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Void and narrative in the clinic of addictions: a theoretical proposal

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Abstract

We propose a connection between the void and addiction via psychoanalysis and current developments in narration in the context of the psychoanalytic clinic. We maintain that the addicted subject is shaped in particular by a relationship to the void evolving from the disruptive effects of the narrative. Our modern era is marked by a parallel evolution towards an unbearable void, to be filled at all costs. The neo-liberal promise of 'filling' the void with consumer objects in turn feeds the illusion of a so-called freedom, based on alienation to the inseparable duos of growth/jouissance and productivism/consumerism.

The void has a multidisciplinary heritage (philosophy, physics, art, psychology) underlining certain aspects of a dialectic of the void that fluctuates between *nothing at all* and *everything as potential*¹. Taking this dialectic into account allows us to construct a concept of the void centred around two types of void: a *narrative void* and an *a-narrative void*. We maintain that the toxic in addiction can be interpreted as a *narco-narrative* that is constructed upon an *a-narrative void*. The clinical implications and technical proposals are briefly explored as openings to a clinical consideration of the void in the field of addictology.

Keywords : void, addiction, narration, historization, subjectivation

¹ Everything as potential considers the void as a condition of existence and movement. Nothing at all refers to the void as nothingness, as "nothing".

Void and narrative in the clinic of addictions: a theoretical proposal**Introduction**

In the field of addictology, the model of addiction as a process resulting from the interaction of several different dimensions is predominant (Olievenstein, 1988). The association of the pharmacological, psychic, neurobiological and socio-cultural dimensions are said to constitute the aetiology of addictive behaviours (Acier, 2019). From a psychoanalytic point of view, addiction is considered as a symptom that masks and reveals a suffering that defies categorization. Addiction appears as a Pharmakon offering a remedy which allows access to pleasure as well as a poison which destroys the subject who consumes it (Le Poulichet, 2011b, 2011a). This paradoxical property of the Pharmakon is connected to our modern era (Acier, 2019). The cult of satisfaction and the frantic and limitless pursuit of *jouissance*² reinforces the process of the addictive consumption of consumable, disposable and ever-renewable objects (Epstein, 2021). Addiction thus aims at plugging an unbearable feeling of emptiness. (Acier, 2019). The void has become an experience to be avoided, both at individual and socio-cultural level.

In this attempt at plugging the void, addiction reveals it, both on the side of the patient (Van Schoor, 1992; Jeammet, 2000; McDougall, 2004; Pirlot, 2008, 2009; Békaert & Podevin, 2015; Cloës, 2017) and the clinician (Giovacchini, 1972). The void creeps insidiously into the relationship with the patient (Giovacchini, 1972, 1975). It attacks the psyche and paralyzes it in return. Virtually imperceptible, the void can take the form of a strange sensation. difficult to recognize, think about and verbalise. Knowing how to understand and think about this void is a major issue in addiction clinics. In this regard, recent studies have demonstrated the importance of exploring the void, including the different types of voids, and their role in the addiction clinic (Chung et al., 2016).

² *Jouissance* refers to different relationships to satisfaction that a desiring and speaking individual can expect and experience from the use of a desired object.

The void is mostly defined in the literature of the field of addictology as a painful and dangerous feeling or experience. However, it seems fundamental to go beyond the void as an *experience* or *feeling* to construct a conception of the void that is useful when thinking about the clinic and inferring technical elements from it. To date, no formulation has led to a conception of the void that can be used in clinical practice. To address this limitation, we propose to explore two forms of the void that have paradoxical links with the concepts of narrative and narration.

The theoretical framework within which we place our deliberations is that of psychoanalysis and current developments in narration in the context of the psychoanalytic clinic (Bourlot, 2010, 2018a, 2020; Pirone, 2017). These developments contribute to replace the question of narration in the metapsychological scope. Moreover, the Lacanian theory of the unconscious structured as a language proposing the idea of a central void in the constitution of the subject will be a precious departure for our theoretical development on the void in the clinic of addiction.

The aim of this article is therefore twofold: clinical, obviously, but also theoretical, by questioning the current conceptions used to consider the void in addiction. By examining the toxic in addiction as a *narco-narrative*, and by proposing a conception of the void that maintains paradoxical links with narrative and narration, we hope to open the way to a broader analysis that avoids reducing the void to a feeling or experience. Our hope is that both clinical psychologists and other professionals in the field of addictology can benefit from an original understanding of the void in addiction. The implications for clinical practice in addiction should thus be evident.

The void in human sciences: interests and limitations

The void is not a unified and homogenous concept. It is not a concrete, well-defined reality or property, but rather a range of heterogeneous elements. The succession, superimposition and intermingling of

void theories developed over the last 2,500 years have, however, contributed to the progress of knowledge (Marage, 1997).

