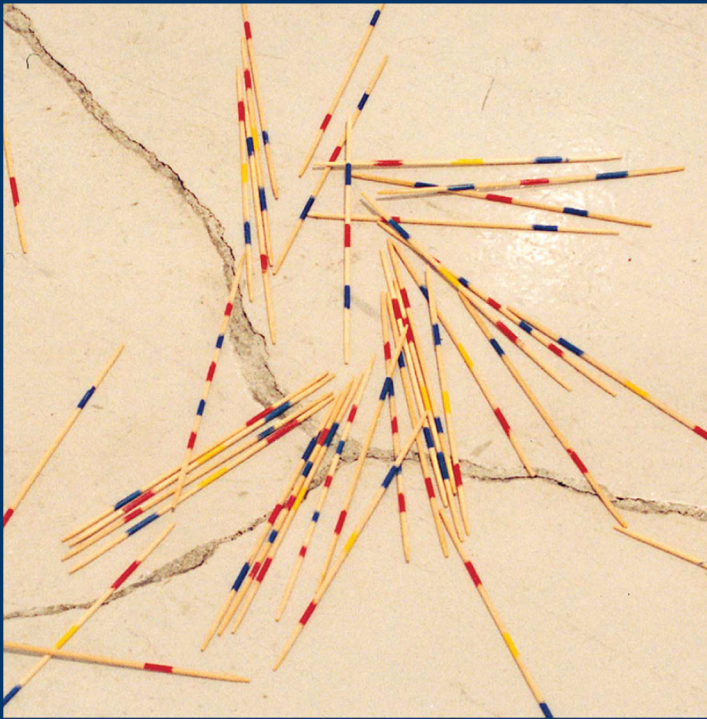


THE SUBJECT OF ADDICTION

PSYCHOANALYSIS AND THE ADMINISTRATION OF ENJOYMENT



RIK LOOSE

ROUTLEDGE

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OF ADDICTION
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by

Rik Loose

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FOREWORD

Addiction, like prostitution, is a phenomenon as old as the human race. Evidently they have something in common—their relationship to desire and enjoyment—and both form a problem for the society in which they take place. It is not too difficult to find a reason for this. A society is a perfect example of an institution consisting of a collection of people held together by a number of commonly shared rules and conventions. This applies to every institution, be this a family, a school, an association, or a psychiatric institution. The rules and conventions that we find in these institutions, no matter how private they may be, always have the same aim: the regulation of enjoyment on the basis of a number of collectively developed and often legally binding agreements. Hence, every institution also presents an ideal, precisely through which that regulation is articulated.

Like prostitution, addiction has escaped these conventions, which is exactly why they form a problem for society as an institution. This does not detract from the fact that they are fundamentally different. Prostitution evades conventional solutions concerning the sexual relationship (and its impossibility), but in doing so it manages to maintain the convention. Both ordinary

regulation—the one subject to the norm—and prostitution, emphasize phallic enjoyment and the exchange between partners. This is not the case with addiction. Lacan's reflections on this issue evinced a particular characteristic which he sensed only latently: the addict abandons the detour via the Other, abandons phallic enjoyment and chooses radically for immediate access to *jouissance*. This is precisely why he or she places him or herself outside the conventions of the group and, as such, forms a threat to this convention. The addict acts alone, the Other is excluded. The reaction of the Other is always of a master-discourse type: you will enjoy according to the rules! The ideal is commanded, and its failure predictable and well known.

That is why a particular opportunity is missed, not least because something is not heard or observed. The addict acts alone, that's true, but it is remarkable that time and again attempts at group formation reveal themselves in and through addictive use. Alcoholic brothers-in-arms stay together glued to the bar the hour at which they have to go home alone delayed as long as possible. The same can be recognised in many different forms of use: a near desperate attempt to install nonetheless a collective, a group, through which the *jouissance* and unbearable real are shared. Something similar emerges in the treatments of addiction, in which therapeutic communities and AA groups promise a changing of the guards.

