

*Ableism and Jouissance:
Imag(in)ing the Pleasure of the Psychiatrically Disabled Subject*

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People with mood disorders are occasionally confronted with remarks that question, implicitly or explicitly, the status of mood disorders as an actual medical condition—and the status of antidepressants and mood stabilizers as real medication. While often presented as a critique of contemporary psychiatry, the pharmaceutical industry, health care politics, and so on, the function of these comments, whether intentional or not, is essentially to undermine the disabled individual's subjective experience. In addition, this critique seems to be always coupled with an ambiguous resentment or exasperation. Through a combination of Lacanian psychoanalytic theory and concepts from critical disability studies, I approach the dynamics underlying this vexation, with particular attention placed on the implications of enjoyment in the logic of ableist thought.

I begin my analysis by elaborating on the concept of *jouissance*, and its importance for my analysis. This is followed by a review on the use of psychoanalytic theory by Lacanian scholars, and the notion of *jouissance* in particular, in an analysis on the functioning of complex social mechanisms of discrimination and violence, such as racism, xenophobia, and anti-semitism. Embracing Eisenhauer's (2008a) suggestion for recognizing ableism as form of socio-cultural oppression equal to homophobia, sexism, racism, and classism, I move on to discuss the ableist fascination of the assumed enjoyment derived from being (recognized as) psychiatrically disabled and receiving treatment for the disability.

Before providing an account on the ways the Lacanian psychoanalytic theory is applied in this article, I want to briefly discuss my stance in relation to the critique posed on the use of psychoanalytic theory within both disability studies and art education research.¹ I agree that researchers should be aware of, and critical toward the history of psychoanalysis and psychoanalytic theory, and its subsequent interdisciplinary applications. However, my attempt here is not to render the fusion of psychoanalytic theory and disability studies as perfectly compatible or unproblematic, nor to uncritically promote psychoanalytic theory in

disability studies. Instead, I consider this article as an experiment or an exploration; a proposal for applying psychoanalytic theory in disability studies and art education research in a way that would avoid pathologizing the disabled subject, while focusing on delineating the desire to diagnose the disabled subject.

The theft of enjoyment

The concept of *jouissance* in Lacanian theory is informed by the contradictory finding by Freud regarding the functioning of the drives. Freud initially concluded that subjects are motivated by a desire for pleasure, but was subsequently compelled to revise the pleasure principle after observing in his clinical practice that subjects seem to be prone not only to pleasure or enjoyment, but also to suffering and pain. Drawing from this observation, Freud introduced the notion of death drive in order to compensate the insufficiency of the pleasure principle in explaining human motivation (Homer, 2005).

Jouissance incorporates the experiences of enjoyment and suffering, presenting them as inseparable. It refers to extreme pleasure, but also to any extreme emotional or sensory affect or experience, including pain, and “pleasure in pain” (Homer, 2005). *Jouissance* encompasses all kinds of extreme affects, anything that would surpass the mediocre emotions that belong to, and are governed and regulated by the Symbolic Order. *Jouissance* belongs to the Realⁱⁱ in the sense that it completely escapes symbolization, whereas desire is always directed at an object within the Symbolic Order. A subject’s quest for *jouissance* is never-ending. We anxiously strive to achieve it, and the moment when we think we finally do, we find out that “that was not *it!*”—that was not *the Thing*.

Lacanian theorists, especially the ones associated with the so-called Lacanian Left, have employed psychoanalytic theory in attempts on understanding the functioning of racism, xenophobia, and anti-semitism. Authors such as Žižek (2008) and Stavrakakis (2007) have discussed the crucial role of enjoyment, and affect in general, in the logic of racism and xenophobia, as well as in all successful promotion and dissemination of any ideologies involving dehumanizing certain cultural or ethnic minorities (Stavrakakis, 2007). A pivotal thesis posed by these scholars is that what fuels racism is the phantasy of the other (the Jewish, the Somalis, the Roma, and so on) stealing “my” enjoyment. Žižek (2008) introduces the notion of “conceptual Jew” which refers to the phantasmatic image(s) of Jewish people produced through the fascist rhetoric and propaganda. The conceptual Jew is inherently

contradictory. On one hand, she/he is uncivilized, sub-human, immoral, and disgusting, On the other hand, she/he is intelligent, wealthy, charismatic, and manipulative. This double-faceted image was pivotal in justifying violence exerted on the Jewish population in Nazi Germany. The Jews were considered animal-like, as parasites, but who nevertheless were capable of cunningly exploiting the German population, depriving the “ordinary Germans” the good they were entitled to. Žižek (2008) argues that this ideation is based on the phantasy of the Jewish people having an access to an excessive enjoyment on the expense on the ordinary citizen; the Jews stealing the enjoyment of the white Germans—the *other* stealing *our* enjoyment.