In ancient Greek philosophy, the void was a controversial subject. Pythagoreans thought of the world as finite, attracting to it an infinite void. They admitted the existence of a void enabling the passage from the one to the multiple. Parmenides (6-5 B.C.) took the bases of his thought from the Pythagoreans, and then radically broke away from them by denying the existence of the void. Democritus, Plato, and Proclus, each in their own way, reconsidered the existence of the void that should be accepted (Klein, 2019). The proposal of Democritus (5th century B.C.) that particles move around the void was dismissed by Aristotle on the grounds that the void does not exist. The "horror of the void" then appeared under the influence of Aristotelian thought. Epicurus (4th century B.C.), opposing the Aristotelian theory, described the void as "intangible nature" where atoms find their possibility of being and movement (Epicurus, 1994).

In the tradition of the Greek atomists, contemporary physics agrees in considering motion in a space-time void. In quantum physics, the void is defined as a state in which all fields have minimum energy. Further, contemporary physics teaches that the universe is born of the void, its content is derived from the void, and it is the void that dictates its motion. (Trinh, 2016). Here we find a rationale of the dynamic of the void, where it represents *everything as potential*, which is of particular interest to us, and to which we will return later.

In contemporary Western philosophy, the void is closely linked to negation and non-being. However, the void is not nothingness. (De Vinci, 2000; Nef, 2011; Klein, 2019). In Chinese philosophy, the void is perceived as an indispensable element for the creation of energy, *ki* (Cheng, 1991). The Tao considers it as pre-existing in the world, that is, as a fundamental original state, organising the world and the life

of Man. Once again, we shall opt for the dynamic acceptance of the void, which is essential to the development of our theoretical proposal.

The rest of the story was long and tortuous. The fluctuation of thought amongst ancient Greek philosophers revealed the driving aspect of reflections on the void, provoking speculation, controversy and discoveries.

Over the centuries, in the sciences and in the arts, thinking on the void has developed. Artists discovered a void that was essential to the work or the artistic process. Considered then as a space open to infinite possibilities, the void becomes a space that art has been able to transform into a creative space. From Brook's theatrical conceptions (1977) to Ozu's cinema (Salazar Leal, 2018), via pictorial art and Chinese calligraphy (Cheng, 1991), inspiring the nineteenth century impressionists (Bianco, 2014), and Yves Klein's exhibition (1958) and more recently the work of Salvatore Garau³, the void finds echoes in the Arts.

In the field of psychology, a search of major databases reveals a limited literature on the void (Ashton, 2007b). Considered as a symptom (Klonsky, 2008), an emotion (Hazell, 1984), a defensive solution (Lafarge, 1989), or an existential condition (Cushman, 1990, 1995; Gerwood, 1998; Reeder, 2012), the void remains a concept without a clear definition (Zerach, 2020).

Recent studies have attempted to define the *feeling of emptiness* (Didonna & Gonzalez, 2009; Price et al., 2019; D'Agostino et al., 2020), but it remains a poorly understood phenomenon due to various factors (D'Agostino et al., 2020). First, because it features a plurality of description, experience and meaning. Second, because each individual's experience of this feeling is unique (Didonna & Gonzalez,

³ Salvatore Garau's sculpture "Io sono" has the particularity to be invisible, i.e. to be empty from a physical point of view. The artist justifies his work by referring to philosophy and religion : "The vacuum is nothing more than a space full of energy, and even if we empty it and there is nothing left, according to the Heisenberg uncertainty principle, that nothing has a weigh..." (Dafoe, 2021)

2009). Finally, because the subjective component of the *feeling of emptiness* makes it difficult to define and complicates the construction of an operative concept in clinical practice.

According to many authors, the void refers to the experience of nothingness. Any encounter with it evokes an intense feeling of annihilation and terror (Emanuel, 2001, p. 1069; Williams, 2012). The void has a connotation of falling, 'the long drop from out of the arms of the mother, out of safety, out of the known' (Ashton, 2007a). However, the focus on the negative aspect of the void is opposed to the idea of an intrinsic property of the void conceived as a space open to infinite possibilities. According to Ashton (2007a), under certain conditions, the void will become a source of life and of possibility. It is perceived in this sense as a place of healing or as a place of passage and exchange between conscious and unconscious dimensions (Ashton, 2009). The void thus appeals to psychoanalytic theory and practice (Ashton, 2007b). In this context, it seems essential to recall the Freudian starting point at the origin of this reasoning, and having implications on the conceptions of the unconscious, both in Freud and some of his successors.

