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Drug Addiction and Social Discourses*

Rita de Cássia dos Santos Canabarro
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This article analyzes the various discursive positions found in the phenomenon of addiction. The relations these discursive positions establish with the discourses of the master, the hysteric, the university and the capitalist are discussed. By analyzing material from clinical listening at a public outpatient drug and alcohol rehab center, it was seen that addiction can be described in different discourses. This article shows that the shift of focus from the symptom to the discursive position of the subject is an indicator for the clinical treatment of addiction.

Key words: Addiction, psychoanalysis, discourse, symptom

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Introduction

When listening to subjects, psychoanalytic practice meets different discursive positions on drug addiction. This paper analyzes these discursive positions connecting them with the five discourses proposed by Lacan: the discourses of the Master, of the University, of the Hysteric, of the Analyst and of the Capitalist. However, this paper will not focus on the discourse of the Analyst, for the work of Marta Conte (2003a), *A clínica psicanalítica com toxicômanos: o “corte & costura” no enquadre institucional (Psychoanalytic practice with drug addicts: the “cut & sew” in the institutional frame)*, has already detailed this relation.

The analysis of these different discursive positions was based on material from clinical listening carried out by one of the researchers with therapeutic groups in a Center for Psychosocial Attention – Alcohol and other Drugs (CAPS-ad).

The Discourse of the University – Drug Addiction as a Nosological Classification

The discourse of the university “in its fundamental disposition shows where the discourse of science is grounded” (Lacan, 1969-1970, p. 97). Some of the best known products of this discourse are the nosological classifications, which are of current use and have already become part of popular language. Several people nowadays use classification of diseases handbooks attempting to name their conditions. By identifying with the object of science, individuals

become themselves objects of science. The discourse of science says who the individual is, changing them into an object of knowledge, and, in this action, making the particularity of the subject disappear. The individual knows and recognizes themselves as an object of the discourse of science: they are what science says they are.

Among many drug users, the label of “chemical dependent” and/or “drug addict” constitutes their identification, for they appear when users introduce themselves to the therapeutic group, as for instance: “I’m XXX, *chemical dependent*, abstinent for XXX days”.

It’s not me, it’s not him, him or him that says that addiction is a disease. It’s science that says that. (Speech from a patient from the *Weekend Preparation Group*).

I’m addicted, obsessive, compulsive and I suffer from a progressive disease. (Speech from a patient from the *Weekend Preparation Group*).

This disease of us, this compulsion for the drug. (Speech from a patient from the *Weekend Preparation Group*).

This appropriation of the terms “drug addict” and “chemical dependent” by the drug user represents the lack of a symbolic trace capable of identifying the subject. Such an appropriation reflects an alienation to a socially produced signifier (Conte, 2002).

The term “Drug addiction” was coined by the discourse of the Master in the 19th century, when it was then represented by the alienist physician. Since then, the signifier drug addiction/drug addict acquired an identifying value for some subjects, becoming the object of a choice (Santiago, 2001a). In the face of the standstill of a neurosis or even a psychosis, drug addiction can be seen as a possible resource.

The identifying value of drug addiction only became possible after some work of the scientific discourse on narcotic substances. “Because of its principle of writing, science commands in the level of the signifier, in the level of the letter, a depuration of everything that relates to the effects of signification” (Santiago, 2001a, p. 185). Science transforms substances that produce the effects of drug addiction into chemical formulas, thus neutralizing the *jouis-sens* (enjoy-meant), which oriented pre-scientific knowledges on drugs. By neutralizing the *jouis-sens* (enjoy-meant), science appropriates the drug and converts it into a product emptied of meaning for the subject, who is under the bar in the discourse of the University. The way how certain subjects use this product of science reflects a quest to suspend, at least provisionally, subjective division. Thus, as the subject becomes a product of *jouissance*, the object that presents itself as a nosology is the one who actually enjoys (*jouit*).

