

Discussing the Clinic and treatment of drug addiction: from discourse to subjective constitution¹

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Abstract: Drug addiction as a subjective style is a way to denying the phallic social bond, in which the drug serves to surplus-jouissance in a unity made by I-Other. In a culture that is already beyond the pleasure principle, happiness is in the consumption of jouissance objects, thus, the use of drugs is a social symptom of the Capitalist Discourse. Given the complexity of this topic, this article, based on Freudian and Lacanian Psychoanalysis, aims to address some preliminary prospects for understanding this phenomenon and its treatment. If drug addicts give up of their desire, how can they resist the drug's annihilating jouissance? What will hold the drug addict's on life? We seek to answer these questions. One possible treatment is offering the subject, by the opportunity of speaking, new records of jouissance mediated by language, able to compete with the body's jouissance, not aiming to prohibit the drug consumption, but diversify the demand.

Keywords: drug addiction, psychoanalysis, capitalist mode of production.

Introduction

In a culture that is already beyond the pleasure principle, happiness is to consume gadgets, objects made for jouissance. Thus, the use of drugs can be considered as a social symptom of the Capitalist Discourse. However, drug addiction as one subjective style have specificities, because it is a denial of the phallic social bond, in which the drug serves to endure the pain of existence, but, above all, to surplus-jouissance in a unity made by I-Other. Drug consumption is not an attempt to stop jouissance, but a precipitation to the jouissance of the Other.

The Imaginary is invaded by an overwhelming Real, so much so that the jouissance does not pass by the signifier, but focuses directly on the body. One possible treatment is offering the subject, by the opportunity of speaking, new records of jouissance mediated by language, able to compete with the body's jouissance,

not aiming to prohibit the drug consumption, but diversify the demand.

Currently the Public Mental Health's field has several social representations and ways of conceiving the use of drugs. In this article, we aim to address the clinical practice of drug addiction, considering that, while social phenomenon, it has been debated by outraged and moralist, hyped and spectacularizing, medical and eugenicist discourses (Costa-Rosa, 2009). However, although it is not clear, we can consider it as one of the effects of the ways of organization of consumer society, in the context of the capitalist mode of production, and that it is often experienced by subjects as an impasse in their processes of subjective constitution.

We rely on Freudian and Lacanian psychoanalysis to make some preliminary considerations about a possible clinic to subjects in a drug addiction impasse. Our reasoning follows two biases: the first way is addressing drug addiction while dominant social symptom (Melman, 1992), inscribed in the capitalist mode of production, and, therefore, as one of the effects of the capitalist discourse (CD); and the second way is addressing the drug addition contextualized to psychic reality and subjective structures, discussing the various forms of subjectify the anguish, considering that drug use presents essential differences in the neurosis, denial or floreclosure.

We considered drug addiction as a subjective modality derived from the hegemonic mode of production

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¹ This study is dedicated to the memory of our estimated and dear master, Abílio da Costa-Rosa, who inspires us so much with his story of life and struggles, ethics, and wishes. He leave a legacy, for a science that includes psychoanalysis, that all knowledge produced at the University must have a Cause of subjective and social transformations. With him, we learned there is no transmission that does not pass through experience, and that this singular knowledge, produced in the exercise of a praxis, is the only one that matters to humanity as humanity.

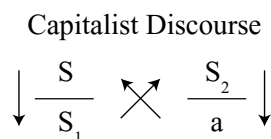
in the capitalist social formation and, by Souza (2008) and Melman (1992), we presented the a-addict discourse and the drug addict discourse as specific types of social bond. Then, we rehearsed a reflection about what would be a constitution of the drug addict subject in terms of psychic structure. And, finally, we exposed our considerations about the clinical practice and treatment for drug addiction.

Considering that is so hard to drive the listening and to deal with this single impasse, we stress the importance of understanding the fundamental aspects of drug addiction clinical practice, both for thinking about the performance of psychoanalysis workers in the field of public health care and of psychoanalysts in private clinics.

Some considerations about the capitalist social formation and the use of drugs

Given the high levels of consumption of psychoactive substances, mainly illicit ones, drug use has emerged as a public health problem (Shimoguirí & Périco, 2014; Santos & Costa-Rosa, 2007; Costa-Rosa, 2009, 2013). The Brazilian Ministry of Health and the Politics Integral care to users of alcohol and others drugs bring as a priority the creation of institutional establishments that are specialized in treatment of alcoholism drug addition, such as the Psychosocial Care Centers – Alcohol and Drugs (Caps AD) (Shimoguirí & Périco, 2014; Santos & Costa-Rosa, 2007).