The addict cannot do without the Other, it is just that he or she has a totally different relationship to the Other than the ordinary divided subject. Here we can refer to a differential-diagnostic distinction which Freud introduced very early on in his work: the actual neuroses versus the psychoneuroses. The former patients remain stuck in the process of becoming subject with an Other who does not respond to the appeal which emanates from the body as a result of which the processing of this appeal continues at the level of the body. The latter do indeed get a response, which subsequently, via secondary elaboration and the Oedipal structure, is turned into meaningful symptoms.

The distinction between these two concerns above all the relationship to the Other. The first group remain stuck on the threshold of the Other, whilst the second group live inside the house of language. The consequence of this for the later therapeutic

relationship is extremely far-reaching, both on a technical and on an ethical plane. There are hardly any signifying symptoms, therefore classic interpretation does not work. The relationship—the response of the Other—is demanded but its reception is extremely problematic because the basis for such a reception is lacking. Hence, therapeutic work is predominantly characterized by ethics: how to install a workable relationship with a subject on the basis of which the existential problem concerning enjoyment can be treated via words. This is literally not at all self-evident. An over-hasty focus on prohibition and the ideal will not work because of the actual neurotic structure—after all, there is no sound basis.

It is a real merit of this book that it does not focus on attempts like that to resolve things. It is a real merit of this book that it does not focus on the illusion of hasty and simple approaches to the problem of addiction. Instead, what we get is a thorough study of the *subject* who uses (drugs or alcohol), in contrast to the ever-useless focus on the product or the use of it. This study is unique—I don't know of any other study, which traces so thoroughly the thoughts on addiction to be found in both Freud's complete works and the post-Freudians. This fact alone is sufficient to turn this book into a classic. Moreover, Rik Loose has applied the same impressive rigour to the challenge of a similar interpretation of the work of Lacan.

All of this amounts to a lot more than a mere summary. The result is a creative conceptualisation which converges nicely with a number of empirical facts. On the one hand, we have a new theory of addiction as a phenomenon by understanding it as “flood-gates” in the subject regulating what Freud called the “toxic substance”, and which was developed further by Lacan as “jouissance”. With this theory Rik Loose introduces a new concept: “administration”. Without a doubt this concept will acquire a place in psychoanalytic thinking on addiction in the future. On the other hand, he puts all emphasis on the relationship between the addicted subject and the Other, specifically with a view to treatment possibilities. This relationship is not an a priori given like it is in “ordinary” psychopathology; rather it has to be created in—and through—the treatment. This relationship has to allow a situation such that the subject can carry out an exploration of his or her relationship to jouissance via a protected and safe relationship with the Other.

Instead of the classic response—“do (and enjoy) like us!”—the possibility for a demand has to be created. Perhaps then the addicted subject will also be able to hear a number of answers.

Professor Paul Verhaeghe

PREFACE

Oh, who will tell us the entire history of narcotics?—It is nearly the history of “culture”, our so-called higher culture!

F. Nietzsche, *The Gay Science*, 2001, p. 87.

The earliest evidence of psychoactive drug use and knowledge of hallucinogenic plants dates back some 13,000 years (Rudgley, 1999). Most early forms of religion used drugs in an attempt to gain divine knowledge. Drugs and drug use are an integral part of human culture. Yet, we know hardly anything about drugs, at least not the kind of knowledge that would help us to understand how drugs affect people and how people become addicted to drugs. This is most surprising in light of the vast amount of knowledge that has been accumulated in the sciences.

So, what should we expect from science concerning the effect of drugs and the pathology of addiction? What this book will argue is that while science has devoted considerable time and resources to the question, (for instance, the American National Institute of Drug Abuse (NIDA) allocates \$600,000,000 a year to research into drug abuse), we still have not established a satisfactory scientific basis for

an explanation of addiction. On the other hand, although psychoanalysis has yet to seriously and systematically address the problem of addiction, it is my contention that psychoanalysis has a unique contribution to make.