The Discourse of the Hysteric – Drug Addiction as a Subtraction from the *Jouissance* of the Other

In some works, such as the one by Alberti, Inem and Rangel (2003), the drug addict is seen like the hysteric, as the one who interpellates the master through their symptom. However, we must question the existence of this interpellation in drug addiction. In resorting to drugs, does the addict interpose to the capitalist, just like the hysteric in the face of the master?

Although the addict may believe that by using drugs they are depriving the Other from a *jouissance* that consumes them as a subject, the path that the drug addict takes throws them impetuously into a subjection process even worse than the one that submits them to the desire of the Other (Petit, 1989). In this regard, reading the addict as a hysteric subject that aims to bar the *jouissance* of the capitalist, the contemporary master, is troublesome since the dimension of desire, characteristically present in hysteria, appears to remain unresolved in drug addictions.

Several different researchers (Conte, 2001, 2003a, 2003b; Le Poulichet 1996, 2005; Petit, 1989; Santiago, 2001a) argue that the search for drugs by addicts reflects an attempt of moving away from the effects of the Other and their demands. To psychoanalysts, it is possible to confirm that in drug addiction, either the lack was not inscribed in the symbolic register – in which case the drug works as a prosthesis of the symbolic instance –, or it needs to be forgotten – when the drug works as a defense against the symbolic instance.

Although the dimension of desire remains connected, intrinsically, to a lack that can not be fulfilled, the addict sees in the drug a reference to the object. Thus the logic of drug addiction turns the lack into a physical presence. This in turn allows us to articulate drug addiction with the discourse of the hysteric. In this dynamics, the drug presents itself as necessary for the continuity of the assemblage of addiction, whereas desire, by referring to a way how the subject identifies themselves with the lack, remains anesthetised.

The Discourse of the Master – Drug Addiction as a Symptom

The discourse of the Master (the dominant discourse) has as its end to make things move forward, whereas the symptom is just what disturbs this movement. Symptom is what comes from the real and it is the real that interposes itself to stop things from moving forward, in the sense of accounting for themselves, in

a satisfying way for the Master. The real is what never refrains from repeating itself to disturb this movement (Lacan, 1974).

Symptom is therefore the manifestation of the real in our level of living beings (Lacan, 1975, p. 77), a real that refers just to what we lack entirely, to what we are completely separated from ever since our insertion in the linguistic universe. As Lacan (1971, p. 63) reminds us, language “has its reserved field in the hiatus of sexual relation, as the phallus leaves it open” “therefore the swarming of symptoms, because everything is bound to that” (Lacan, 1975, p. 77).

According to Santiago (2001a; 2001b), science nowadays offers chemical operators that can become regulators of libidinal economy itself, which has as its only finality to provide satisfaction in a bodily level. The use of drugs as *gadgets* represents a “bodily technique” to the subject, a technique that can be considered a “special surplus-*jouissance*” because of the way how the excesses of *jouissance* are captured – a way which is generated by the use of narcotic substances. Intended to provide satisfaction, this technique acts by trying to recover the part of *jouissance* lost at the moment when the subject was inserted into language.

In this context, because of the closeness between real and symptom and of the understanding of symptom as that which interposes itself to a discourse, drug addiction can be considered a social symptom. It is possible for us to think that drug addiction somehow reveals *a lack pertaining not only to the discourse of the Master, but to any discourse*. Drug addiction shows us that there is always a lack in the discourse, that something is always lost: the *surplus-jouissance*. The only way to avoid losing the *surplus-jouissance* in the discourse is orienting it to the body, as the drug addict does.

We should remember that, according to Lacan (1974), there is only one social symptom: the one that does not produce a social bond. Thus, social symptom does not produce a discourse but interposes itself to one, that is, to the dominant discourse. Lacan (1969-1970) uses the term “dominant” in each of the discourses to designate the one that is in the place of the agent, meaning the one that acts, the employee. By interposing itself to the dominant, social symptom interposes itself to the bond that exists between the *loci* of the agent and of the other, causing a rupture in the bond, i.e., a rupture in each of the four or five forms of social bonds.