We will first make some considerations about the intersubjective bonds in neoliberal societies to understand how drug addiction has become a dominant social symptom. The CD is a modality of a social bond, or, to be more precise, a crazy bond, defined by Lacan (1969-1970/1992) as a discursive form that inverts the relationship of the subject (\$) with the object (a).



There is a change in the place of truth: the \$ is who represents a S_1 of static function. This S_1 will mobilize the subject to want the object any way for surplus-jouissance, thus, the subject suppress itself because there is a confusion between the desire and the need for taking the object to handle the consumption thirst. The S_2 is not a means to jouissance, but a form to conquering a jouissance that promises the paradise of indissoluble delights and it is also a form to maintain the master as truth of the subject, ecstatic with the unlimited power of having the object himself.

Therefore, in the capitalist discourse, when the subject [\$] occupies this place of dominance [to the

left and above], it not only acquires this condition of “semblance of master” but also becomes the center of attention. The subject believes to be able to command that is in place of the other [to the right and above], the proper object of surplus jouissance, becoming ignorant about the effect the object causes it, consuming them. (Souza, 2008, p. 160)

It is appropriate to explain the concept of mode of production as “the mode of all the ways to produce various material goods, as way of being of a production process; but also as a theoretical concept that encompasses the social totality” (Costa-Rosa, 2013, p. 24). Furthermore, the mode of production serves as an instrument for the interpretation of reality, as it encompasses both the economic structure and the legal, political, ideological, and cultural levels of the social formation (Fioravante, 1978).

In this perspective, our hypothesis is that the mode of production of various material goods is closely connected to the psychic constitution of subjects, because, although the forms of sociability take place multifactorially, the mode of production gives conditions for certain bonds, influencing the characteristics of the social relationship and, thus, of the possible forms of subjectification in a society. The psychic reality is of Moebian consistency: it is social, historical, subjective, and unconscious, structural, and unique. It's necessary to consider that social formations have the primary function of regulating the production and reproduction of human life (Baremlitt, 1992/2002).

Thus, the social symptom comes to state an objection to the context that it emerged and from which it is a defect/effect: “The suffering always express, to some extent, what fails to reach the direction of the instituting pulsations” (Costa-Rosa, 2013, p. 108). Considering that psychic reality and social reality are inseparable, the discursive structure in drug addiction is homologous to the dominant discourse and its imperatives in consumer society.

Enjoy! Buy! Eat! Drink! Don't suffer! Appreciate! Relish! This characteristic gives rise to associate it with the traits that are more prominent in neoliberalism. The concept of welfare is intricate in the consumption of *gadgets*, objects of demand disguised as objects of desire that promise the sensation of accomplishment and happiness, which, however, ends soon, because the demand quickly moves to other objects. There's a hard try to avoid the anguish of being separated and/or being far from the object.

Thus, the object “drug” presents as a possibility to give to the subject any remedy for the malaise in culture (Freud, 1930[1929]/1996), to the fundamental dissatisfaction (Lacan, 1957-1958/1999); a means of the subject (re)viewing itself completed, to avoid finding the lack-to be. Any principle of reality and finitude tends to

be refuted with quickness and vehemence. In the words of Costa-Rosa (2009, p. 90):

Science produces gadgets (resourceful, fun, useless objects): all kinds of utilitarian instruments, despite their general definition. The production of this utilitarianism heavily relies on advertisement. The gadgets are always presented as the promise of recovery of the means of nostalgic and mythical drive satisfaction lost to the subject; solution to desire by the objects of demand. Its promise is essential for them to be supports of “exchange value,” in the sphere of political economy. “The most unique feature of gadgets is that subjects connect to them; even grab and secure them.” (Santiago, 2001, p. 151). . . . the so-called consumer globalized neoliberal society it would have reached an ominous era of pure objects of technoscience; gadgets, letosas (Santos, 2006; Lacan, 1982), made just for the use of the jouissance of the body, able to function as vehicles for (exchange) value creation. In other words, the body appears transmuted, from force of work to sheer force of consumption, even compulsive.

Marx (1982/2011), in his political analysis carried out by historical materialism, also alludes to this inversion as a consequence of the capitalist mode of production. In precapitalist economic formations, human production took place to produce use values and aimed at collective enjoyment in the horizons of privation. If animals produce only to meet immediate physical needs, reduced to biology and the existence in the physical plane, human being differed because they can direct their action beyond their needs, in a symbolic-creative-desiring dimension (Shimoguirí, 2016). According to Marx (1982/2011), this is the striking feature of human beings, their vital activity that confers the human genericity.

With the advent of capitalism, the human activity ceased to be animated by desire, is no longer thought of as use value, to have importance particularly as exchange value with the purpose of accumulation, of realization of surplus value. Instead of the goods existing because of people, people started to exist because of the goods: “It was not Marx, obviously, who invented the surplus value, but, before him, no one knew its place” (Lacan, 1960-1970/1992, p. 18).