Freud (1920) first determined the status of the void as a collection place for the signs of primitive sensations which are part of the first excitations described as "unpleasure" - "*Unlust*" - experienced by the infant. The void is thus conceived as an intrinsic element of the beginnings of the symbolic function, which is constitutive of the human psyche (Kristeva, 1983). Unlike Freud, Winnicott (1989) sees the void as a necessary space prior to desire. It is thus expressed by the absence of a beneficial experience (Winnicott, 1989, p. 214) which, if not experienced, leaves a void. What has not been lived or experienced, what escapes memorisation, leaves an empty space in the unconscious (Pontalis, 1971).

The Lacanian theory of the *unconscious structured as a language* repeated the idea of the implication of the void in the constitution of the subject. In our opinion, this constitutes a valuable starting point for accounting for and reformulating the approach to the void in addiction.

Even before birth, human beings are immersed in a sea of language that is essential for communication and symbolically grasping the world around them. From the outset, language introduces the dialectic of the void and fullness. Indeed, through language a void is created between the subject and the world (Lacan, 1959).

Inspired by the Dao, 道 - usually translated from Chinese as the *way*, although the same ideogram also has the meaning of voice and speech -, Lacan proposes opening up the median way of the void in speech. The median void (Cheng, 1991), *zhong kong* 中空, is understood as the operative void that governs the very possibility of action and use (Lao-tseu, n. d. Tao te King, XI). It is this void that allows the interaction between speech and action, between demand and desire (Lacan, 1962b). It is the place where the possibilities of transformation take place (Cheng, 1991). An attempt to fill this void can therefore only be deadly, by stopping the transformative potential that is specific to it. The ability to make this void dynamic, going from *nothing-at-all* to *everything as potential*, allows the subject to develop an always incomplete knowledge of his or her symptoms, and to escape the deadly impasse into which *jouissance* summons him or her. In this respect, Lacan allocates a central place to the void in his reflections on sublimation (Lacan, 1959; Saint-Cyr, 2012).

The value of psychoanalytic theory for the void, underlining the importance of an operative understanding of the void, remains however limited in its developments. Indeed, while the void is conceived in its dynamic aspect, understood as a space necessary for desire (Pontalis, 1971; Winnicott, 1989) or as constitutive of the psyche (Freud, 1920; Kristeva, 1983), no development relating to a *dialectic of the void* that brings together both its organising and disruptive aspects is envisaged, except an original conception proposed by Newirth (2003). In a “neo-Kleinian” perspective, Newirth conceives the unconscious as composed of two poles, one repressed, the other generative, and incorporates some Lacanian logic conceptions on language. However, his proposition refers to first developments

of lacanian theory⁴. These different elements lead us to consider that the acceptance of a *dialectic of the void* would help to open possibilities for listening and clinical orientation in addictology practices.

The void in addiction through the lens of the human sciences

In the addiction clinic, the void appears differently each time, amongst subjects with a wide variety of problems. It is expressed through multiple combinations: a complaint, an affective paralysis or an elaborative paralysis (access to meaning), etc. Our personal practice, as a clinical psychologist in an addiction care, support and prevention centre (CSAPA), has highlighted the need to explore a new point of view on the issue of the void in addiction.

However, before developing our point of view further, we will tackle the issue of the void in addiction as it is currently addressed in psychology and psychiatry, psychoanalysis, and sociology.

The psychological and psychiatric literature proposes exploring the *feeling of emptiness* from a trans-nosographic point of view (Didonna & Gonzalez, 2009; Price et al., 2019; D'Agostino et al., 2020), in borderline patients (Singer, 1977; Lafarge, 1989), and in the schizoid and narcissistic personality disorders (Kumin, 1978; Kernberg, 1985; Clark, 1996). We are interested in these works because the pathologies explored are found in the field of addictology in the form of dual pathology. However, we note that the *feeling of emptiness* refers to a plurality of descriptions and meanings in each person. It is not always described in the same way, and it is therefore possible that the experience of this feeling is unique in each individual (Didonna & Gonzalez, 2009). The void is sometimes associated with defence (Lafarge, 1989; Didonna & Gonzalez, 2009), and sometimes with painful identity disorders (Ruggiero, 2012). We address one of the main difficulties in the approach to the void based on the experiential description of it: its subjective component in which the feeling of an "existential" emptiness is valid

⁴ Which will later evolve towards the conception of an unconscious as real and marked by the signifier (see Seminar R.S.I., Lacan (1975), p. 75)

from a descriptive point of view but does not offer any clarification of the processes underlying this feeling (D'Agostino et al., 2020).

