

CONTRIBUTIONS OF PSYCHOANALYTIC THEORY TO UNDERSTANDING DRUG ADDICTION

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This is a theoretical discussion of qualitative research, based on an analysis of the theoretical output produced in certain proposals for interventions into drug addiction, analyzing certain categories that have been formulated based on psychoanalytical theory. The aim is to introduce contributions based on psychoanalysis that enable the approaches that have been made to the phenomenon to be questioned and to establish a novel intervention attempt at intervention for drug addiction. The study is committed to reinstating the subject into the field of the intervention, currently centered on the object, drugs. This commitment to the subject enables us to reflect on the proposal of the desire that drives addiction and enables us to think about the ways it can be satisfied.

Descriptors: Substance-Related Disorders; Psychoanalysis; Unconscious (Psychology).

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CONTRIBUIÇÃO DA TEORIA PSICANALÍTICA PARA A COMPREENSÃO DA TOXICOMANIA

Trata-se de uma discussão teórica a partir de pesquisa qualitativa, sustentada em uma análise da produção teórica elaborada dentro de algumas das propostas de intervenção na clínica das toxicomanias, tendo como ponto de análise algumas categorias formuladas a partir da teoria psicanalítica. Pretende-se introduzir contribuições a partir da psicanálise que permitam questionar as abordagens que se tem dado ao fenômeno e estabelecer alguma tentativa inovadora de intervenção para as toxicomanias. O trabalho é uma aposta para restituir o sujeito no campo da intervenção, atualmente centrada no objeto droga. Esta aposta pelo sujeito permite estabelecer uma reflexão sobre o desejo que se organiza no vício e possibilita pensar sobre os modos de satisfação.

Descritores: Toxicomania; Psicanálise; Inconsciente (Psicologia).

APORTES DE LA TEORÍA PSICOANALÍTICA PARA LA COMPRENSIÓN DE LA TOXICOMANÍA

Se trata de una discusión teórica desde la investigación cualitativa, sustentada en un análisis de la producción teórica que se ha elaborado en el interior de algunas de las propuestas de intervención en la clínica de las toxicomanías, tomando como punto de análisis algunas categorías formuladas desde la teoría psicoanalítica. Se pretenden introducir contribuciones desde el psicoanálisis que permitan cuestionar los abordajes que se le ha venido dando al fenómeno y establecer alguna tentativa novedosa de intervención para las toxicomanías. El trabajo es una apuesta por restituir al sujeto en el campo de la intervención, actualmente centrada en el objeto droga. Esta apuesta por el sujeto permite establecer una reflexión a propósito del deseo que se organiza en la adicción y posibilita pensar sobre los modos de satisfacción.

Descriptores: Trastornos Relacionados con Sustancias; Psicoanálisis; Inconsciente (Psicología).

Introduction

The approaches that have been made to intervening in the phenomenon of addiction to psychoactive substances can be classified into two groups: the prohibitionist focus, the basic premise of which is to eradicate consumption and in which treatment proposals are directed at suppressing the drug and curing and rehabilitating the patient; and the harm reduction focus, which has appeared recently in the form of a proposed policy to reduce the harm associated

with consuming such substances, such as the spread of HIV through sharing needles and losing work or dropping out of school, among others, the basic objective of which is not abstinence on the part of the consumer. What is noteworthy is that both approaches are focused on the drug and annul the subject as a field of intervention, as well the fact that, currently, neither form of approaching the phenomenon appears to be effective. What, then, can psychoanalysis add to understanding addiction and drug addiction?

The phenomenon of drug addiction has not been outside of the psychoanalysis movement that has been occupied theorizing about certain aspects enabling the etiology to be taken into account and have elaborated certain postures concerning a possible clinical approach. So far there is no consensus on the psychoanalysis framework that accounts for this phenomenon, be it a symptom, some type of discomfort, a *passage à l'acte*, a manifestation of the death instinct or whether there is any clinical structure in which drug addiction is privileged as with perversion, psychosis or neurosis. However, from the route psychoanalysis has already taken with this topic, it is possible to introduce certain notions and categories that contribute to understanding drug addiction and the way in which the phenomenon has been approached.