It is possible to consider that the sociocultural conditions in modernity in which the hominization process takes place (Marx, 1982/2011), that is, the constitution of human being in the social essence and their entry in culture and language (Lacan, 1960-1970/1992), lead us to discuss the relation between subject and object. Not by chance, the mode of agency in drug addiction, surplus-jouissance, is homologous to the production agency, to the realization of surplus value (Marx, 1982/2011)

in the capitalist corporate model: the first has as final product subjective extraction, and the second, economic extraction.

The sign of truth is now elsewhere. It must be produced by those that replace the former slave, i.e., by those who are themselves products, consumable as much as the others. Consumer society, they say. Human material, as stated for some time – under the applause of some who saw tenderness there. (Lacan, 1960-1970/1992, p. 33)

What price should be paid to enter in the civilization life, which renunciation subjects must, necessarily, do? The subject must relinquish the jouissance of the completeness in satisfaction, to exchange the objects that represent the unit lost in the Other ([his] treasure of signifiers). This is what characterizes the Subject divided (\$), they give up the Whole to settle in the Symbolic Law, the law that regulates castration and allows entry into the social bond.

The discourses of a-addicts and drug addicts

We will talk about the drug addict, but first we need to briefly present the discourse of the a-addict, as proposed by Souza (2008). In this type of discourse, we have an object in place of agent, and the subject is located in the position of truth. The consequence of this discourse is producing subjects that make themselves object of [alienated] jouissance of the Other. The knowledge of the object has a single purpose: creating tautological signifiers that are able to keep the subject in an objectifying, fixed, and unique position in the relation it constitutes with the similar ones, i.e., the similar ones can also become non-symbolic means that uses to jouissance, necessarily denying the ceasing and segmented nature of the exact conditions of reality (Souza, 2008).

In the discourse of the a-addict, something of another nature takes place. The invariant presence of this “substantiality” of the object, which is presented in the dyad object (*a*) on the subject divided [*a* / \$], in contrast, conducts to an injunction of jouissance. Therefore, this is a discourse device that deletes the *subject* of the economy of desire and summons them to jouissance, maybe with that impulse that one could credit to the obscene and fierce voice of the superego: “enjoy!” One needs to jouissance more and more. (Souza, 2008, p. 194)

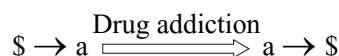
In the place of truth, there is a subject (\$) that it represented by an object (*a*), leading the other (*S*₂) to produce signifiers (*S*₁) of static meanings, related to the use of the object of consumption that is in place of agent. The *a* connects to the *S*₁ under penalty of a paroxysmal

and unmediated jouissance; this time, the S_2 that works for the $\$$ is a knowledge of object, which is attached to a way to consume (oneself).

Discourse of the a-addict



We can consider the discourse of the a-addict one of the variations of the CD, in the countless relationships that subjects can create with the several objects (gadgets) widely available in consumer society. And what differentiates the discourse of the a-addict from the one drug addicts use to move on their demand? Drug addicts remain fixed [obsessed] to the drug, addicted, filling their fundamental emptiness with the object drug to such an extent that the relationship of the subject with the object is subverted, causing a radical dependency situation.



It is worth saying that the question of drug addiction is not merely the consumption of psychoactive substances, that is, it is not the type of drug used or the frequency and intensity of use that will define the conditions for us to say whether or not there is a drug addict subject. It is essential to bear in mind that, depending on the cultural and social reality on screen, the object drug can take several representations and meanings. For example, in the indigenous culture, drug use occurs in a context of religiosity, of rituals that are well-delimited symbolic gestures, and that do not exclude a meaning, although mystic.

Although it is necessary to consider sociocultural analyzers, the social and symbolical structure alone is not enough to delimit the phenomenon of drug addiction, since we can speak in various types of drug use, which assume different forms depending on the primary process of subjective constitution, on the way the alienation and separation processes occurred, which are, according to the psychoanalytic references of Freud and Lacan field: constitution by repression, denial, or foreclosure.

Anyone can be a drug user; however, the theory and clinical practice accentuate essential differences regarding subjective styles. On drug addiction properly, the drug is devoid of imaginary or symbolic status, there is a silencing of symbolizations (Santiago, 2001) and the drug use is an act by which the subject intends to deny the condition of being subsumed to the phallic jouissance and to castration, because castration implies a refusal to jouissance [Whole], and the phallus is the signifier that interdicts a jouissance that intends to be absolute.