In psychoanalysis, little work has been done on addiction compared to what has been done in the sciences. Indeed, within psychoanalysis itself little has been done in comparison to the work that has been done on other psychopathologies. It is certainly possible to accuse psychoanalysis of not taking responsibility in this area: a fine contrast with the proclamation of the ethics of psychoanalysis, which exhorts the suffering subject to assume responsibility; and psychoanalysts themselves are certainly not excluded from that responsibility (neither in relation to their patients, nor in relation to themselves). Yet, a psychoanalytic theory on addiction that includes the subject (and his or her responsibility) is something that psychoanalysts have only recently become interested in.

Psychoanalysis might not be an obvious choice for the treatment of addiction. It is a well-known fact that most addicts do not wish to spend the time (or the money) on such a slow and painstaking process as psychoanalysis; their preferred solution to the problems of life would be something that takes immediate effect and that, therefore, doesn't require them to take responsibility. Moreover, a lot of addicts who are in need of treatment cannot afford the time for a long therapeutic process, precisely because the urgency of their need for treatment is in direct proportion to the time they have left. Psychoanalysis is nevertheless in an excellent position to make a contribution to a problem that has so far defied much of our understanding. By inviting people to speak about themselves, their lives, death, pleasure, pain, relationships, sex, work, and family, psychoanalysis has established a unique way of collecting clinical material, a material that surely must be immediately relevant coming as it does from the horse's mouth. Also, addiction is on the increase and that fact alone justifies the necessity for a different approach. This book does not argue that all addicts should undergo a "classical analysis" for many years in order to live happily ever after with or without drugs or alcohol (although it is suggested that an analysis can be enormously beneficial, not to say interesting, especially for addicts). Instead, this book argues that aspects of the ethics, method of treatment, and experience of psychoanalysis

should be seriously considered and, where possible, incorporated into the treatment of addicts, irrespective of whether this treatment takes place on an individual, group, community or institutional basis. The main aim of this book is to provide a theoretical foundation for this argument. People who work with addicts often express the sentiment that they don't know exactly what they are dealing with, nor indeed what they are (or should be) doing. The theory put forward in this book can serve as an orientation in the confrontation with a clinic of addiction.

Part I will look for evidence in Freud's work of the existence of a classical foundation for a psychoanalytic theory on addiction; all of Freud's remarks on addiction will be investigated with reference to their theoretical context, with special emphasis on possible ethical and clinical implications. *Part II* will investigate the post-Freudian literature on addiction. It has been said that the usual post-Freudian method consists of explaining pathologies on the basis of whatever concept or period in Freud is in fashion at the time the explanation is sought. It is nevertheless hoped that it is possible to cut a path through the post-Freudian world which will eventually lead to a body of knowledge that will be satisfied neither with one or two aspects of Freud's work, nor even with the opinion that Freud's thinking was infinitely more rigorous and open than most post-Freudian thinking. This is the kind of knowledge that interrogates established forms of knowing. Hence, we end up with Lacan in *Part III*, because his return to the Freudian field allowed him to pierce through this field and move beyond Freud's thinking. In this part it will be argued that Lacan's concepts and theories lend themselves well for investigating the problems of addiction in our time in a manner that avoids reductionism and that is relevant to the clinic of addiction, to treatment and to its current impasses.

A note on terminology is appropriate here. This book focuses on the addiction to so-called toxic substances, also known as the toxicomanias, as distinct from other addictions such as, compulsive gambling, sex addiction or the addiction to computer games. The term addiction has interesting etymological connections. The word addict comes from the Latin *addictus*, which is the past principle (pp) of *addicere*, which means to adjudge or to assign to. The former meaning refers to the making of a decision, whilst the latter refers to a bond or a bind with something or someone. These connections are

highly relevant to the particularities of the pathology of addiction. But there is another interesting connection. Etymologically, addiction also relates to diction, meaning to announce or to say. A central argument in this book is the importance of speech and language for an understanding of addiction. There is a fundamental antagonism between speech or diction and addiction: addiction is a-diction.¹

For some of the readers, especially those not familiar with Lacan's thought, aspects of this book might perhaps come across as unnecessarily dense and difficult. However, it is important to keep in mind that addiction is an object of study which is enormously complex, but which nevertheless appears to provoke the tendency to gross over-simplifications and banal explanations for a variety of reasons. This book is an attempt to understand that tendency and to break away from it.