The psychoanalytic literature highlights the function of addiction as an attempt to avoid or fill the void. Very early on, Kohut (1971, 1977b, 1977a) formally defined addiction as an attempt to fill a structural void in the self. Gradually altered by the psychic effects of addictive behaviours, the Ego of the "addicted" subject evolves towards an "empty self" (Van Schoor, 1992). The extent of the addictive compulsion then depends on the size of the void to be filled. Through addictive behaviours, the subject fights the anguish of being confronted with the void (McDougall, 1993), and tries to reach an "ideal" state, the objective of which is to shield themselves from the feeling of emptiness by filling the gap (McDougall, 1993). This is magically and illusorily filled by the addictive object (McDougall, 1993). The addictive object then appears as a "band-aid" for the psyche invaded by a void that is a source of intense torment (Jeammet, 2000). If the subject attempts to alter their consumption (reduction, cessation or abstinence), he or she is confronted with a threatening void that is a source of psychological distress (Van Schoor, 1992).

So addictive behaviours appear to be an attempt at self-healing faced with the anguish of finding oneself face to face with the void, where subjective identity is compromised (Walters, 1996; McDougall, 2004). From this perspective, addiction appears as a "*trompe le vide*" (cheating the void), which, like a *trompe l'oeil*, creates an illusion by being filled with objects (Benghozi, 2007, 2014; Békaert & Podevin, 2015). Any perception of an internal void is filled (Gerwood, 1998; Gowan et al., 2012; Yoder et al, 2018) or counter-invested by the addicted subject in order to defend themselves against a feeling of emptiness (Tzu & Damgaard, 2015); whether this is an inner void (Pirlot, 2008, 2009; Sohn & Choi, 2014), a psychic void (Cloës, 2017), a relational void (Doiron & Mazer, 2001), a social void (Wood & Griffiths, 2007), an emotional void (Melin et al., 2017), or a moral and spiritual void (Nicholi, 1983).

The transition from normal consumption to problematic and addictive consumption can therefore be viewed as being linked to the void (Chung et al., 2016). The void could further be perceived as a trigger/motor that can maintain or perpetuate addiction (Chung et al., 2016).

From an alternative perspective, recent sociological studies have suggested that drugs and alcohol are used as a means of avoiding intrusive thoughts and feelings linked to trauma (Hammersley et al., 2016, 2020). This avoidance is similar to a *search for the void*, in the sense of the absence of thoughts or emotions. Addictive objects thus appear as tools for both suppressing emotions and cognitions (Hammersley et al., 2020) and entering what could be perceived as a psychic void. Addiction is thus no longer perceived as an illusory *solution* when confronted with the void but as a *search* for the void through the cognitive "anti-thought" effect of the product.

This position is somewhat reminiscent, in its general logic and not in the definition of the psyche, which do not overlap, of the process of the death wish, whose goal is a return to the void, to nothingness, to "nothing". The function of the product would then be to support the goal of the death wish by leading the subject to experience positive sensations ("relief", both physical and psychic, through the reduction of libidinal excitation), and alongside the "annihilating" experience of the product at psychic level. The product would then be a kind of extra-psychic artificial sublimation, but that is another hypothesis.

So, the void is perceived either as an anxiety-provoking space to be filled (Van Schoor, 1992; McDougall, 1993), an inner feeling to be avoided (Gerwood, 1998; Gowan et al., 2012; Tzu & Damgaard, 2015; Yoder et al., 2018), or as a sought-after experience (Hammersley et al., 2016, 2020). However, none of these provide a clear definition which make it a useful concept for clinical practice in the field of addictology. Indeed, the void is considered either as an anxious and painful feeling or as a sought-after state. However, both these aspects of the void in addiction focus on the premise of a void that is related to nothingness, to "*nothing-at-all*". This understanding of the void inherited from

a Western philosophical tradition neglects the idea of an operating void perceived as a space open to infinite possibilities. However, it seems fundamental to us to propose a *dialectic of the void* which highlights the conflict between the disruptive and operative aspects of the void. From this perspective, Chung, Beverland and Farrelly (2016) suggest the need to explore 'voids' further - including different types of voids - and their role in addiction. Based on this proposal, we wish to engage in a dialogue for constructing a concept, that of the void, that is sufficiently substantiated to be useful in clinical practice.

In our opinion, no satisfactory conceptual construction of the void exists to date. To be recognized as such, a concept must meet very specific requirements. It must of course be original, but above all it must be useful for thought and clinical practice. By providing us with the keys to understanding the world, it must enable us to infer from it changes to therapeutic technique.

In this regard, we wish to move away from the experience and the feeling of emptiness. Constructing a theory of the experience or the feeling of emptiness means risking giving a univocal definition of it and denying the singularity of the subject. However, the temptation is great. Our contemporary era is moving towards the negation of singularity and leaves a void that hides and reveals itself in contemporary pathologies such as addiction. The void in addiction is thus connected to our modern era.