In other words, the subject does not recognize limits for jouissance, thus refusing ideals embodied

on moral values and consolidated by institutions such as family, work, and religion. Unlike the impasses in repression, in which the phallic signifier is present in the symbolic dimension and the object is the symptom, or the impasses in denial, in which the phallic signifier exists in the imaginary dimension and the object is the fetish, on drug addiction the object is real, there is not the dimension of fantasy as it presents itself to a subject formed by repression.

How is a drug addict subject constituted?

The signifier name-of-the-father is responsible for inscribing the Symbolic Law, structuring, and the signifier of lack in the Other, and the phallus as a beacon of jouissance (Lacan, 1957-1958/1999), opening possible paths to articulate the subject in constitution with desire. Desire that, since always, cannot be fully satisfied, given the object is lost, and, thus, one cannot reach *das Ding*, the Thing.

The processes of alienation and separation leave in the subject a structural lack, around which desire will be built. "Being desiring is the same as being moved by lack, because, effectively, there is only life and movement when the subject is crossed by lack, that is, when something lacks" (Leite, 2011). But this lack is not defect, failure, or inability, it is the opening for difference, allowing the inscription and creative encryption of the novelty.

One can think about drug addiction as part of a subjective style, an impasse lived by some subjects, updating unique experiences that occurred during the process of structuring of the psychic apparatus, between the *infans* and the maternal Other. At the time of the constitution of the subject, some events would have obliged the *infans* to settle at certain points of the process of subjectification in which would occur the passage from jouissance traits to sign traits. That is, the translation of some of these traits did not pass through the signifier, of the One obstacle to jouissance, producing a fixation of the subject in the relation with the object, while purpose of autoeroticism. In other words, the subject is properly the object of his jouissance (Costa-Rosa, 2016).

If the translation from jouissance traits to sign traits do not have in its route this *fixed action/fixation*, the inscription of S_1 , the ONE of unification, creates conditions for, *a posteriori*, the significant name-of-the-father to be installed, shifting the *infans* from this place of object of desire of the Other. The inscription of a potentially symbolizing signifier before the encounter with the Real will allow the *infans*, first, to be alienated, to then separate from the desire of the Other and follow in their endeavor to rise to the desire for Other thing in the social bond.

Instead, the subject fixed on a trait Thing [of jouissance] is in the presence of *das Ding*. Not otherwise, with the impasse in this time of primary structuring, the fantasy while resource for symbolically dealing with

the Real is played out and what occurs is a clandestine passage, a negation point in the encounter with the object, which will have more a dimension of surplus-jouissance than of cause of desire (Costa-Rosa, 2016).

In fact, the regulation or separation between self and object was not inscribed; and by the suppression of the subject, the unity of I-Other is formed in search of an endless jouissance. The subject find himself hopelessly alienated, because he made himself an object of the jouissance of the Other. In addition, the drug allows one to not only endure the pain of existing, but also gives one access to surplus-jouissance. The drug operates suturing the subjective division, so that the subject cannot arise as lack of being, as subject of desire.

If drug addicts give up their desire, how can they deal with this annihilating jouissance that is found on the drug? What will hold the drug addict on life? Note the specificity of this subjective tying: the use of drugs cannot be taken as a symptom. The symptom is presented as a signifier, to the extent that it appears to trigger questions, with the possibility to be deciphered: "it occurs at the right time to ask ourselves" (Nasio, 2010, p. 19). But drug addicts do not seem to have much to say, they know nothing about their lack, cannot see themselves as subjects divided.

The use of the drug is not a formation of the unconscious, as there is no desire as metonymy of lack of being. One searches the deletion of oneself as subject, since the drug addict aims at death, trying to trick it. If young Werther of Goethe's novel (2001) wished to die as a last act to register the mark of a ghostly love for Charlotte, for the drug addict, die [by using] the drug is to conquer the mark of a fantastic merging encounter with the object.

Melman (1992) alludes to a deadly pair that refers to an autistic jouissance. That is it, because ensuring the jouissance of the Other on drug addiction means suppressing the \$ and escaping from reality to be object of one's own pleasure. Because of this, we can also say that the jouissance of drug addicts is an autoerotic jouissance, which can be compared to erotomania experienced by some subjects constituted by foreclosure.

In foreclosure, in the modality of paranoia, on the triggering of a psychotic break, after having their reality collapsed, subjects seek to reconstruct it by an imaginary metaphor with symbolizing power to lessen the jouissance of the Other. However, the use of drugs, rather than being an attempt to stop the jouissance of the Other, implies a precipitation to that jouissance of the body.

This is a numb body in which a silent jouissance, which does not pass through signifiers, focuses directly on it. Speech is short-circuited by an Imaginary that is invaded by an overwhelming Real. And here we also mark the distinction between the jouissance of the drug addict and that of the subject in repression, because, in repression, jouissance is connected to the symptom and is a manifestation of the unconscious, including the imaginary and symbolic dimensions.