Note

1. A-diction is a term that was introduced by Nestor Braunstein (1992, p. 257).

PART I:
CLASSICAL FOUNDATIONS FOR
A THEORY ON ADDICTION:
THE ENERGETICS OF LIBIDO AND
THE ECONOMICS OF DESIRE



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Introduction

“... why isn't everyone a drinker?”

de Mijolla and Shentoub, *Pour une Psychanalyse de L'alcoolisme*, 1973, p. 33

It is a remarkable fact that there is no substantial psychoanalytic theory of addiction, especially given that Freud had some clinical experience of working with addicts.¹ This fact is even more remarkable in light of the fact that one of Freud's first attempts to cure someone was his clinical intervention with his friend and colleague, Ernst von Fleischl-Marxov. Freud had hoped that cocaine could help his friend to lose his addiction to morphine. This attempt failed and eventually von Fleischl-Marxov died from a cocaine addiction.² Surely these clinical encounters must have aroused Freud's interest in the problem of addiction and provoked questions regarding its metapsychology? Freud's theory and metapsychology were always developed on the basis of his clinical work with patients and, after all, his mind was uncommonly predisposed to curiosity. There are numerous interesting and important references to addiction in his writings, ranging from his pre-analytical period to the end of his life, but it is nonetheless

strange that he never wrote an article dealing exclusively with addiction. Despite the many references, it is still possible to speak of a relative silence in Freud's work with regard to the clinical problem of addiction. He developed elaborate theories on neurosis, perversion, and psychosis, so why is there no such elaborate theory on addiction in his work? Could it be that there were deep-rooted psychological motives in Freud himself that contributed to this neglect? These questions have been taken up by various authors and will not be dealt with here.³ It is well known that Freud's relationship to drugs was ambiguous. When Freud came across cocaine in 1884 he was immediately fascinated by it, particularly its therapeutic properties and he used it himself sporadically for about 10 years. He was not really interested in alcohol and only occasionally drank wine. He was irritated by problems of addiction in his practice and social environment. He was hopelessly addicted to smoking and nicotine. He smoked about 20 cigars a day. He needed cigars to work and lack of nicotine plunged him into bad moods. When he was diagnosed as having cancer of the mouth he was informed that his smoking habit would kill him and on several occasions he was strongly advised by his physicians to stop smoking but, despite this medical advice, he was unable to stop (Gay, 1988, pp. 426–427). From Freud's biographer, Ernest Jones, we know that for a long time Freud refused to take analgesics against the excruciating pain produced by the cancerous growth in his mouth. He likened taking drugs to embracing death. Freud's personal and professional ambiguities toward addiction perhaps contributed to the fact that there is no proper theoretical development in relation to addiction in his work. One can therefore not depend on a coherent theoretical foundation in Freud in order to construct a psychoanalytic theory and clinic of addiction. Nevertheless an exploration of remarks on, and references to, addiction throughout Freud's work show that there is a lot of material to work with and on which to reflect. Chapter 1 is devoted to his papers on cocaine. These papers are so central to the development of his work and so important for an understanding of a psychoanalytic approach to addiction, that they warrant a separate investigation. The aim in Part I will be to analyse in detail all of Freud's remarks on addiction.