The void in addiction through the lens of the social sciences: symbol of a contemporary malaise

Malaise in culture (Freud, 1930) finds its forms of expression in art, love, religion, metaphysics, social utopias and dystopias and toxic substances and behaviours. Psychoanalysis then highlights their substitutive function as symptom, sublimation or addiction, concealing more or less successfully the suffering of the subject in their time. If it is an illusion to believe that psychoanalytic theory and political theory can overlap, it would also be an illusion to consider psychic reality separately from the social reality of our socio-cultural time (Lefort, 1975).

The modern era shines a light on subjects who struggle to be comfortable with the independence they otherwise demand. *Neoliberal*⁵ man appears to be alienated from the inseparable growth/jouissance and productivism/consumerism that structures our era. The subject then engages in a frantic quest for consumption that conceals and reveals the existence of an unbearable void.

Our democratic societies are societies characterized by the “empty place” of power (Lefort, 1978, 1980). This can be understood via the non-appropriable nature of power. Instead of power, democracy constructs a void that is not actualized in any fixed narrative. This “empty place” opens onto a fundamental uncertainty that no power can fill (Gauthier Mongeon, 2016). This fertile void then makes possible the emergence of new subjectivities amidst the indeterminacy (Delruelle, 2007).

Positioned as the exact opposite of democracy, totalitarianism is built on the attempt to fill the void and produce certainty by reattributing the determined identity of the One-people to individuals, who are then absorbed into the “we”. It makes the narrative of the people coincide with the discourse of power held by a ruling class. It fixes history and the people in a unique and univocal narrative (Poltier, 1997). It is this void, at the origin of indeterminacy, which frees society from the attraction of the One⁶ so characteristic of totalitarianism (Lefort, 1978; de Bellaing, 2011).

In our modern era, democracy runs the risk of not taking responsibility for the uncertainty and the fundamental questions lodged in that which escapes man (de Bellaing, 2011). The contemporary neoliberal promise is to “fill” the void with consumer items. This promise feeds the illusion of a so-called freedom that originates in an alienation to the inseparable couple of growth/jouissance and productivism/consumerism. Indeed, the rationale of consumption proposes an addictive filling with

⁵ Neoliberalism is a form of contemporary society characterized by the image and rationale of an infinite progress of consumption that structures political institutions (Castoriadis, 1999)

⁶ The attraction of the One is the attraction exerted on the subject by a discourse carried by another, a discourse that bears no doubt or equivocation, and challenge even less. This definition is different from the one proposed by Lacan for whom the One represents the void where the declensions of the multiple are located.

consumable, disposable and always renewable fetish objects (Epstein, 2021a). This relationship to objects, central to the contemporary psychic economy, has altered the relationship of the subject to himself/herself and to others. In this sense, Epstein (2021b) asks the questions: *“Consuming and enjoying without thinking, [...] isn’t this the driving force of our commercial civilization? Addiction to consumption, a civic action of productivist logic?”* (p. 114).

Several authors, for whom addiction and societal developments are inseparable, go so far as to propose the concept of the 'addictive society' (Furedi, 2004; Couteron, 2008; Lascaux & Couteron, 2015; Obradovic, 2015), or 'addictive organisation' (Schaeff & Fassel, 1988). Further, the production of a new temporality based on immediacy and the illusion of control of one's own desire through the use of consumer objects that are supposed to meet a need, reflect an addictive society (Morel, 2010).

This use of consumer objects and their consumption lead to an “Empty self” amongst contemporary individuals (Cushman, 1990). The latter avoid feeling the loss of meaning and isolation by filling the "self" with consumer products. In this way, our contemporary culture feeds the illusion that the void can be filled, and also the illusion that everyone's desire can find guaranteed satisfaction in a consumer object (Melman, 2002). The subject's “desiring” position is therefore no longer created around the void and the subject is deprived of this desiring position. Truly caught up in the consumerist logic that tries to fill the void at all costs, the subject is summoned into the deadly impasse of *jouissance*.

At ethnographic level, we note that the social disparities induced by contemporary economic and social policies are creating an increasing gap between rich and poor populations, resulting in "social suffering" (Kleinman et al., 1997; Singer, 2005). In this context, drug use is perceived as a relief, which temporarily removes the individual from the prison of the void. Addiction is a way of belonging to a group and maintaining social connections when they would otherwise be faced with the prospect of a social and relational void (Bourgois et al., 2009). Addictive behaviours are used to give meaning and purpose to lives which would otherwise be empty (Bourgois, 2003; Bourgois et al., 2009). Thus, faced

with the 'dislocation' (Alexander, 2010) engendered by the consumer society, individuals are unable to find a place in the established social order and fill this empty void with addictions.

In a manner of speaking, addictions emerge as the contemporary face of our societies which advocate the present time (Boulze et al., 2007) and reject any reference to loss.