In the experience of discontent, for the drug addict, the meaning regresses to the body, while substance of jouissance. The drug operates as a type of psychic and chemical prosthesis, perfectly adjusted to the body, to the extent that the object is also regressed to the level of need (Costa-Rosa, 2009). There is also an inversion in the forms of agency of jouissance, since the subject chooses the jouissance of the object instead of making it the object of desire. Next, we present a vignette of the clinical practice with a statement from one of the many cases we met in Psychosocial Care Center, which illustrates this discussion we are having:

Being dependent there's no way, there's no cure. It's like having a tapeworm in the belly, we eat and are never satisfied; but we are hungry only for the drug. And when hunger comes, when we want to smoke, when everything in our belly starts to unravel, when we're already farting (laughs), we can't think, we can't talk to anybody, if we don't use, the tapeworm eats us. I stay using crack for days, no shower, no sleep, no food. The only food is crack. I like it more than lasagna. (Respondent 1)

Regarding the drug addict discourse, it has a shift in production, the object is real and it's in charge and the knowledge, another mode unconscious, S_2 , has a surplus jouissance status, a means for the subject to continue with the jouissance. The S_1 , at the place of work, works from the mastery of the object, using the subject (\$), commanding them, referring them to the place of surplus jouissance, product, waste of this discursive production (Melman, 1992).

what is put in command position is – clearly to me – the object *a*. I mean that what seems to belong to what is disseminated with liberal economy means this: there is no longer someone who runs, everybody does business and there is their gain. Thus, it is no longer about blaming anyone who command. It is now about doing business. What runs everyone is jouissance, the object, to the extent that each one finds there, in one way or another, their gain. This is something shifting that, putting the object *a* in place of mastery, would, brutally, have a function. Note that this would be a deed similar to that of psychoanalytic discourse, and we would be before a kind of misuse of this discourse. . . . It seems to me, however, that what distinguishes the discourse we would be dealing with from the psychoanalytic discourse is what is produced in the right of this scripture. . . . the drug addict is reborn in a sense as, if I can say, "atrocious" subject, because, as I pointed out before, there is no object that is connatural to them, nor object that comes trace their route (Melman, 1992, p. 77-78).

Note that in the drug addict discourse, the symbolic is liquefied, dissolved, giving way to the

concreteness of a bond, if we can still talk about bond in this case, of alienating power. One can see the dominance of the object on the subject. The relationship of the drug addict with the drug can often extend to other relationships the subject creates (with other objects): exaggeratedly obsessed.

Discourse in drug addiction

$$\frac{a}{S_2} \quad \frac{\$}{S_1} \quad \text{TORSION} \quad \frac{a}{S_2} \quad \frac{S_1}{\$}$$

We could, if we wanted, describe this way of subjectification in contemporaneity – in response to anguish –, however, starting from our experience based on Freudian and Lacanian psychoanalysis, we will focus on a brief consideration about the possible treatment of drug addiction.

Treatment and clinical practice of drug addiction

Most proposals for treatment still conceive drug addiction by the biomedical-curative prism of the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV), thus, the therapeutic goal commonly aims drug abstinence. In another direction, aware of the Freudian impossibilities – govern, educate, and analyze the other as if they were just an object –, we do not try to prevent the subject from jouissance, depriving them from consuming the drug from an order based on the knowledge/power of mastery. We know by experience that, in the case of the drug addict, even more than in other subjects, interdicting them in the sense of repressing consumption means confirming the rhythm of their psychic economy, which includes stopping a little, taking a break to recover the body wear, to then go back to jouissance with the drugs even more (Melman, 1992).

Discussing the hospitalization in psychiatric hospitals and therapeutic communities conducted during 2011 by a Psychosocial Care Center, reference for 70,000 inhabitants in the state of São Paulo, Shimoguirí and Périco (2014) reported that, in the period, 86 hospitalizations were conducted, 81 of which in psychiatric hospitals and five in religious therapeutic communities. The data showed that 67.4% of the hospitalizations were for subjects who were already being monitored by Psychosocial Care Center and who could not reduce or stop the drug consumption. The remaining 32.6% of hospitalizations were indicated right in the first evaluation, to begin the treatment.