When talking of psychoanalysis, though, it is difficult and inconvenient to exclude the theoretical planning of the one who invented it. Thus, certain points on “intoxication”, raised by Sigmund Freud, will be introduced and the contributions they have made to studying the approaches to this phenomenon. Likewise, following the historical development of one of the strands of psychoanalysis, the aim is to study some new features that have been introduced recently by some lay authors*.

Freud's contribution to intoxication

In the pre-historical period of psychoanalysis, Freud's work on the effects of cocaine chloride stand out, work in which we can identify his medical and personal interest in this substance. Freud conducted a series of experiments with cocaine, administering it to himself, enabling him to develop a series of theories. This proximity to the hallucinogen resulted in his giving cocaine a privileged place in his particular way of referring to the substance. Some sections of his text entitled “Über Coca”⁽¹⁾ from 1884, stand out. This text is a collection of his reflections on this experience, from which we intend particularly

to emphasize the extraordinary dimension which Freud adds to the object, coca.

In the above mentioned text, Freud presents a study on cocaine chloride, highlighting its history, its medicinal effects, its anesthetic properties, its effects on animals and how it increases the subject's capacity to work. He then presents cocaine chloride as an object worthy of attention and animatedly describes with fascination its effects, suggesting that he favors consumption of this narcotic for the great benefits it imparts. Freud maintains a belief in this object's magical properties and it is evident that “Freud's personal interest in this drug transmits his enthusiasm, euphoria and illusion concerning its powers to resolve whatever ails.”⁽²⁾ This is worth noting as it marks the starting point for Freud's perception of psychoactive substances, viewing these as great objects producing various delightful sensations, besides being a powerful medicine able to solve the most enigmatic conditions.

Jean Allouch⁽³⁾ proposes that the explanatory context in which this initial work of Freud is framed is in the traumatic medical model sustaining all medical work at that time. This model proposes that each condition corresponds to the existence of an injury to an organ in order to establish cause, and this organ has not been fully identified. Thus, for what were then known as nervous illness, it was supposed that some part of the brain had been injured. Contextualized in this model, Freud supposed that cocaine had an effect on the supposed injury causing the disorder. In “Über Coca”, this is how he describes the medicinal properties of cocaine for a diverse range of conditions that had no established explanation at the time, such as hysteria, melancholy, inhibition and hypochondria, among others. For Freud, cocaine functioned as a powerful medicine capable of counteracting various illnesses, a quality that established cocaine in a superior position compared to the other medicines, as merely administering cocaine would cure them all.

Likewise, Freud stated that rather than causing addiction, cocaine could actually be used as a medicine in overcoming morphine or alcohol dependence, if administered in small doses.

“It seems to me worth pointing out – what I and others capable of judging such aspects have discovered – that neither a single dose nor

* Oriented by the teachings of Jacques Lacan, French psychoanalyst.

repeated doses of coca produce an overwhelming desire to use the stimulant again; on the contrary, one experiences a certain unmotivated aversion to the substance.”⁽¹⁾

From the beginning of his approach to cocaine chloride, Freud does not confer the capacity of creating addiction on the substance, but rather appears dazzled by the powers he sought from it.

Freud describes in detail the effects of cocaine on the human body, of which only certain ones will be highlighted in the analysis proposed here. He argues that doses of 0.05 to 0.10 milligrams of cocaine chloride produce a feeling of optimism not present in the normal euphoria of someone who has not consumed it, and the explanation of this phenomenon is that the coca does not directly stimulate the body in the manifestation of euphoria, but rather makes the elements that cause depression, impeding the expression of euphoria, vanish. Even more interesting is the antagonistic role allocated to the narcotic:

“During this stage of the effects of cocaine, undistinguished by anything else, symptoms appear that are generally described as coca’s marvelously stimulating power. It is at this point that prolonged, intense labor can be realized, both mental and physical, without feelings of fatigue. It is as if the need to eat and sleep, which would make themselves peremptorily felt at certain points of the day without the coca, are completely eliminated. Whilst the effects of the cocaine last, if one desires, one can eat copious amounts; but one has the distinct feeling that food is unnecessary. Likewise, when the effect of the coca begins to wear off, nothing impedes one from sleeping, but it is possible to overcome the tiredness, without any unpleasant consequences...”⁽¹⁾

One notable aspect is the way of referring to the drug’s effects as *the marvelously stimulating power* that simultaneously allows and does not allow: one can eat or not eat, sleep or not sleep, an aspect that Allouch describes as the lack of limits in consumption. Likewise, cocaine is presented as something which excludes impossibility, prevents faintness, presented from an imaginary place, giving the subject that which he lacks. Freud describes cocaine as an object with superior characteristics, making it an alluring object. What we are talking about here is the sensation the substance gives to the subject,

changing it, in his imagination, into a powerful object capable of creating the illusion of needing nothing. Viewing the phenomenon thus, addiction is not a chronic disease but rather a relationship system between the subject and an object constructed from the imagination, driven by the feeling the subject confers on the narcotic.

What can be concluded from this episode on cocaine presented by Freud in the pre-history of psychoanalysis, is that the view of the substance as a powerful object is an imaginary construct; it is an illusion arising from the sense the subject confers on the narcotic and the place he authorizes it to take in both his psychic economy and in his desire.

Freud’s reflections on the topic of intoxication are not limited to this pre-history of psychoanalysis but continued to consolidate themselves throughout his work. It is worth noting that, as in “Über Coca”, the approach to psychoactive substances is on the level of consumption, not yet that of addiction.

Several of Freud’s works are dedicated to the subject’s relationship with the culture and the possible consequences of this relationship. Freud states that there is a double determination in the subject’s suffering: unconscious and culture. This double determination adds a significant element to the discussion on which this text is based, as in addition to the particularity of the subject, the culture from which the subject constructs his suffering in relation to the possibilities offered also plays an important role.

One of Freud’s most celebrated texts, in which he deals with civilization and its consequences, is “Civilization and its Discontents” (1930 [1929]), in which he also reflects on the role of intoxication for the subject, a far-reaching reflection with great contributions. In the text, Freud states that the aim of life is to pursue happiness, which he presents organized into two aspects: on the one hand, absence of pain and unpleasantness and, on the other, experiencing intense feelings of pleasure. But he argues that, unfortunately, happiness is unachievable as it is in disaccord with the whole world, both in the macrocosm and the microcosm. To these strong words, Freud adds that happiness is merely possible as an episodic phenomenon. Why, however, does Freud argue that permanent happiness

is impossible, as he identifies three sources of suffering that are always present in the life of human beings?

“Suffering menaces us from three directions; from our own body which, destined to fall into ruin and dissolve, cannot do without pain and anguish as warning signs; from the outside world, which can pour its fury on us with enormous, ruthless and destructive force; and, finally, from our ties to other human beings. Suffering from this source is perhaps, more painful than any other;...”⁽⁴⁾

Faced with these three sources of suffering, human beings seek a way to cope with them.

“Life, imposed upon us, is burdensome: it brings us pain, disappointment, impossible tasks. In order to bear it, we cannot do without pain relief. (...) They come, perhaps, in three classes: powerful distractions from our misery; substitute satisfactions, that reduce it, and intoxicating substances that make us insensible to it.”⁽⁴⁾

It is here that Freud’s first reference to substances that influence the body and alter its chemistry appears, seeing these as an alternative to coping with the burden of life and catalogued as pain relief. We are talking about a way out through which to cope with the the discomfort inherent to life and to social ties.

Following this route of intoxication, Freud develops it further.