In this context, where immediacy prevails over past, present and future temporality, where the act takes precedence over the word, subjects are no longer able to place themselves within a story (Boulze et al., 2007), a story that can be the subject of a narration. Between the subject and the object, the narrative no longer finds a place (Deluermoz, 2016). The 'narrative function' is weakened (Pirone, 2017). However, a "narrative need" persists (Pirone, 2017) and leads us to underline the importance of narration in the addiction clinic, and to formulate a strong proposal.

The *narrative void* and the *a-narrative void* in addiction: a conceptual proposal

In the following pages, we will prefer the term 'void', which we define as 'the presence of an absence' and 'presence as potential', i.e., as an empty, unfilled space open to potentialities, rather than 'emptiness', which is rather understood as the state *or feeling of emptiness* (Miller et al., 2020).

At a very early stage in our clinical practice, we paid attention to the way in which the void could be expressed, as much in that which is impossible to narrate and the failures of narration, as in the narrative process itself. The work we present here reflects a desire to weave together clinical practice and theory on the question of the void. It will not therefore be a question of theorizing about the feeling or experience of the void, with the risk of denying the singularity of the subject. Rather, we will hypothesize about the possibility of conceiving a *narrative dialectic of the void* - between *narrative* and *a-narrative* - which maintains paradoxical links with the concepts of narrative and narration. This will allow us to engage in the construction of a conception, which we hope will be useful for both theory and clinical practice in addictology.

The impossibility of narrating and closure of the narration

The term *narration* is omnipresent in the literature on the human sciences (Wikan, 1995). However, and this is one of the current shortcomings in our opinion, its connection with the psychoanalytic perspective remains poorly substantiated. This has led us to identify two central properties that characterize a narration:

1°) Plurivocity: a narration is open to different possible versions, allowing the subject to move away from the first version and open up to alternative versions. In this we subscribe to Bourlot's definition (2018), describing narration as a spoken action following a "circuit which cannot be closed around a text or a fixed meaning" (Bourlot, 2018b). This circular configuration of narration authorises a circulation that can be inscribed in the form of a spiral that accommodates a void in its centre, place of origin, guaranteeing the incompleteness and the absolute non-knowledge of a story.

Earlier, Freud had precisely identified this characteristic by inviting the patient "narrator" — "*Erzähler*" — to recommence telling his/her story, thus encouraging the subject to embark on variations and not stick to a univocal version of the story (Freud, 1900; Bourlot, 2018b). From a technical point of view, some of the analyst's interventions also aim to introduce other versions of the subject's story, by allowing a shift from narrative to narration.

2°) The presence of an empty centre, governing, organizing and driving the narration. For this category we propose the concept of the *narrative void*. The *narrative void* is defined as the void based on which narrative activity finds its possibility of being and of movement. The narration unfolds from the void, a void is at the origin of its content, and it is the void that dictates its movement. This void marks the fundamental nature of the indeterminacy which denotes the unconscious (phantasmal) scene of the narrative. This scene cannot be narrated, but it brings into existence and supports the work of narrative creation. It is not, therefore, a void that is filled with object-words, but a void that supports the plurivocal dimension of the narration, thus accepting a void at its centre. Hence our use of the "central

void" concept. Indeed, narration concerns experience as it is incomplete, always unfinished, thus preventing its formation as a single, univocal narrative..

The subject is an incomplete narrative species. We think that he/she is not only the product of narratives as stated by some authors (Ricoeur, 1984, 1985, 1988; Connelly & Clandini, 1990), nor a being which produces narratives in order to make sense. We propose on the other hand that the subject is a being who is located outside of and/or below the narrative. Indeed, their narrations come up against impasses which frustrate the narrative activity itself. The paradigm is the dream narrative: recounting a dream is an impossible task, recounting stumbles against an impossibility that dismantles its narrative logic.

So it is around a void, which prevents the formation of the narrative as a whole, that the circuit of the narration and narrative potentialities unfold. A *narrative void* around which the narrative logic breaks down but is not exhausted. As in Taquin's game, it is the empty square that allows the pieces to move. This void, at the centre of the narrativity, reflects the impossibility of narrating (Bourlot, 2010). An impossibility which both drives the narration circuit but can also promote the expression of the discourse of suffering (Good, 1992; Kleinman, 1992).

A variety of circumstances can make the story impossible to tell (Desjarlais, 1994; Workman, 1992). From this perspective, it is important not to concentrate solely on the narratives of suffering which have a narrative form, but also to question narratives that break free from narration (Spicer, 1998).

So, listening to subjects suffering from addiction reveals a specific modality in the construction of their discourse. Their narratives seem to present two specific characteristics which distinguish them fundamentally from a narration:

1°) They appear to be fixed within a single meaning, resulting in the failure of the narration to open up to other stories.