The authors highlight that, before the referrals to hospitalization, families and subject were guided to subsequently return to Psychosocial Care Center to continue the treatment, because the hospitalization would be only the first intervention, aiming at detoxification,

and then outpatient treatment would follow. However, in 93.02% of cases, the subjects did not return to continue with the treatment in Psychosocial Care Center. These data, by showing the failure of the attempts to stop jouissance by hospitalization and abstinence, reiterate the importance that other strategies that consider the condition of subject of human being – “the subject as “between equals,” i.e., as social subject with all the implications and consequences of it; until reaching the dimension of the subject “between signifiers,” i.e., as subject of meaning and significance” (Costa-Rosa, 2013, p. 279) – are implemented, such as a treatment based on ethics of well-being.

Thus, we are more inclined to *non-interdiction*. We do not interdict according to agencies crystallized in a mastery, so that, from an appropriate handling of the transference, one can stop/encrypt the devastating jouissance obtained with drug use. The contribution of psychoanalysis is essential for offering the subject the opportunity to talk about the drug, including the pleasures it provides. According to Santos and Costa-Rosa (2007), this is a possibility that the subjects being driven through desire, so that, when speaking, they can exercise new records of jouissance, intermediated by language, different from the jouissance obtained directly in the body, and, therefore, able to compete with the jouissance of the drug.

This relocation of the subject in the field of language and subjectivity, which seems essential to the possibility of changing the relationship of extreme dependence on the drug, can only be achieved with a compatible offer of possibilities of transference [...]. It may be added that, in this mode of relation between subject and signifier, one expects some type of encryption of the jouissance of the body made by language, which can allow dealing with the impulses to use drugs, to be able to answer them attenuating the compulsion (Santos & Costa-Rosa, 2007, p. 490).

We rely on the human creative ability to give various answers to the unique forms of being distressed in their existence. In this perspective, offering a treatment with words, whether connected or not to a body activity, can give the drug addict subjects the opportunity to use the signifier as a springboard to move from alienation, from filth, to other modes of subjectifying the separation of representing themselves in another way always in other objects (Santos & Costa-Rosa, 2007).

That is why we say offering, in this clinical practice, is to diversify demand, and diversify implies dialectizing jouissance. Speech represents the opening for subjects to put in question their impasses, thus leaving the position of object of jouissance of the Other to encounter the signifier and the production of (symbolic) meanings to the conflicts that cross them and through which they can cross.

In the clinical practice of drug addiction, the focus of psychoanalysis is the same as that used in the listening to the most varied types of psychic distress: treating *jouissance* mediating it by the signifier, encircling the Real by the Symbolic. We operate with preliminary interviews (Quinet, 2005) believing that, at any given moment, the subject may question the meanings of using drugs, and then, from there, articulate and formulate a demand for treatment. It is about listening the subject of the unconscious, and such subject cannot be reduced to the individual, the person, and not even the citizen in the political realm.

According to Melman (1992), when think about the management of transference, one must consider a particularity of drug addict subjects: they tend not to be predisposed to the transference relationship. Here, for illustration, we show another vignette of a case, in which one of the subjects addresses the therapist saying: “Have you ever smoked crack? Have you snorted cocaine? No, huh? What do you know to teach us how to stop? This group here is blind. . .” (Respondent 2).

One can see that, unlike the clinical practice of repression, the assumption of knowledge in the Other arises otherwise. This is another reason to think about the specificity of the clinical work we aim when it comes to a drug addict subject, which would also not differ, to some extent, from a work with a subject being psychoanalyzed: the offering of an analytical listening, “so that subjects can relieve or protect themselves from the instinctual charge, transferring it to a signifying chain” (Santos & Costa-Rosa, 2007, p. 493).

In the course of psychoanalysis, we are always challenged to build unique alternatives depending on the transference relationship, not only when facing drug addiction, but also with the autistic or foreclosure impasses, in which we also do not occupy the place of supposed knowledge, but, certainly, have a lot to contribute.

The subject that we met at Psychosocial Care Center were initially quite resistant to groups that did not propose an aesthetic activity, therefore, we organized sessions that included artistic, musical, and corporal activities, such as groups of music, dance, and painting; these consultations enabled the construction of the

transference. Over time, subjects themselves expressed they did not need these activities as intermediate supports anymore, because they could already speak freely, which indicates that transference occurred.

Regarding the formats of the consultations, by groups, workshops, or individual sessions, our practices of care point to the fact that it is extremely valid thinking about a broadening of the possibilities of the common field of psychoanalysis in intention (Rinaldi, 1997; Alberti & Elia, 2000; Elia, 2010; Costa-Rosa, 2015). We stress the need to exercise a strictly clinical practice, but that dares going beyond the originating locus, as is the traditional psychoanalytic setting.

Final considerations

The dynamism of the unconscious is beyond any instituted prognosis, thus, although drug addicts do not locate, *a priori*, the analyst in place of supposed knowledge, we believe the transference can be constructed. It is up to the analyst the work of supporting the proposition that the use of drugs has a meaning, and that it intertwines in a discourse and can be, thus, a signifier. The analyst, despite not being summoned to do so, initially has the task of offering listening, because we know that supply generates demand.