“...the most interesting methods of forestalling suffering are those that seek to influence the organism itself. All suffering is, in the end, merely a sensation, it does not exist except when we feel it and we only feel it in consequence of certain mechanisms in our organism. The roughest, but most effective, method of obtaining this influence is chemical: intoxication. I do not believe that anyone has penetrated its mechanism, but the fact is that there are substances external to the body, the presence of which in the blood and tissues provide us with sensations that are directly pleasurable, but also alter in such a way the sensitive conditions of our lives making us incapable of registering unpleasantness.”⁽⁴⁾

It is important to point out that Freud had posed two paths to happiness: feeling pleasure and avoiding unpleasantness. For this reason he conferred so much value on the narcotic in the pursuit of happiness, as it is capable of meeting both objectives.

Freud continued to develop this:

“What is achieved through the use of inebriating substances in the struggle for happiness and to escape misery is so appreciated as a great good that individuals and even whole nations have assigned them a fixed position in their libidinal economy. They owe not only the immediate gain of pleasure but also a share of ardently desired independence from the outside world to them. It is well known that, with the help of “quitapenas” to remove sorrow, it is possible to withdraw from the pressures of reality at any moment and take refuge in your own world, offering better conditions of feeling. This notorious property of inebriating substances explains their dangerous and harmful character.”⁽⁴⁾

Certain consequences can be derived from this reflection by Freud. It was shown previously that Freud conferred the power to cause suffering on social ties and now demonstrates that narcotics offers human beings the capacity for independence. This is essential to the extent that it suggests that through the narcotic one can escape from the suffering of reality and Freud had also stated that one of the ways of coping with suffering was to become a hermit. Even more interesting is the double meaning Freud confers on the narcotic: on the one hand, it is a remedy for bearing the unpleasantness stemming from the three sources of suffering, but it is also this remedy that can become venomous for the subject who consumes it. In this way, the narcotic is presented as a remedy and as a poison, for this reason certain authors have named it *Pharmakon*^(**) a substance that contains its own opposite⁽⁵⁾.

Freud presents a further, short reflection in which he argues that there must be some substance in our own body that has an effect similar to that which the drug has on it, as it is known that there is a state in which the subject behaves as if inebriated without having taken any type of narcotic; the state of mania^{***}. This idea of Freud’s also accounts for why, in psychoanalysis,

** Characteristic recognized in certain substances since Ancient Greece. Taken from Plato’s *Phaedrus*, in which the narcotic is both the poison and the remedy.

*** Kind of madness, characterized by general delirium, agitation and tendency to anger ⁽⁶⁾

one talks about toxicomania and not drug dependence, pharmaco-dependence, drug addiction etc. as what is described here is a state of mania provoked by using a narcotic, manifesting capricious concern for said narcotic.

After reviewing these works by Freud, one can now compare them to extract their central theses on which they are based so as to account for what occurs with the subject. First, it should be emphasized that, in both texts, Freud points out two emotional states to which the subject attributes a bodily process that goes beyond the introduction of the drug: Euphoria and Mania. Freud argues precisely, in both texts, that these states can be felt without the need for a toxic substance.

Freud deals with intoxication in two different facets in each text, facets that are related to each other. “Über coca” deals with a problem with desire. The substance is presented as a supreme object that offers the subject the possibility of not needing anything. Using the drug, one can go without eating, sleeping, affection, company, work, rest, etc. as everything the subject needs to be happy can be found in that object. Once in possession of this precious object, there is nothing more to be desired. Whereas in “Civilization and its Discontents” the narcotic presents an escape from the pain and suffering caused by life. The drug object offers happiness. It is, then, presented here as abolishing desire via the illusion of completeness and treating pain through satisfaction.

It is important to highlight that, while Freud confers an important role on the narcotic, what is at stake in both of the texts is the notion of the subject, and the drugs appear in the scene merely as a means of suspending desire and achieving satisfaction.

Some categories of analysis for understanding the phenomenon

Subject

One of the contributions made by psychoanalysis is the notion of the subject. This concept comes from the French psychoanalyst Jacques Lacan, accounts for the unconscious determination that rules human lives. This unconscious determination drives us from the earliest years

of childhood and is subject to one’s own history and the history of one’s ancestors.