Social bond, as a *conditio sine qua non* of civilization, reflects the connection between the subject and the Other. As an expression of desire the demand is always double, since beyond the demand for satisfying the need, there is the demand for a surplus, which is eventually a demand for love. This desire for the desire of the Other is expressed in the desire for a rediscovery of a mythical satisfaction, in which the child was completely satisfied, without demanding or waiting. Something is lost in the difference that is established

between what is immediately given to the child, with no psychical mediation, and what is mediately given as supposed to be demanded.

Through this movement demand also becomes *the Thing – das Ding* – of which the child desires the desire, that none of their demands will be capable of signifying adequately. From that we have the discontentment with civilization: from the insertion in the symbolic universe onwards there is no other alternative for man but to be content with always partial satisfactions, consequences of the division worked by language. In a way, drug addicts, who insist in the possibility of a reunion with mythical satisfaction, seek to erase this division. In the face of situations that actualize human fallibility, drug is presented as a way to deny it.

That's it. We anesthetize ourselves. We use drugs to anesthetize ourselves and not to think about that thing (about situations that make them frail, such as when they get sick). (Speech from a patient from the *Weekend Preparation Group*).

I use drugs to forget the consequences of life. (...) I know each has their own problems, that each does drugs for a reason that is not the same as mine. I use it to forget my problems. And I use marijuana, cocaine, crack, whatever shows up! (Speech from a patient from the *Weekend Preparation Group*).

Drug addicts see frustrating situations – situations that to some extent place again the question of castration – as unbearable situations. In the face of such circumstances the relapse, or the return to drug abuse, becomes frequent.

I had a disappointment with a bitch this week. I even relapsed after that. (The patient saw an ad in a newspaper about a dog of the same breed of the one he had with his ex-fiancée. Going with his parents to buy the dog, he saw it was a breedless dog.) When I arrived home I thought I was going to snort ten *reais*¹ of cocaine to anesthetize myself but then things went out of control! Even crack I smoked! (Speech from a patient from the *Weekend Preparation Group*).

Drug use is one of the main ways of avoiding direct contact with reality, which makes it a basically self-dependent action (Freud, 1930). With just the use of an intoxicating substance the individual pushes away every misfortune, thus becoming immune to what may cause suffering.

I've spent a lot of time running away from others
without realizing I was running away from myself.
Drinking in my life was like that,
I used to think that other people were

1. Real is the Brazilian currency.

moving out of my life without realizing
I was the one moving away
from other people and even from myself.
(Text written by a patient in the *Writing Workshop*).

I walked through a field in a green valley. I climbed rocks and disappeared.
Now I'm here in the middle of the forest so close to myself and so far from
everything I used to be close to. I don't see any longer the smoke of the
civilization that used to mistreat me.

But in this walk I've undertaken, and in the good sense of being here so
in peace meditating in the fresh air, I simply think about this malaise of having
to go back.

To get out of myself in the middle of this forest to having to breathe again
that civilization smoke. (Text written by a patient in the *Writing Workshop*).

The Discourse of the Capitalist – Drug Addiction and Virtue's Struggle with the Way of the World

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In the discourse of the capitalist, the subject, occupying the place of agent, establishes a straight relation with the object, which in turn occupies the place of production. This relation leads us to believe that it is possible for the subject to access the surplus-*jouissance* in an immediate way, without mediation. Such considerations allow us to survey some of the possible implications of this discourse. If we follow Lacan's steps and make use of the aristotelic logic of Propositions, the same used by the psychoanalyst in the establishment of sexuation formulas, we may affirm that the premiss or the Universal Proposition of the discourse of the capitalist states that "all will is power", once this discourse announces that it is possible to access the surplus-*jouissance* through the possession of certain objects, the so called *gadgets*. Thus the subject, immerse in the discourse of the capitalist, has the delusion that they are agents of discourse and, therefore, believes that the surplus-*jouissance* is possible.