Finally, we consider that, in therapeutic and ethical terms, as Melman (1992) states on the ways of *jouissance*, who are we to say: “One is good, the other one is not” (p. 82). Freud, in “Civilization and Its Discontents,” also pointed out that: “There is no rule of thumb that applies to everyone: every man has to find out for himself in what specific way he can be saved” (Freud, 1930[1929]/1996, p. 91).

Each subject will build uniquely their answers to deal with the discontent and pain of existing. Certainly, the analytical device, in the treatment by the word, which aims to mediate the *jouissance* by the signifier, may be an important device to handle the paroxysm of a *jouissance* in annihilation, but not before betting on the subject in their endless possibilities of (re)inventing the paths of desire, when having the opportunity of being inserted in One use of the word.

Discutindo a clínica e o tratamento da toxicomania: dos discursos à constituição subjetiva

Resumo: A toxicomania como estilo subjetivo é uma denegação do laço social fálico em que o tóxico serve para mais-gozar numa unidade eu-Outro. Numa cultura marcada pelo mais-além do princípio de prazer, a felicidade está no consumo de objetos feitos para gozar, assim, o uso de drogas tornou-se um sintoma social do Discurso do Capitalista. Dada a complexidade do assunto, este artigo fundamentado na psicanálise de Freud e Lacan objetiva abordar a toxicomania sob algumas perspectivas preliminares de compreensão do fenômeno e seu tratamento. Se o toxicômano cede do seu desejo, como ele fará frente a esse gozo aniquilador encontrado na droga? O que lhe prenderá à vida? Procuramos responder essas perguntas. Um tratamento possível consiste em oferecer ao sujeito, por meio da fala, novos registros de gozo intermediados pela linguagem, capazes de competir com o gozo do corpo, não visando interditar o consumo, mas diversificar a demanda.

Palavras-chave: toxicomania, psicanálise, modo capitalista de produção.

Discussion sur la pratique clinique et le traitement de la toxicomanie : du discours à la constitution subjective

Resumé: La toxicomanie en tant que style subjectif est un moyen de nier le lien social phallique, dans lequel la drogue sert à créer un excès de jouissance dans une unité moi-l'Autre. Dans une culture qui est déjà dépassée du principe du plaisir, le bonheur est dans la consommation d'objets de jouissance, des objets à jouir. Ainsi, l'usage de drogues est un symptôme social du discours capitaliste. Compte tenu de la complexité de ce sujet, cet article, basé sur la psychanalyse de Freud et de Lacan, vise à aborder la toxicomanie avec quelques perspectives préliminaires de la compréhension du phénomène et de son traitement. Si le toxicomane cède à son désir, comment pourrait-il résister à cette jouissance annihilant de la drogue? Qu'est-ce que le maintiendra lié à la vie? Nous cherchons à répondre ces questions. Un traitement possible consiste à offrir au sujet, en parlant, de nouveaux enregistrements de jouissance médié par le langage, capables de rivaliser avec la jouissance du corps, dans le but non pas d'interdire la consommation de drogue, mais de diversifier sa demande.

Mots-clés: toxicomanie, psychanalyse, mode capitaliste de production.

Discutiendo la clínica y el tratamiento de la adicción: de los discursos a la constitución subjetiva

Resumen: La drogadicción es un estilo subjetivo que tiene sus especificidades, porque es una denegación del lazo social fálico en que el tóxico sirve para soportar el dolor de existir, pero, sobre todo, sirve para el plus de gozar en la unidad yo-Otro. En una cultura marcada por más allá del principio de placer, la felicidad se encuentra en el consumo de los *gadgets*, objetos hechos para el goce, siendo, por lo tanto, el uso de drogas un síntoma social del discurso capitalista. Considerando la complejidad del tema respecto de la teoría y la técnica, este artículo, basándose en el psicoanálisis de Freud y de Lacan, tiene como objetivo hacer frente a la Clínica del abuso de sustancias a partir de algunos puntos de vista preliminares de comprensión del fenómeno y de su tratamiento. Si el adicto a las drogas abandona su deseo, ¿cómo podía resistir al goce aniquilador de la droga? ¿En qué se sostiene su vida de adicto? Pretendemos responder a estas preguntas a lo largo del texto. Un posible tratamiento mediante el psicoanálisis es ofrecer al sujeto, por medio de la oportunidad de la habla, nuevos reconocimientos del goce, que son mediados por el lenguaje, no con el objetivo de prohibir el consumo, sino de hacer la diversificación de la demanda.