2°) They are supported by an *a-narrative void*. The a-narrative void is defined as a void which prevents any possibility of the subject historicizing⁷. The a-narrative aspect does not express a non-narrative, but rather by a deprivation of narration. In other words, the a-narrative void frustrates the narration circuit by replacing it with a narrative closed around a fixed meaning. So, the a-narrative void is revealed in a narrative culminating in a univocal meaning and in the pragmatic, a-narrative and non-dialectical use of the narrative which no longer provides the subject with the means to express themselves.

In the addiction clinic, some subjects actually appear incapable of accessing the creation of a plurivocal narrative and are confined within an image-based narrative. Faced with a torrent of words stemming from the obvious content of the narrative, the clinician can have the feeling of not being able to say anything. This experience of transference reveals 'the insistence of the unmentionable' (Ricoeur, 1994), i.e., the unspeakable at the very heart of the narrative. Instead of narrating, the subject substitutes compulsive phenomena such as *acting out* for narration (Lacan, 1962a). Acting out appears in the production of narratives 'in' images, taking the form of a description and making us 'see' the brutality of the scenes experienced. Description differs from narration in form and intention. While narration consists of telling a story, description aims to represent fragments of reality as one might perceive it, comparable to a pictorial point of view. Description appears as something which reveals and confines the subject, in the sense of proof by image. Thus, an a-narrative void emerges, preventing historicization and threatening the subject with being trapped in immediacy, with disappearing into the image, without the possibility of narrative creation, as if stripped of their "narrative capacity" (Kristeva, 1998). The way in which the story is told then aims to conceal and to illusorily remove the operative void, the *narrative void*, through the use of a specific narrative.

This invites us to distinguish between narrative and narration: while narration refers to speech in the process of relating which is transformed into a story, a narrative can be defined as a completed structure (Bourlot, 2020): "From this point of view, narration is opposed to narrative, as an open work, in the process of becoming, would be opposed to a *fixed* piece of writing" (Bourlot, 2020). This would lead to an a-narrative function of narrative as opposed to the creative virtuality of narration.

In the frequent cases where the narratives of addicts lack the basic elements of narration - plurivocity, deployment and organisation around an empty centre - a different approach is clearly indicated. An approach that recognises the fragmentation and incoherence of narrative at the heart of suffering (Frosh, 1991; Glass, 1993), as well as the impossibility of narrating and the *a-narrativity* at the heart of certain narratives. Indeed, these dimensions of suffering render certain events and experiences unmentionable (Desjarlais, 1994; Workman, 1992).

Narrative figures of the void in addiction: the toxic as a narco-narrative

We therefore take a double observation as a starting point. Firstly, the literature highlights the importance of the issue of the void in addiction (Van Schoor, 1992; Jeammet, 2000; McDougall, 2004; Pirlot, 2008, 2009; Békaert & Podevin, 2015; Chung et al., 2016; Cloës, 2017). Secondly, the addicted subject uses speech in an *a-narrative way*, fixed in narrative mode, and inscribes his or her speech within a narrative that at first sight admits no opening.

This leads us to clarify the rationale behind the relationships between the void, narration and addiction. We will describe the implications for the psychoanalytic approach to addictions, while proposing to consider that the toxic has the function of supporting the existence of an a-narrative, disruptive void, through the construction of a narrative that we call a *narco-narrative*.

We have chosen the term "*narco-narratives*" (in reference to Ronell (2004, 2009) who uses the term "narcotexts") to describe the fixed narratives with which the addiction clinic confronts us. We define them as an association of signifiers that are a source of pure *jouissance*, organising a narrative that is closed around a fixed meaning. While *narco-narratives* do not simply have as their goal the neutralisation of the mind, immobility, the *a-narrative void* and totality, they could have the effect of restoring a fixed narrative to the subject by exempting them from any emergence of desire, uncertainty or infinity.

We could moreover venture to hypothesise that *the toxic is a narco-narrative*. Indeed, the object consumed in the addiction does not strictly speaking appear as toxic. We postulate that the toxic is the narrative that the subject tells himself/herself about himself/herself, in which he/she remains fixed, without any possible alternative. In this sense, the toxic appears in the form of a narco-narrative, i.e., it presents itself as a narrative that does not allow the subject to express themselves, nor the developments of the unconscious to emerge. In this sense it is opposed to neurotic symptoms and prevents their formation. The subject is frozen in immediacy, threatened with disappearing into the image, without the possibility of narrative creation. The narrative does not only reflect experience, in this case of addiction, but contributes to suffering. Suffering is ordered *in* and *through* the narrative (Kleinman, 1988, p. 49). Similarly, the toxic is ordered *in* and *through* the narrative.