If we consider that drug addiction, as a social symptom, contradicts the dominant discourse, the one of the capitalist, we may claim that it shows that "some will is not power", since surplus-*jouissance* is structurally unreachable. Hence drug addiction can be analysed as if it established a logic relation of *Contradiction* with the discourse of the capitalist. Through this understanding, one can conclude that drug addictions, by contradicting the discourse of the capitalist (through its denial), acknowledge its very existence – once in the logic relation of contradiction the universal statement and the particular statement can

neither be both true nor both false. When one is true the other is necessarily false. The universal affirmative is pure enunciation of discourse. “Nothing goes against any logical enunciate that is identifiable, nothing but the observation that ‘There is ... that does not’. This is the negative particular statement. [...] This is the only contradiction that we can do against the assertion that this is an essential fact” (Lacan, 1971, p. 102-103, emphasis by the author). It is through contradiction that one can reach the true proposition, it is, the valid one. Our hypothesis is that drug addiction is located in a locus of exception, once it imposes a limit to the capitalist discourse and denounces its delusional character.

The drug addict, representing the particular negative statement contradicts the “All will is power” discourse, but in doing that, the content of the universal statement, which was pure enunciate, begins to exist. Thus to the same extent they denounce the emptiness of the existence of universality, they ensure existence to the content that is object of the universal statement. Freud (1925) had already showed, clinically, the logic function of a negative proposition that is, as its effect, to ensure existence to its content.

By following this path, we ask ourselves about the possibility of postulating drug addiction as something that refers to one of the three modalities of modern individualism as proposed by Hegel in *Phenomenology of the Spirit*. Here we refer to the third form of individualism: “virtue and the way of the world”. For the consciousness of virtue, the law is what is essential, and individuality is what is to be sublated (*Aufzuhebende*), but individuality is therefore to be sublated in its consciousness as well as in the way of the world. With the idea of complete sacrifice of individuality (no matter if one dies in the pursuit), consciousness wants to override the individual selfishness to allow the order to appear as it truly is. True discipline solely consists in the sacrifice of one’s entire personality as proof that personal consciousness is not in fact still fixed on minutiae (*Einzelheiten*). Virtue’s purpose is to invert the inverted way of the world and to bring out its true essence. “The sacrifice itself already implicates, for this individuality, the beginning of rectification of the perversion that is in the world” (Eidelsztein, 2008, p. 92).

We can see drug addiction as the sacrifice of the own personality to prove that the way of the world is wrong because ruled by the hand of free individuality. The virtue struggles against the individuality in favor of true essence. Intoxication represents the good and true in itself. The sacrificed personality represents the addict. They denounce, with their own ruin, that individuality is wrong.

To the same extent that the addict acknowledges the existence of the discourse of the capitalist, they unveil the deceptive nature of this discourse by contradicting it. It is through the implication of their body, through intoxication, that the addict does this unveiling. To indicate the delusion in the discourse of the

capitalist, the drug addict involves their own body; the addict makes use of objects produced and explored by capitalism in an attempt to reach the absolute *jouissance* promised, and ends up revealing the impossibility that lies there. Clinical listening allows us to read this denunciation in relation to whom and to what surrounds the drug addict:

I grew up seeing evil stuff. And when you're there [drugged] you see only evil, you don't see the other side. (Speech from a patient at the *Weekend Preparation Group*).

God is the only good thing in this shitty world! (Speech from a patient at the *Weekend Preparation Group*).

Humanity is selfish. (Speech from a patient at the *Weekend Preparation Group*).

In this consumer society where people have so many things to do people are just not in the mood to listen to others. (Speech from a patient at the *Weekend Preparation Group*).