It would be wrong to think that, by saying it is determined by the unconscious, psychoanalysis tries to avoid the subject’s responsibility for their actions, on the contrary, psychoanalysis suggests that the subject is at stake in absolutely all that happens in life, in such a way that it gives the appearance of being outside. Freud had said to his famous patient, Dora⁽⁷⁾: what has that got to do with what you’re complaining about?, thus placing subjective responsibility.

This is essential to understanding the topic we are approaching, as introducing the notion of the subject implies ceasing to consider the “patient” in a passive place, putting them in an active place. In the case of drug addiction, then, we are not talking about a victim of drugs, but an active subject who, for some reason, has constructed a special relationship with the drug object: thus the subjective responsibility. In each measure, then, this is not a cause and effect relationship, but rather between cause and effect is the subject doing something with those things.

In this panorama, one of the difficulties in the traditional approach is annulling the subject from the framework of understanding and intervention. In these approaches, the drug is treated as an active entity, with power over the passive subject. The substance is presented as a malign spirit⁽⁵⁾ taking control of the subject’s body, turning him into its servant, creating physical and psychological dependence. Although we are not ignorant of the fact that the substances have an effect upon the body, presented in this way, the subject is excluded from the act of consumption.

Throughout his life, Freud developed this work exposing clinical findings on the psyche. He describes it as a complex device, living in the unconscious to which no physical space or organ representing it can be attributed⁽⁸⁾. This device will be the process enunciating the logic of the functioning of the unconscious, which will later serve as a support on which Jacques Lacan structured the concept “subject of the unconscious”, a term not used by Freud. Yet, “...this belief in the omnipotence of the “Pharmakon-substance”, which treats the psyche as if it were an organ, may well appear as an attempt to eliminate the subject which is the very topic of psychoanalysis!”⁽⁵⁾. The current

attempt to place psyche on the same level as the brain, reducing all mental and thinking processes that occupied philosophers, Freud and other thinkers to a simple, manipulable organ. To that extent, it is in the approaches and models of understanding that constitute an approach to consumption and to the psyche as an intoxicated organ⁽⁵⁾.

Another noteworthy element inherited from social discourses is the fact how patient presents themselves through their consumption: "I'm an addict", "I'm a pothead", "I'm a cokehead", etc. statements that define it as the subject, in which the symptom manifests itself ascribed to the I. This holds difficulties, as the subject is neither a man or woman, child or parent, friend or worker, a subject with desires, dreams, difficulties or symptoms, but rather a drug addict represented by what he consumes.

Etiology of drug addiction

After having introduced the notion of subject, we can see what psychoanalysis can contribute to understanding the phenomenon, continuing what has been worked on from the Freud's perspective.

As indicated previously concerning Freud's reflections evince that there is a central point of desire at stake in drug addiction. Psychoanalysis proposes that the subject is a being with desires, but achieving these desires is an impossible task, as desire always shifts from one side to another. Lacan⁽⁹⁾ proposes that desire appears through accepting castration, which is to say, through accepting that we are incomplete and there is nothing that can complete us, there is nothing that fills us up, makes us think that nothing else exists. The subject keeps looking for an object that makes him feel fully satisfied but is always disappointed, as that longed-for object does not exist, although the subject tries to confer certain qualities upon it that he himself lacks, as in the case of romantic partners.

It seems that something different presents itself in drug addiction, as the subject has the feeling of having found that long lost object that completes him and enables him to dispense with all the rest, thus manifesting that desire is not cyclical. This is the illusion that produces addiction.

"...it is as if they were absorbed in treating an organism, many drug addicts no longer have any interest in their objects of love or even in their own needs. Sexual desire appears to have absented itself, nor does hunger make itself felt. In effect, when certain drug addicts retire from the world to give themselves over to incessantly treating their own body, this is a form of narcissism that only brings them hallucinatory satisfaction."⁽⁵⁾

The subject appears to be trapped in "auto erotic" enjoyment that gives him independence from the outside world, from his own needs and from the objects of his love. A proof of this, as Le Poulichet mentions, is the complaints made during abstinence. The recovering subjects report feeling that something is missing, that they have lost something and this loss gives them pain. "It is, without a doubt, a form of powerlessness that manifests itself when lacking the narcotic, as if instead of modelling itself on signifying chains, the body demands the restitution of an organ that would "link" to the excitement."⁽⁵⁾ The drug addict subject is under the illusion of having created an organ that enables them to suppress desire and eliminate pain, this is exactly how the narcotic operates, a way of dispensing with castration.