Chapters 2–4 on Freud all use the work of Yorke (1970), de Mijolla and Shentoub (1973) and Magoudi (1986). But I have opted

to do a detailed analysis of the theoretical and clinical context in which Freud's references to addiction occur rather than compile and review the written material, so my point of reference to the above writing is, largely, taken from where I depart from them. The choice for this approach was made for two reasons: firstly, to demonstrate the theoretical complexities and lack of uniformity involved in Freud's thinking on what is often considered to be an uniform or relatively straightforward clinical problem, and secondly, to indicate that these clinical and theoretical complexities have been largely ignored by most post-Freudian writers.

Notes

1. For instance Peter Gay in his biography of Freud mentions that Freud analysed Jones' mistress Lou Kann who was a morphine addict (1988, pp. 186–187). Also, the famous analyst Ruth Mack Brunswick, was addicted to morphine and a whole series of other drugs. Freud had understood that her addiction should be treated. She was in analysis with him, with interruptions, from 1922 to 1938.
2. For more details about this important period in Freud's life see again Peter Gay (*Ibid.*, p. 45).
3. In an article on Freud's relationship to cocaine Ali Magoudi argues that factors and events which contributed to Freud's "cocaine episode", as Jones called it, resulted in a theoretical position which led to a tendency in Freud and psychoanalysts after him, to exclude addicts from psychoanalytic treatment. Magoudi highlights the blind spots in Freud's self-analysis and theory in order to show how they functioned as obstacles to analysis of addicts and addictions (1995). For a further exploration of these questions the reader is referred to the following two authors: Peter Gay (1988, *op. cit.*, p. 427) and Didier Anzieu (1975, pp. 75 & 78).



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CHAPTER ONE

The place of cocaine in the work of Freud

“This is the malady in them all for which law must find a pharmakon. Now it is a sound old adage that is hard to fight against two enemies at once—even when they are enemies from opposite quarters. We see the truth of this in medicine and elsewhere”

Plato, *Laws*, 919b

“There is no such a thing as a harmless remedy. The pharmakon can never be simply beneficial”

J. Derrida, “The Pharmakon”, p. 99

A “side interest”

In *An Autobiographical Study* Freud described his involvement with the drug cocaine as “a side interest though it was a deep one . . .” (Freud, 1925d, p. 14). In the short passage he dedicated to this period of his life, he referred only to the missed opportunity of discovering cocaine as a local anaesthetic. Freud seemed to marginalize this aspect of his work, as indeed others have as well. When it is not marginalized by others, it is often used as a way of

denigrating his work. It has been argued, for instance, that Freud was addicted to cocaine and that the founding texts of psychoanalysis were a result of grandiose delusions that were induced by cocaine.¹ On occasions, serious studies of this period in Freud's work have been done.² These studies insist on the importance of returning to this aspect of Freud's work and conducting a thorough exploration. The aim of these works is to reassess the problematic relationship that existed between the addictions and psychoanalysis from the very beginning. A return is fruitful if we come back with something new. If not with new answers, at least with new questions concerning the ongoing problem of situating addiction within the theoretical and clinical field of psychoanalysis.

In this chapter a reading of Freud's *Cocaine Papers* is proposed as the beginning of the Freudian adventure.³ A detailed exploration of his subsequent pre-analytic trajectory (till the so-called birth of Psychoanalysis with *The Interpretation of Dreams* from 1900) in Chapter 2 will allow us to establish a relationship between these papers by Freud and concepts such as the sexual toxins, libido and the actual neuroses.

Freud's *Cocaine Papers* are interesting reading, but they become especially relevant when we read them in the context of his work; that is, not as a side interest of Freud's, nor as an allotrion, which is the term he used to classify his interest in cocaine in a letter to Wittels. Allotrion is an interesting word. It can be defined as a rupture which consists of the introduction of a foreign idea amongst the body of ideas within a certain scientific discourse or doctrine. Geberovich makes the interesting observation that a closely associated French term allotriophagie signified the following during Freud's time: "the deprivation of appetite due to the incorporation of non-alimentary substances" (Geberovich, 1984, pp. 158–159, my translation). Freud's choice of words might not have been accidental, but motivated unconsciously. On the rare occasions he wrote about this episode in Freud's life, Jones referred to his forgetfulness, his mistakes and his lapses (Byck, 1974, p. 200). We know that it is precisely parapraxes such as these which reveal an unconscious desire that has been unsuccessfully censored. In other words, it is possible that Freud had repressed something concerning this so-called "episode" in his life, as Jones called it. In seminar XI Lacan says: "The truth is perhaps simply one thing, namely the

desire of Freud himself, the fact that something in Freud was never analysed" (Lacan, 1979, p. 12). He continues:

What I had to say on the Names-of-the-Father had no other purpose, in fact, than to put into question the origin, to discover by what privilege Freud's desire was able to find the entrance into the field of experience he designates as the unconscious. It is absolutely essential that we should go back to this origin if we wish to put analysis on its feet (Ibid.).

On the next page, Lacan asserts that this question of Freud's desire is not to be considered on a psychological level, that is, as a trait of his individual personality. Freud's desire concerns desire in the position of an object and as caused by an object. This object is the unconscious and so, therefore, Freud's unconscious. Freud's life and his work cannot be considered as separate entities. One of the first objects of Freud's interest was the drug cocaine. In fact, we know from certain letters he wrote to his then fiancée Martha, and from reading *Über Coca* (1984e; the first of these papers), that he was very passionate about cocaine.⁴ It seems reasonable to assume that Freud's relationship to the drug cocaine could be one of the areas of research that might open the door to an understanding of his discovery of the unconscious, the nature of the object in psychoanalysis and, possibly, the virtual exclusion of the problem of addiction from this field of research.

At this point an observation will be introduced which seems to be paradoxical. In his post-script to *The Question of Lay-Analysis*, Freud wrote that he was never a doctor in the proper sense of practising medicine and that he was never aware of any craving to help suffering humanity, because his innate sadistic disposition was not strong enough. When prompted by fresh influences, he became interested in the neuroses, though he felt that his lack of medical temperament was no obstacle to the treatment of his patients; on the contrary... (Freud, 1926e, pp. 253–254).

However, in a letter from 25 May, 1884 to Martha Bernays, Freud referred to the role cocaine played in the discovery of his medical vocation. He wrote: "It is only now I feel like a doctor, because I have been able to help a patient and I hope to help others" (Byck, 1974, p. 7). In other words, Freud wanted to medically cure patients from their suffering and he hoped he had found a panacea

in the form of cocaine with which he would be able to do this.

The difference between this earlier position and his later position is that in the later one his desire was to cure analytically via psychological methods and without depending on a pharmaceutical object, whilst in the former position he had placed all his hopes on the drug cocaine.

But there is more. Freud had also realized that a conscious wish to help can be the transformation of an unconscious sadistic impulse or desire. It might perhaps have been this unconscious impulse that played a role in his relationship with his friend and colleague, Ernst von Fleischl Marxov. He was Freud's ego-ideal and great rival at the same time. Fleischl died of a cocaine overdose after Freud had intervened in order to wean him off a morphine addiction.

The real difference between Freud's earlier and later positions is that, in the interim period, he had not only discovered unconscious desire, but also that the object which causes this desire is an object that is lost forever. This is the object of psychoanalysis as opposed to the object cocaine as a therapeutic instrument.

Vera Ocampo summarizes the consequences of Freud's encounter with cocaine as follows:

The encounter with the drug awakens in Freud the desire not only to cure others but also to cure himself (his neurasthenic and neurotic symptoms), and from the beginning, these desires emerge as two sides of the same coin; the first other of this Freudian desire is an addict—Fleischl. The problematic nature of addiction gives rise to a therapeutic act which leads Freud to question his own desire for the first time and, further into the heart of his intellectual adventure, to address the question of desire itself. But if addiction is the first object of Freud's desire to cure, it also constitutes his first obstacle and his first therapeutic failure (Vera Ocampo, 1989, pp. 115–116, my translation).