While *jouissance* seems to escape us all the time, despite of our tireless efforts in obtaining it, we believe the other is capable of enjoyment to an extent we have never experienced. The assumed theft of enjoyment is also prevalent in the fantasies informing other forms of discrimination: for example, in the stereotypes regarding the excessive sexual activity of black men and gay men. Even though the forms of discrimination of individuals with psychiatric disabilities in the post-Prozac era differs in many respects from the ones deployed in Nazi Germany, I argue that contemporary ableism, too, has in its kernel the question of *jouissance*.

The split in the disabled subject

Stigmatization of individuals with psychiatric disabilities has been extensively documented in many studies, and the findings reveal some common characteristics which pertain to the phantasmatic image of the psychiatrically disabled subject, the “conceptual lunatic”, in the discourses from different areas of culture and society (Eisenhauer, 2008b; Lawson & Fouts, 2004; Wahl & Lefkowitz, 1989). In my reading of these studies, I focus on a tendency in the general attitudes of the abled populace to perceive the psychiatrically disabled subject through two kinds of modalities: (1) the image of psychiatrically disabled as irrational, senseless, and monstrous; and (2) the image of psychiatrically disabled as a potential non-disabled individual merely feigning disability in order to exploit the society.

A Finnish study published in 2011 investigates the attitudes towards individuals with psychiatric disabilities within the general population (Aromaa, 2011). According to the study, it is common among the general population to think that depression might be a medical condition, but in spite of this, people with depression should “pull themselves together” (p.

44). Even though depressed individuals are not entirely held responsible for their condition, they are nevertheless expected to take responsibility for their recovery. In addition, dangerousness, irresponsibility, and unpredictability are attributes associated with individuals with psychiatric disabilities. (Aromaa, 2011.) These prejudices are common in surveys on general attitudes in other countries as well, and the role of cinema, television, and news media in producing and perpetuating these stereotypes has been extensively documented (Granello, Pauley, & Carmichael, 1999; Wahl, 2003).

The psychiatrically disabled subjects are endowed with a two-faceted stigma consisting of, firstly, the fear of the violence of the psychiatrically disabled individuals; and, secondly, the fear that individuals (diagnosed) with psychiatric disabilities benefit from or even exploit the public mental health care system, gaining all kinds of accommodations, services, and advantages. Similar to racism, the logic of ableism is inherently paradoxical. In Finland, many racist statements are based, on one hand, on accusing immigrants of stealing the jobs from the “true Finns,” and, on the other hand, accusing immigrants of exploiting the welfare state.ⁱⁱⁱ The psychiatrically disabled face similar accusations. They are accused of consuming tax money through their use of the public healthcare system, while public healthcare is fiercely criticized every time the media reports a violent crime (and this does not even require the suspect being explicitly identified as psychiatrically disabled by the media). This criticism is often mediated through commonplace statements such as, “this is what you get when you put mental patients into non-institutional care.” Following this line of thought, the psychiatrically disabled individuals receive psychotherapy and other forms of therapy too easily, while on the other hand it would be best for the public safety if these individuals would be locked up.

The equivocal absence of pleasure: Depression and affect

Within the discourses of psychiatry and psychology, the question of pleasure is pivotal in the definitions and diagnostic criteria of mood disorders:

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. . . .Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation). (American Psychiatric Association, 2013, p. 160, emphasis added.)

Even though the decreased capability or total inability to experience pleasure is a pivotal symptom in the depression diagnosis, and one that is well-known for the general public, there nevertheless remains a doubt regarding the secret pleasure of the depressed individuals: the chemical bliss provided by medication and the complacent submersion in the indulgence of self-pity. Furthermore, due to their association with art, entertainment, and celebrity lifestyle, certain mood disorders have become appealing or even desirable—to the extent that non-disabled individuals have contacted their doctors, expressing their desire to be bipolar (Pryal, 2011).

The nineteenth century–psychiatrist François Leuret reasoned that in the core of mental illness lies a three-faceted experience of enjoyment: the enjoyment of asylum, the enjoyment of being ill, and the enjoyment of having symptoms. Because this component of enjoyment prevents the actualization of the cure due to the patient’s reluctance to depart with it, Leuret concluded that the patient must be deprived of all the pleasure in order to deliver him/her from the illness. Towards the end of the century, psychiatric disability posed a new menace to society: the development of the health insurance systems turned illness into something profitable. This rendered every patient a potential malingerer, and called for a whole technology of interrogation and verification for preventing attempts to simulate illness. (Foucault, 2006b.)