We are not talking about the powers of the object but rather the imaginary construction elaborated by the subject to fill his lack. In consequence, hence why certain treatments are concerned with substituting the drug object for another object with supreme qualities.

Psychoanalysis supposes that the subject is constituted from a structural lack, giving him the possibility of desiring, as one only desires what one does not possess. To this extent, we human beings organize our lives based on a series of emotional, work or academic etc. dreams that function as a motor for living each day and unconsciously developing interest in the power to eliminate the lack that is inherent to the subject's condition. Even with desire, however, as conceived in psychoanalytic theory, the condition implies that it is never achieved, as nothing exists that corresponds to it or fills it completely.

We would, then, like to raise more strongly the idea that there is something of desire at stake in drug addiction, and this has great implications on the subjective. "This is arresting desire to dull

the suffering”⁽⁵⁾. As quoted from Freud, above, there is nothing in either the macrocosm or the microcosm to achieve the sought after happiness. The implication for subjectivity is that with the suspension of desire at stake in addiction, drug addiction appears to abandon its condition of desiring subject.

Final considerations

Freud suggests that deciphering the unconscious is like the work of an archeologist who has to excavate ever deeper layers in order to find the precious object lying submerged by the tides of history. In the case of drug addictions, this means working on what lies behind the metaphor of consumption, discovering what corresponds to this act.

In this respect, they may try to establish certain parameters enabling a possible approach. Studying drug addiction evinces the need to center the intervention around the subject, his constructs, meanings and history. From this perspective, the importance lies not in whether the subject consumes or not, nor in what they consume or with what frequency, but rather in the meaning that he confers on this consumption, how it benefits him, how he perceives it.

It is about making the subject the protagonist in order to work on his history, his thoughts and feelings and lack of feelings, without aiming to cure or to help or to resolve the problem, but rather to open up a space for the subject to construct particular knowledge about the act of consuming. “Instead of being about (curing drug addiction), we are led to making new formations appear, containing the subject’s fundamental questions”.⁽¹⁰⁾

It is also about looking at desire, its position as the subject, aiming at locating subjective responsibility. It is about studying the subject of the unconscious, divided through lack, through incompleteness, through being unable to find any element enabling the expected enjoyment to correspond with the enjoyment achieved.

Understanding drug addiction as a subjective construction with its own particular meaning for those who consume, be it a symptomatic formation or an act, requires a change in the therapist’s position, a modification in the way they approach the

phenomenon and the addicted subject. This change of position means no longer viewing addiction as a problem, a scourge, something for the sick or the crazy, and coming to think of it as a subjective phenomenon constructed within a framework of the possibilities the culture offers. Likewise, placing the subject at the center of the intervention also means understanding that the subject of drug addiction can teach us something about the act of consumption. Having said this. A difficulty has to be mentioned, given the complexity of studying drug addiction as in many cases the subject rejects help, has no intention of talking about the act or does not trust in the tie the therapist offers him.

There is another important factor to bear in mind regarding this phenomenon, and it is the relationship between drug addiction and culture. Drug addiction is not a phenomenon that has developed in isolation from the culture, as the consumer society has changed our relationship to objects and our forms of satisfaction, constantly inviting us to an excess of satisfaction through advertising. This cultural transformation has given rise to new forms of unpleasantness and to the appearance of new phenomena.

Likewise, when considering the phenomenon related to the prevailing discourse in each age also implies adjusting the therapist’s attitude, as it would no longer be considered as a disease, a scourge, a problem but rather as an alternative that the subject constructs in order to articulate their discomfort with social ties.

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