as subjects who have some agency. And almost everything that goes on in the Adult Home centers on the residents struggles to find or hold onto a zone of imaginary self-respect. They therefore complain constantly about the lack of money, the lack of privacy, the lack of cleanliness and basic supplies, and the poor quality of the food. But these ego complaints also echo an unconscious one that others do not respond to

their cries in the correct manner and feed them on a wrong schedule and in the wrong way.

This is largely because a non-analytic knowledge gained from the university dominates mental health care in the Adult Home. And it is the aim of this university knowledge to keep the normative apparatus of the facility running as smoothly as possible through behavioral conditioning and by means of meds, especially sedatives, designed to suppress the resident's symptoms and to stop their unconscious from speaking. But we know what happens when the unconscious is stifled.

This culture of normativity infects not only to residents but also upsets the staff, doctors, nurses, and administrators. For instance the aides and the other staff who have no university training but who work most closely with the residents on a day by day basis cleaning their rooms, cooking their food, washing and dressing them, mopping the halls and elevators, handing out their medications, and dispersing their weekly or monthly money, also work under the weight of a constant struggle for recognition that echos the complaints of the residents themselves. And one might expect all out war to break out were the staff not held back by a need to keep their jobs and by a tendency in good natured people to try and get along and not make waves. The worry always being that the present can always get worse.

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This everydayness therefore veils a great deal of conscious tensions and unconscious ambivalence that informs the residents daily lives. Almost everything that goes on in the Adult Home centers on the residents struggles to exist and retain a zone

of imaginary self-respect; and almost everything that happens is structured around real and fantasized slights and grievances. In order to survive and minimize trouble, residents usually internalize the institutional imperative to sustain an illusion of normality, even when they hystericize it, point out its failings, and try to subvert its intent. And it takes some time for them to realize that something else is happening when they begin to talk to an analyst. Some never do. It takes time for them to realize that they are not being dictated to but are being very carefully listened to. That they do not have to react to the analyst like they react to everyone else only dawns on some of them slowly and haltingly. But when it does, the transference begins and they enter into a process that all the medication and behavioral apparatus of the institution is designed to silence — they begin the hard work of starting to hear messages from their unconscious emerging through and beyond their silences and statements in their dreams, parapraxes, slips, forgetfulness, and ambivalences; messages where their subjective relation to the desire of the Other can be explored and sometimes changed.

To show what can happen next, I will discuss two residents without mentioning names. I will moreover not try to summarize everything that happens. That would be both useless and impossible. But pick out some repressed trauma that surfaced in the first years of work; and discuss what questions both residents kept stumbling over in the course of trying to speak in the first two or so years of work.

Both persons in this vignette appear to have psychotic structures. Among other things that dictates the form of the cure. There is no interpretation. The certainties that they entertain, that are necessary for them to create a world different from the Other are never questioned. The direction of the cure then takes two forms, especially at this

early point in the treatment: first, giving them a time when they can begin to question some of their certainties themselves; and second, helping them to discover for themselves activities like painting and writing where they can create a time when they are less overwhelmed by their jouissance.

In the first example, a resident who I saw twice a week came to see me in a state of near total confusion. The doctors diagnosed this as anxiety caused by a severe mood disturbance and treated it with powerful and unsettling medications. But even if we take their diagnoses seriously, it was angst that took the form of turmoil. It was turmoil that dominated his way of being and speaking. And it became obvious very earlier in our work that this turmoil was compulsively repeated each time he tried to speak. And that it was therefore what he experiences in place of words.

Once the transference began developing between us, he immediately placed me in the position of the subject supposed to know what he could not say or even think. He would mumble and trip over words, find he couldn't finish a thought or a sentence, and appeal to me in a state of embarrassment and turmoil to tell him the word or finish the thought. This request over time became more demanding, even pleading. He would lose the word or forget what he meant to say, become lost in an increasingly thick tangle of words and turmoil, and at an utter loss, plead with me to tell him what he was trying to say. 'You know it, what's that word?'

He was pleading with the Other to save him. This lasted for quite a while. But over time, as I reinforced his curiosity about why he continually fell into the hole of language, his turmoil began to diminish; and he became more curious about his condition. His embarrassment and confusion slowly was replaced by self-deprecating

humor of the sort: 'oh, there I go again!' and the unconscious enjoyment he took in his inhibition began to slowly dawn on him, not so much anymore at the behest of his punishing superego but as a real question about his desire which he still did not know. He started experimenting with saying what he could not say in other ways. In Winnicottian terms, the lack of the word became a transitional object that he and I could play with during the sessions. In this way, the lapses became inscribed symbolically, his stumbling for the *bon mot* became a search of the Other rather than an alarming fall into the real; one in which his failure to find 'it' (the *bon mot*) became a search for a *bon* Other; or, at least a better relation to the Other. Over time, he became freer in the way he spoke and in his relation to his failure. The nonexistence of the *bon mot* persecuted him less often. Failing being something he can live with more so without feeling a failure. His compulsive turmoil at his failure to inscribe lack giving ground to his growing capacity to play with the signifying chain.

Another man who I see twice a week had been in and out of hospitals since his early twenties after he had some kind of a mental breakdown that psychiatrists had diagnosed as a severe bipolar disorder and schizophrenia. These diagnoses left him feeling profoundly angry and let down. He constantly complained that others, especially the doctors and his own family, misunderstood him and persecuted him out of jealousy.