The development of medical science in the last centuries has produced instruments for visualizing different pathologies, including x-ray, PET (positron emission tomography), ECG (electrocardiography), MRI (magnetic resonance imaging), EEG (electroencephalography), and MEG (magneto–encephalography). While the imaging technologies has made it possible to see viruses, microbes, bone fractures, and tumors previously invisible to human perception, psychopathological conditions have remained unclear regarding their visual appearance. However, the difficulties regarding visualizing psychiatric disability have not diminished the desire to see mental illness (Eisenhauer, 2008b). The use of brain imaging technology in the study of mental illness has implied a correlation between and abnormal activity in certain areas of the brain. The findings are not very accurate, however, and the difficulty of imaging psychiatric disability through the current technology amounts to difficulty in recognizing it as a legitimate disability on the level of the social.

A fairly recent source of vexation for the public imagination emanates from the

development and employment of the SSRI (selective serotonin reuptake inhibitor) medication in the treatment of psychiatric conditions. On one hand, the whole medical industry is accused of developing and marketing medicines that do not really work. On the other hand, people who use medication for psychiatric disabilities are encountered with criticism, often disguised as concern. We get warned about the addictiveness of these medicines: “Do you really want to use that medications for the rest of your life?” Another problem is the assumed pleasure provided by psychoactive medication, embodied in common remarks such as: “we all have hard times in our lives, but using medication is not the solution” or “those pills may alleviate the symptoms, but they do not remove the illness itself” or “that’s the easy way out.” These comments exemplify the anxiety around excessive enjoyment of the disability. The public imagination is inclined to believe that mood stabilizers do not work, yet at the same time it is tormented by the possibility that through medication the psychiatrically disabled subject might obtain access to some ultimate enjoyment—one they do not deserve.

Depression, reality, and the real

The image of the psychiatrically disabled subject in the public imagination is informed, firstly, by the suspicion regarding the status of psychiatric disability as a verifiable medical condition, and, secondly, by the phantasmatic pleasure(s) derived from being disabled—or being perceived as one. Because of its invisibility and its ambiguous status as an illness, psychiatric disability always evokes the concern of a hoax: anybody could feign or perform psychiatric disability. On the other hand, there always remains a fear that out of this group of potential frauds, a lunatic might emerge with an unpredictable and mindless homicidal rage. The element of enjoyment has multiple implications in the constitution of the image of a psychiatrically disabled subject: the enjoyment induced chemically by medication, the enjoyment in self-pity and the attention and sympathy gained through it, and the concealed enjoyment of an individual feigning psychiatric disability.

Why is psychiatric disability, major depressive disorder for instance, so difficult to perceive as real by the non-disabled? Perhaps it is because it can never be accessed on the level of the real. On the contrary, it is Real, unsymbolizable, and a moment of extreme subjectivity (Foucault, 2006a). Could it be the omnipotence of madness that evokes the vexation among the non-disabled? Omnipotent, not as in the sense of a 19th century asylum inhabitant claiming to be Napoleon or some other sovereign, but rather as a being

unsymbolizable, forever fleeing the violence of signification. Even when the entire repertoire of technologies for psychiatric imaging and diagnosis is employed, the navel of my depression remains ungraspable, for the medical gaze and for myself. The depression oscillates between the Imaginary and the Real, failing to make sense within the Symbolic Order. The strategies of psychiatry and psychology in recognizing depression are merely operating on the level of the signifiers, encircling the Real of the disability but never traversing the gap. I argue that it is this fundamental unknowability of madness—for a subject, any subject, whether disabled or non-disabled—that causes anxiety over psychiatric disability in the public imagination. The Other will never *know* my *jouissance* and neither will I, because it is beyond knowing; it is *my* “carcass of night” (Foucault, 2006a, p. 542).

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ⁱ For example, John Derby has criticized the use of psychoanalytic theory in art education research due to its origin in the practice of clinical psychoanalysis, which is determinately located in the sphere of medical, and is therefore inherently ableist. (Derby, 2009) Goodley notes that within the field of disability studies, psychoanalytic theory has not been explored extensively (as cited in Walters, 2011)—apparently due to the very reasons Derby stated.

ⁱⁱ The Real refers to one of the three registers through which Lacan theorized the functioning of the unconscious: the Imaginary, the Symbolic, and the Real.

ⁱⁱⁱ This is exemplified in the racist claims made by the member of the Parliament of Finland Pia Kauma (the National Coalition Party) in the Fall of 2014. She expressed her concern regarding the assumed injustice residing in welfare policies, due to which immigrants in Finland supposedly receive more money for buying expensive baby carriages than native citizens. Kauma's accusations were immediately disputed by Marja-Leena Remes, the director of family and social services of the City of Espoo. (Rigatelli, 2014.)