This place assumed by the addict for denouncing failures in social bond is what helped us realize the approximation between drug addiction and the third form of individualism as described by Hegel. Yet, by occupying this place, the addict ends up "turning themselves into witness, through their symptom, of the imperatives veiled by and contained in the dominant social discourse" (Conte, 2003a, p. 34).

I feel bad, I feel bad when I drink, because I don't just drink. When I drink I always use something else. And even though I know I'll feel bad and even bad I want more, I want more. I want more of what makes me feel bad. You can't understand that. (Speech from a patient at the *Weekend Preparation Group*).

Thus, when we consider the discourse of the capitalist as the current dominant discourse we can read drug addiction as a social symptom that contradicts such discourse. Drug addictions resist social bonds because they refuse to participate and denounce the delusion contained in social bonds. The capitalist discourse sells the promise that the lost *jouissance* can be recuperated, so that the subject, by acquiring an object, becomes self-sufficient without having to establish any other kind of relationship.

I don't need a friend. I do it all by myself. I don't need anybody. I don't need a mom, I don't need a friend, I don't need anybody. (...) I use drugs by myself. (Speech from a patient at the *Weekend Preparation Group*).

This promise by the discourse of the capitalist may be understood as a possibility of proportion or equivalence of *jouissance* in sexual relation. According to Lacan (1971-1972, p. 83), the delusion of the sexual relation in the speaking

being is set off by everything that materializes the Universal. We may affirm that addictions materialize the Universal statement through the paradoxical positioning of a *jouissance* in the body without the mediation of language.

The PST Discourse

In a speech in Milan in 1972, the same occasion in which he announced the discourse of the capitalist as a substitute for the discourse of the master, Lacan predicted the possibility of a new discourse which would substitute the discourse of the analyst later on. Lacan feared for the future of the discourse of the analyst, since “another thing” would eventually appear to support the position of the semblant at the service of the discourse of the capitalist. This “other thing” Lacan called “PST discourse”. “This will be in accordance with the way how, as it is said, Freud saw the importation of psychoanalysis by America: that would be a PST discourse [PSychoTherapy]. Add an “E” there and you will have PEST [PESTherapy]” (Lacan, 1972, unpublished). Without giving further details about this PST discourse, Lacan exposes his presentiment about the future of psychoanalysis in a world immerse in the discourse of the capitalist and led by the discourse of science.

What we see today, a little more than a century after the invention of psychoanalysis, is the questioning of psychoanalytic knowledge in the face of certain therapies that claim to be faster and more effective in the treatment of many different psychic affections. Many defenders of these new therapies, by claiming that they descend from psychoanalysis, confirm what Lacan had already said more than forty years ago. For Sauret (2009), as the opposite of psychoanalysis, which looks for the subject and their particularity, the new pest disregards anything that may refer to the particularity of the subject.

By not providing the mathema of this new discourse that is to come, Lacan (1972) allows us to develop our hypothesis in relation to what has been said in Milan. Lacan formulates the discourse of the capitalist based on a crossing between the terms situated on the left side of the discourse of the master. If PST discourse is the substitute for the discourse of the analyst, and if we follow the same logic as Lacan when he formulated the discourse of the capitalist, we will have the following matheme:

$$\frac{S_2}{a} \rightarrow \frac{S}{S_1}$$

As a result of the cross between the terms situated on the left side of the discourse of the analyst, we will have knowledge in the position of agent which, in this case, refers to the knowledge constituted in science. Based on this knowledge, the psychotherapist turns him/herself to the subject, located in the place of the other, recommending that they assimilate the master signifiers of this discourse, it is, psicopharmacs and nosological classifications. The classifications are provided to the subject with the purpose that they may explain what afflict them. In the face of a specific classification, the medical therapy – already pointed out as effective in randomized studies, double-blinds and controled placebos – is then proposed.