What was the consequence of Freud's impasse, his failure with cocaine? In an attempt to answer this question some of Freud's steps in his work on cocaine will be considered.

Having arrived at this crossroads, the choice has been made to explore Freud's work, rather than take the path of investigating his personal life. As such, it is possible to avoid the risk of reducing the implications of the *Cocaine Papers* to a mere moment in Freud's

personal history, "The Cocaine Episode". As with all of Freud's scientific moments, there has always been more involved than his personal history. That is why it is more rewarding to study his work than to study his personal life, if one's aim is to follow Freud in the discovery and development of psychoanalysis as a science. Jean Allouch seems to suggest that when we consider Freud's relationship to the drug cocaine as a symptom, then the necessity of this symptom will be reflected in his writings about it (Allouch, 1984, p. 28). Freud's symptom "ceased to write itself"; he dropped his passionate relationship with cocaine and this opened up the possibility of other pathways. A detailed study of Freud's writings on cocaine is therefore crucial to an understanding of these pathways.

The Cocaine Papers

The text *Über Coca* which came first in the series and was published in July 1884, is a curious mixture of objective scientific writing and subjective writing, which reflects a passionate belief in the magical properties of the drug cocaine. This text begins with a botanical description, an historical overview of its usage in Peru and its reception in Europe. It continues with a look at the effects of cocaine on animals and the human body before ending with the mention of several therapeutic possibilities. The properties of cocaine, which initially attracted Freud to the drug, were its ability to increase the capacity to work, to allow people to do without food for long periods, and to increase physical strength. He even wrote in response to Poeppig's description of physical and intellectual decadence as a result of habitual cocaine use that "...all other observers affirmed that the use of coca in moderation is more likely to promote health than to impair it, and that the coqueros live to a great age" (Freud, 1884e, p. 52).

When Freud referred to experiments with cocaine on himself and others, he mentioned that individuals react differently to the drug. He realized that there was no uniform effect. Freud would come back to this in his other papers. In his last paper on cocaine, *Craving for and Fear of Cocaine*, he related these different effects of cocaine to individual variations in excitability and "a factor of individual predisposition." This lack of uniform effect will later

come to shatter Freud's medical-pharmacological fantasy of being able to find a universal panacea for human suffering. Initially Freud's thinking was very much determined or influenced by physics, energetics, and thermodynamics.

Pharmacology relies on two related factors. Firstly, the predictability of the effects of drugs and secondly, the lack of difference in reaction to them between individuals and within individuals. Freud's emphasis on the instability of the effect of cocaine contradicts the suggestion by the editor of the *Cocaine Papers*, Robert Byck, that one should read these as written by someone who was interested in the science of pharmacology and who could be considered as one of its founders (Byck, 1974, p. xvii). This is not to say that Freud was not interested in cocaine as a therapeutic instrument. This fact was referred to before when it was mentioned that the last section of *Über Coca* deals with the various therapeutic possibilities of cocaine. There he collated the various recommendations and these clearly show Freud's interest in therapy and in cocaine as its instrument. Freud hoped to explain the "facts" of cocaine within the parameters set by the sciences of physics and energetics in order to guarantee scientifically that the effects of cocaine are uniform, predictable, and above all, good. Freud tried to locate a formal or scientific cause for the effect of cocaine. His interest in therapy would last. Concerning cocaine as an instrument for therapy, his very first scientific observations already subverted his personal and medical fantasy about cocaine being the ideal pharmacological instrument for therapy.

It will be shown that, through his own scientific work on cocaine, Freud continued to subvert his fantasy and that this "working-through" of the fantasy resulted in the abandonment of cocaine as an object. To do this it is necessary to follow Freud step by step through his writings on cocaine.