The inability of the addicted subject to sustain *the narrative void* echoes the difficulty of our contemporary era itself to sustain the void. A bridge between the ethnographic proposal (Kleinman et al., 1997; Bourgois, 2003; Bourgois et al., 2009; Singer, 2005; Alexander, 2010) and our narrative proposal in reference to psychoanalysis is possible: *narco-narratives* could be seen as the illusory solution found/created for (re)constructing coherence through the illusion of an adaptation to the "dislocation" (Alexander, 2010) induced by our contemporary societies. The characteristics of these *narco-narratives* would be a way of 1°) maintaining the illusion of an individual identity and a belonging to a social group, and 2°) avoiding confrontation with the fragmentation of our societies caused by the

paradoxical messages from macro-narratives of the free availability of products and individual responsibility. However, while these *narco-narratives* can appear as an illusory solution to the dislocation caused by our societies, they contribute in return to frustrating the subject by exempting them from any emergence of desire, uncertainty and infinity of meaning. We thus find in these narco-narratives the properties of the Pharmakon (Le Poulichet, 2011b).

So, the logic of the modern world, which tries at all costs to fill the void on the subject's part by advocating the guaranteed satisfaction of their desire by the object of consumption, no longer allows the subject to place themselves within a story. Between the subject and the object, narration - which is supported by a *narrative void* - no longer finds its place (Deluermoz, 2016).

In short, the *a-narrative void* opposes the potentiality of the *narrative void* and leads to the narration being covered by the narrative. One - the *a-narrative void* - traps the subject within a narrative closed around a fixed meaning, the other - the *narrative void* - frees the subject into a potentially infinite field of associations. The void thus operates dialectically, through conflicting narrative activity (narration and narrative). The *narrative - a-narrative* dialectic thus allows us to consider the void both through its impasses and in its escape mechanisms.

Conclusion

While Ricoeur's work reminds us that narration is the best way of telling the story and of giving an effective account of the narrative dimension of subjectivity - man is the subject of a *story* -, Freud's work reminds us that it is not a question of stopping at listening to a story, but of inviting the 'narrator' ('*Erzähler*') to recommence their account, of encouraging him/her to embark on variations and not stick to a univocal version of the story (Freud, 1900; Bourlot, 2018b). In this sense, narration plays a fundamental role in the future of the subject.

We believe that the non-prescriptive psychoanalytic task would consist in supporting the creation of successive narrations and a *poetics of the void* in the interpretation. Interpretation, insofar as it is poetic, implies an effect of sense and an effect of a hole in the sense. It frees the speech from its confinement in the fixity of a story full of meaning. Interpretation, in its poetic way, thus propels the passage from a total knowledge proper to story to the absolute non-knowledge proper to narration. In this sense, it initiates the passage from mortifying jouissance to the subject's desiring position.

So, it is about opening the way to 'narrative potentialities' (Bourlot, 2018b) and enabling future possibilities of change for the subject. The invitation to narrative creation, but also the *interpretive interruption of the narco-narrative*, will allow the introduction of the distance necessary for the deployment of the narrative circuit. The act of interruption reintroduces, through the play of language, equivocation and metaphor, where a set and fixed meaning had held sway (Guyomard, 1992). It makes another meaning heard. In other words, it is about allowing a shift in the subject's relationship to their own narrative (Bourlot, 2010), and introducing the relationship to a fundamental *narrative void*, a relationship to the unknown that brings to light the unperceived of words, voices and discourses at work in the narrative.

When the subject is trapped in compulsive phenomena without distance, the recognition of a void operating at the heart of the story – the *narrative void* - seems to be of decisive importance in enabling the subject to escape the deadly impasse into which jouissance summons him/her.

Recognizing *the narrative void* signifies that "understanding the singular being means comprehending it from a light-filled place that it does not fill" writes Levinas (1971), underlining here the importance of a void that cannot be "filled" and even that it must not be filled.

We therefore believe it is necessary for clinical practice not to exhaust itself in an obsession with or a demand for meaning, but that it should aim above all at constructing an alternative position of the subject in speech (Le Poulichet, 2011b). From this perspective, the work of the *narrative void* initiates a relationship to absence and separation that can represent the prototype of a fiction as the creation

of a separation and the production of an operative narrative void. In other words, we learn that a story is not only written linearly through what is said, but also through what lies beyond.

As clinicians, are we therefore able to withstand the anguish of the void and understand its potential? Are we capable of resisting totality and opening ourselves up to the infinite? Finally, are we capable of listening to the void at the heart of the story in order to understand the fiction that protects the subject from the "*disasters of telling*" (Ricoeur, 1994), without confining him/her in the inflexibility of a narco-narrative?

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