Palabras clave: drogadicción, psicoanálisis, modo de producción capitalista.

References

- Alberti, S., & Elia, L. (Orgs.). (2000). *Clínica e pesquisa em Psicanálise*. Rio de Janeiro, RJ: Rios Ambiciosos.
- Barembliitt, G. F. (2002). *Compêndio de análise institucional e outras correntes: teoria e prática* (5a ed.). Belo Horizonte, MG: Instituto Felix Guattari. (Original work published in 1992)
- Costa-Rosa, A. (2009). Algumas notas sobre subjetividade e uso de drogas. *Revista de Psicologia da UNESP*, 8(2), 88-97. Retrieved in January 25, 2016 from <https://bit.ly/2DtjHvh>
- Costa-Rosa, A. (2013). *Atenção psicossocial além da Reforma Psiquiátrica: contribuições a uma Clínica Crítica dos processos de subjetivação na Saúde Coletiva*. São Paulo, SP: Unesp.
- Costa-Rosa, A. (2015). *Por que a Atenção Psicossocial exige uma clínica fundada na Psicanálise do Campo Freud-Lacan?* Unpublished work, Universidade Estadual Paulista "Júlio de Mesquita Filho", Assis, SP.
- Costa-Rosa, A. (2016). *Toxicomania e outros usos*. Unpublished work, Universidade Estadual Paulista "Júlio de Mesquita Filho", Assis, SP.
- Elia, L. (2010). *O conceito de sujeito* (3a ed.) Rio de Janeiro, RJ: Zahar.
- Fioravante, E. (1978). Modo de produção, formação social e processo de trabalho. In Gebran, P. *Conceito de modo de produção* (pp. 31-45). Rio de Janeiro, RJ: Paz e Terra.
- Freud, S. (1996). O mal-estar na civilização. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (Vol. 21, pp. 67-150). Rio de Janeiro, RJ: Imago. (Original work published in 1930 [1929])
- Goethe, J. W. (2001). *Os sofrimentos do jovem Werther*. Porto Alegre, RS: L&PM.
- Lacan, J. (1992). *O seminário, livro 17: o avesso da psicanálise*. Rio de Janeiro, RJ: Zahar. (Original work published in 1969-1970)
- Lacan, J. (1999). *O seminário, livro 5: as formações do inconsciente*. Rio de Janeiro, RJ: Zahar. (Original work published in 1957-1958)
- Leite, S. (2011). *Angústia*. Rio de Janeiro, RJ: Zahar.
- Marx, K. (2011). *Manuscritos econômico-filosóficos*. São Paulo, SP: Boitempo. (Original work published in 1982)
- Melman, C. (1992). *Alcoolismo, delinquência, toxicomania: uma outra forma de gozar*. São Paulo, SP: Escuta.
- Nasio, J. D. (2010). *Cinco lições sobre a teoria de Jacques Lacan*. Rio de Janeiro, RJ: Zahar.

- Quinet, A. (2005). *As 4+1 condições da análise* (10a ed.). Rio de Janeiro, RJ: Zahar.
- Rinaldi, D. (1997). Ética e desejo: da psicanálise em intensão à psicanálise em extensão. Atas da Reunião Lacanoamericana de psicanálise da Bahia. Salvador, BA: Elba. Retrieved in August 23, 2015 from <https://bit.ly/2B9AU57>
- Santiago, J. (2001). *A droga do toxicômano: uma parceria clínica na era da ciência*. Rio de Janeiro, RJ: Zahar.
- Santos, C. E., & Costa-Rosa, A. (2007). A experiência da toxicomania e da reincidência a partir da fala dos toxicômanos. *Estudos de Psicologia (Campinas)*, 24(4), 487-502. Retrieved in January 10, 2016 from <https://bit.ly/2FRPzLo>
- Shimogui, A. F. D. T. (2016). *Contribuições da Psicanálise de Freud e Lacan e do Materialismo Histórico para a Terapia Ocupacional: uma clínica do desejo e do carecimento na Saúde Coletiva* (Dissertação de Mestrado). Faculdade de Ciências e Letras de Assis, Universidade Estadual Paulista. Programa de Pós-Graduação em Psicologia. Assis, SP. Retrieved in August 3, 2016 from <https://bit.ly/2FW5jNM>
- Shimogui, A. F. D. T., & Périco, W. (2014). O Centro de Atenção Psicossocial como dispositivo social de produção de subjetividade. *Revista de Psicologia da UNESP*, 13(1), 33-51. Retrieved in January 12, 2016 from <https://bit.ly/2R6sre5>
- Souza, A. (2008). *Os discursos na psicanálise* (2a ed.). Rio de Janeiro, RJ: Cia. de Freud.

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