When writing about the psychic effects of cocaine in *Über Coca*, Freud mentioned that the exhilaration and lasting euphoria did not appear to differ from the normal euphoria of a healthy person. The kind of mood induced by cocaine gave Freud the impression that cocaine did not stimulate in a direct way, but that in fact it seemed to affect those elements in our general state of well-being which lead to depression. He wrote, somewhat enigmatically: "One may perhaps assume that the euphoria resulting from good health is also nothing more than the normal condition of a well-nourished

cerebral cortex which is "not conscious" of the organs of the body to which it belongs" (Freud, 1884e, p. 60).

In this euphoric state, produced by the effect of cocaine, long-lasting, intensive mental and physical work can be performed without fatigue and without the need for much food and sleep. Freud would come back to this as well.

In the last section of *Über Coca*, Freud wondered why and how cocaine has this stimulating effect. Through various authors, he considered the possible relationships between cocaine and three interrelated elements to determine where the effect of cocaine takes place. These elements were: (1) the system or organism into which the cocaine is incorporated; (2) a vital energy operating within this organism which can be affected by this incorporation, and; (3) the conversion of this energy into work. Where does cocaine intervene? How does it intervene? These questions emerged within the theoretical framework of 19th century energetics, which was based on the principle (or law) that the total amount of energy in an isolated system (or organism) is constant. Freud was attempting to answer these questions within that framework. One consideration is that cocaine can be a "source of savings". He wrote:

A system which has absorbed even an extremely small amount of cocaine is capable, as a result of the reaction of the body to coca, of amassing a greater store of vital energy which can be converted into work than would have been possible without coca. If we take the amount of work as being constant, the body which has absorbed cocaine should be able to manage with a lower metabolism, which in turn means a smaller intake of food (Ibid., p. 68).

The effect of cocaine indicated here is that it is able to accumulate disposable energy in the organism and that if this energy is not being used, this organism will need less food and sleep. Freud wrote that this did not necessarily contradict the law of conservation of energy. He explained this as follows: "For labour which draws upon food or tissue components involves a certain loss, either in the utilization of assimilated food or in the conversion of energy into work; this loss could perhaps be reduced if certain appropriate steps were taken" (Ibid.).

Freud did not explain what these steps were or how they worked. It seems as if he had to force himself in his thinking here to stay

within the limited theoretical framework of 19th century energetics. As long as Freud continued to work within the path paved by masters such as Fechner, Brücke, Helmholtz and Du Bois-Reymond, and as long as he wished to build neurology on the basis of physics, energetics would remain a problem for him (Quackelbeen, 1991, p. 104).

As a next step, Freud considered the possibility that the influence of cocaine resulted in a better availability of materials already stored in the organism, which produced more working power and necessitates less food. Freud considered this next step because experiments on animals had refuted the conception of cocaine as a "source of savings". Animals which had been given cocaine succumbed quicker to inanimation (or energy loss) than those who had received no cocaine. Then, Freud said, that an experiment from history seemed to contradict this last conclusion. In the year 1781 the city of La Paz was under siege. Only those inhabitants who had taken cocaine survived starvation. Why? Is there a difference between animals and human beings in terms of their reaction to cocaine? And if so, what is that difference?

Freud had arrived at an impasse, he was unable to answer these questions, yet he said (probably to buy himself some more time): "The therapeutic quality of coca which we took as our argument at the onset does not (...) deserve to be rejected out of hand" (Freud, *op. cit.*, p. 69).

It would be some time before Freud rejected cocaine as a therapeutic instrument. He was not yet prepared to give up on his fantasy, even though within the conceptual framework of 19th century energetics, he was still not able to answer the questions as to how and where cocaine affects the relationship between the three aforementioned elements; organism, vital energy, and work. There seemed to be a factor missing which, for instance, could explain the difference between animals and humans and the reason for the survival of those starving people of La Paz who took cocaine. In relation to this Freud said the following: "In this connection one might recall the fact that the human nervous system has an undoubted if somewhat obscure, influence on the nourishment of tissues; psychological factors, after all, cause a healthy man to lose weight" (*Ibid.*).

Were these psychological factors a first indication of a way out