Many of the initial meetings with me concerned his suspicion that I was like the others and wanted to hold him back and define him as being something he was not. He constantly wanted to know in these early sessions if I thought he was crazy. Another constant concern of his in these early sessions was his wanting to situate me

as his imaginary alter-ego with whom he was engaged in a struggle for recognition and dominance. This mirror relation of rivalry and dominance put me at first on a par with everyone else who persecute and finally abandons him. In time, however, he began to wonder what kind of other I am? What do I want to do with him? I let him wonder, but did not answer because this was the start of his transference.

In time, I became in his mind an ally against the others. And as he began to identify with me in a more ambivalently positive manner, his idealizing always being countered by antagonism, he began to experience a more profound sense of loss and of the absence. His sessions began more and more to include recurring allusions to being 'castaway on a desert island' where he was alone and had to fend for himself and keep 'the cannibals at bay'. Certain signifiers began to appear on a regular basis in his communications with me: 'orphaned,' 'cast away,' and 'thrown to the lions.' He reflected on these themes by speaking of certain literary figures like Thomas Hardy's *Jude the Obscure*, Johnathan Swift's *Gulliver*, and William Defoe's *Robinson Crusoe* who were all either cast away on desert islands (like *Gulliver* and *Robinson Crusoe*) or were orphans left to fend for themselves in a cruel world (like *Jude the Obscure*). More ambivalently, he also liked to tell the story of the boy who cried wolf and so was let down by the others when the wolf really came.

Slowly but inevitably he began speaking about his parents who in his telling of the story abandoned him of an island when he was five to seek a better life in another country; promising he would be reunited with them very soon. But he never saw them again for eight years while he grew up on his 'deserted' island in the home of his grandparents, feeling all the while a lost, persecuted child.

This was the source of his belief that he was orphaned and abandoned on a 'desert island' by his parents as a child. A belief which was only hardened for him when he was reunited with parents at the age of 13 in New York and had to adjust to a new world, and new brothers and sisters he had never met. He therefore had to reconnect not only with his parents who had 'orphaned' him but find his place in a new family of little brothers and sisters whom he felt certain did not know who he was in the slightest degree and for whom he felt, and still feels, intense resentment. He was a stranger in a strange land, living among people he did not know and who, he was certain did not know him and were out to ruin him.

But that is not all. Although he spends a considerable amount of time complaining to me about these bad others out to ruin him, he had already started creating in his fantasies a counter-world of positive others long before coming to see me. This process began in high school when, a fellow student mockingly called him 'sagacious-wise.' The word hit him like a current of power. Rather than being a castaway, he was the most positive thing you could be in his way of thinking: a sagacious or sagacious-wise person. The word totally altered his subjective relation to others and to his own mirror image of himself. Because he was now a *superior person* — a sagacious-wise person — he concluded, the words of the bad others that try to bring him down in fact prove the opposite: that he is far their superior. And, a few years later, when an aggressive bank manager sarcastically called him 'Stupid x,' he could triumphantly correct him without losing a beat: 'You mean Sagacious x!'

He became convinced that words —especially this word— are power and can be used to lift him up as well as to tear him down. Words in other words gave him

access to great stores of narcissistic jouissance that had been lost to him when his mother withdrew from him to find her happiness without him in a foreign land. Their power stemming from their ability to support with utmost certainty and grandiosity a new found narcissistic *amour propre*. In a similar way, he remains in narcissistic telepathic communication with other superlative people which include movie and tv stars and, above all, tele-evangelists. They all form the universe of superlatives (like the world of superheroes being fed to kids by Disney). And like in a superhero movie, this world of superlatives has important religious connotations for him too, since to be superlative makes one like the old Greek daemons who communicate between this, the corrupt world of the bad others, and a divine world of perfection, omnipotence, and omniscience. And when not in telepathic communication, he writes to his fellow superlatives; and in this way he has built up in his mind a world of positive transferential beings like himself.

He spent many sessions teaching me his language and insisting that I, for instance, differentiate properly the meaning of words like sagaciousness, sage, genius, intelligent, and so on without mixing them up, which always caused him to feel immense disgust and disdain. Because, like all psychotics, words were anchors to his certainty and so had to be tied down to one meaning and one meaning only. He was, like Linneaus the great eighteenth century systematizer of life, but instead of plotting all organic forms into genuses and species, he was interested in categorizing people along two dimensions that we can conceive of as being on a Cartesian graph. On the x axis he could plot people as being either good others or bad others (very few were good however) while on the y axis he plotted people as being more or less sagacious,

sagacious-wise, intelligent, geniuses, stupid, and so on (the majority being stupid). Words were power then because they allowed him to situate with certainty where everyone was sagacious-wise and good or bad-wise speaking.

But words were the key to his *jouissance* as well as his certainty. Or rather it was the certainty that they gave him that allowed him to find *jouissance* in an acceptable way. Sagacious was a power for him because he experienced it not only symbolically but also bodily as a source of immense *jouissance*. But we should hear something that he could not: namely the way that the word also carries like a stowaway the traumatic scene he is trying to escape; that is, the moment when the mother's *jouissance* was lost to him. For, the word sagacious has within it the letters 'Sa' which are the two first letters of his mother's name. And this is the true miracle of his *linguisterie*. He can draw on hidden traumatic *jouissance* and convert it into a word of the highest positive imaginary power that he can identify himself with. By both presenting and absencing the traumatic scene, the word sagacious gives him a power born from access to *jouissance* that had he otherwise would be totally cut off from.

In sum, the chief power the word gives him is to distinguish between good others and bad others by separating them into two alternate realities. The price he pays, if it is a price, is the inordinate gratification he gains from words as a source of narcissistic *jouissance*. The psychiatric *dispositif* however remains totally unaware of all this.

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