I found out things [after beginning treatment] that I didn't even know I had: Bipolar Disorder. I didn't know that what I felt was because I was bipolar. (Speech from a patient at the *Weekend Preparation Group*).

By assuming these master signifiers, the subject maintains their own primordial signifiers, those peculiar to them, each time more and more repressed under the bar. The *object a*, as the cause of desire, also emerges under the bar, but in the place of truth; there is no need for the patient to say what she feels, for it will always be translated as scientific knowlegde, silencing everything that troubles the subject.

Final Considerations

By making progress in the study of drug addictions, through psychoanalytic method, we found that, in relation to the phenomenon of drug addiction, subjects in treatment place themselves in the perspective of different discursive positions. Besides, we also find evidence that the theory of the four discourses provides a consistent conceptual framework for the analysis of drug addiction.

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Resumos

(As toxicomanias e os discursos sociais)

O presente artigo visa a analisar as diferentes posições discursivas verificadas no fenômeno das toxicomanias. O trabalho realiza uma avaliação das relações que essas posições discursivas estabelecem com os discursos do mestre, da histérica, do universitário e do capitalista. Através da análise do material oriundo da escuta clínica em um Centro de Atenção Psicossocial – Álcool e Outras Drogas, pôde-se verificar que as toxicomanias podem ser enunciadas por distintos discursos. Este trabalho mostra que o deslocamento do enfoque do sintoma para a posição discursiva do sujeito é um indicador para a clínica das toxicomanias.

Palavras-chave: Toxicomanias, psicanálise, discurso, sintoma

(Les toxicomanies et les discours sociaux)

Cet article porte sur les différentes positions discursives observées dans le phénomène des toxicomanies en analysant les rapports que ces positions discursives établissent avec le discours du maître, de l'hystérique, de l'universitaire et du capitaliste. L'analyse du matériel recueilli par moyen de l'écoute clinique dans un Centre d'Attention Psychosocial (Alcool et Autres Drogues) montre que les toxicomanies peuvent être énoncées par de différents discours. Ce travail défend d'ailleurs que le déplacement de l'accent du symptôme à la position discursive du sujet est un indicateur pour la clinique des toxicomanies.

Mots clés: Toxicomanies, Psychanalyse, discours, symptôme

(Las toxicomanias y los discursos sociales)

Este artículo tiene como objetivo analizar las distintas posturas discursivas que se encuentran en el fenómeno de las toxicomanías. El trabajo presenta una evaluación de la relación que estas posturas discursivas establecen con los discursos del maestro, de la histérica, del universitario y del capitalista. A través del análisis del material procedente de la escucha clínica en un Centro de Atención Psicosocial – Alcohol y Otras Drogas, se pudo verificar que las toxicomanías pueden ser enunciadas por discursos diferentes

que tienen distintas perspectivas. Este trabajo muestra que el desplazamiento del enfoque sobre el síntoma hacia la posición discursiva del sujeto es un indicador para la clínica de las toxicomanías.

Palabras clave: Toxicomanías, psicoanálisis, discurso, síntoma

(Toxikomanien und soziale Auffassungen)

In diesem Beitrag sollen die verschiedenen Auffassungen bezüglich des Phänomens der Toxikomanien erläutert werden. Die Untersuchung besteht in einer Auswertung der Beziehungen dieser Auffassungen mit den Auffassungen des Meisters, der Hysterica, des Studenten und des Kapitalisten. Durch Untersuchung von klinischem Anhörungsmaterial einer Klinik für Psychosoziale Betreuung – Alkohol und andere Drogen konnte festgestellt werden, dass die Toxikomanien von verschiedenen Auffassungen her betrachtet werden können. Diese Untersuchung zeigt, dass die Schwerpunktverlagerung vom Symptom zur Auffassung des Subjektes ein Hinweis für die Klinik der Toxikomanien ist.

Schlüsselwörter: Toxikomanien, Psychoanalyse, Auffassung, Symptom

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