

IMPROPER USE OF PSYCHOTROPIC SUBSTANCES AMONGST WOMEN: A STUDY BASED ON THE FEMALE SINGULARITY

O USO INADEQUADO DE SUBSTÂNCIAS PSICOTRÓPICAS ENTRE MULHERES: UM ESTUDO A PARTIR DA SINGULARIDADE FEMININA

USO INDEBIDO DE SUSTANCIAS PSICOTROPICAS ENTRE MUJERES: ESTUDIO DESDE LA SINGULARIDAD FEMENINA

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Submitted on: 2015/02/22

Approved on: 2015/07/06

ABSTRACT

The present study aims at analysing the abuse of psychotropic drugs among women using a psychoanalysis framework. The authors used psychoanalysis research methodology to create a metapsychological essay with biographies of Marilyn Monroe. This enabled them to think about an individual who is distressed by the enigma of femininity and how she deals with the issue. This type of study is relevant to nursing practice since it exemplifies and highlights the importance of listening skills when dealing with the abuse of psychotropic drugs. The researchers believe that only sustained listening can reveal the importance the subject places on the medicine and its relationship with desire. Nurses are suitable health-care professionals to perform such task given their direct contact with the patients.

Keywords: Substance-Related Disorders; Women's Health; Psychoanalysis; Nursing Care.

RESUMO

O presente estudo visa a analisar a problemática do uso inadequado de psicotrópicos entre mulheres a partir do referencial da psicanálise, tomando como material um recorte de natureza biográfica. Para tanto, realizou-se como método a pesquisa em psicanálise, trabalhando com a proposta de construção de um ensaio metapsicológico, no qual se utilizou como corpus as biografias de Marilyn Monroe. Assim, a pesquisa possibilitou pensar sobre um sujeito que se angustia frente ao enigma da feminilidade e quais saídas encontra para lidar com o problema. Entende-se que a relevância do estudo para a prática clínica de enfermagem reside no fato de se poder ilustrar e destacar a importância da dimensão singular na escuta das pessoas em abuso de substâncias psicotrópicas, pois se considera que somente uma escuta sustentada em cada caso poderá revelar o lugar de importância em que o sujeito coloca o medicamento e a relação com o seu desejo, principalmente por se tratar de uma profissão que tem à sua disposição a oportunidade do contato direto e frequente com esses pacientes.

Palavras-chave: Transtornos Relacionados ao Uso de Substâncias; Saúde da Mulher; Psicanálise; Cuidados de Enfermagem.

RESUMEN

El presente estudio tiene como objetivo analizar el problema del uso indebido de drogas psicotrópicas entre las mujeres desde el referente del psicoanálisis, tomando como material un recorte de índole biográfica. El método utilizado fue la investigación en psicoanálisis, trabajando con la propuesta de construcción de un ensayo metapsicológico cuyo material consistió en las biografías de Marilyn Monroe. La investigación permitió pensar en un sujeto que se angustia ante el enigma de la feminidad y en las salidas que encuentra para tratar el problema. Se entiende que la importancia del estudio para la práctica clínica de enfermería yace en el hecho de poder ilustrar y destacar la importancia de la dimensión singular al escuchar a las personas que abusan de las sustancias psicotrópicas. Se considera que solamente escuchar basándose en cada caso podrá revelar la importancia que el sujeto le otorga al medicamento y la relación con su deseo, principalmente por tratarse de una profesión que tiene a su disposición la oportunidad de establecer un contacto directo y frecuente con los pacientes.

Palabras clave: Transtornos Relacionados con Sustancias; Salud de la Mujer; Psicoanálisis; Atención de Enfermería.

INTRODUCTION

The medicalization of psychological distress reflected on the large consumption of psychotropic drugs is increasingly common nowadays. This tendency goes back to the fifties when psychiatric medicine started prescribing such substances.

Primary care professionals witness a steady increase in the number of mental health disorders, classified as “multi medical complaints, psychosomatic, functional, hysterical and psychosis cured by persuasion”.¹ Psychological pain has taken on new forms result of changes in people’s life, such as acceleration of time, the strive to be market efficient, increase in urban violence and new family, policies and social structures.²

Psychiatry expanded its audience and no longer restricted itself to the treatment of insanity. Medicalization of people’s daily behaviours and emotions, particularly the pain of existing is the result of a partnership between the pharmaceutical industry and Neurology. Developments in these areas helped to cement the status of psychiatry as a science, which could now afford organic causes (e.g. lack of serotonin, dopamine excess) to the psychological pain disorder amongst the general population.

In this scenario psychotropic substances come to the market as consumer goods through the capitalist discourse of psychiatry that promotes a widespread use of medication that is now ubiquitous in the clinical practice. Due to their psychological effects which alter the individual’s mental state, these drugs were popularized as a “magic” solution to end psychological pain; they have been glamorised in advertising campaigns and promoted by economic interests.³ The use of drugs is considered inappropriate when there are more risks than benefits. This study focuses on uncontrolled consumption that generates adverse reactions and increases the risk of morbidity and mortality.³

Nursing researches recognize the problem but few studies specifically address the issue. Brazilian studies on the topic identify the prevalence of benzodiazepines * consumption in Brazil and links it to a historical, social and cultural process.⁴

Drug abuse is triggered by social exclusion, lack of information about drug harmfulness, lack of specialized professionals and more access to health services. The nurse’s role is rarely addressed in these studies that consider such health professional as mere investigator and supervisor of drug dosages.⁵

The use of psychoactive drugs is prevalent among women, identified as more susceptible to medicalization of psychological distress and drug abuse.⁴⁻⁶

This phenomenon is usually analysed under the bias of gender: women being considered historically more vulnerable than men and submitted to them.⁴ Sociological factors are also used to explain it: women are obliged to handle task overload at work and at home, because they are still the ones responsible for their children’s care.⁴

The aspects mentioned above are relevant to understand women’s social role in today’s society and to reflect on micro-structures and health institutions systems.⁷ Improper use of psychotropics amongst women can also be discussed from another aspect, regarding the specificity of each subject in her relation to her own desire.² The researchers decided to carry out a psychoanalytic study because they believe that drug abuse is not disengaged from the individuals’ relationship with their body, how they are inserted in society and their relationship with the symbolic universe in which they live.

Freud’s “The uneasiness in culture”⁸ emphasizes that throughout history men have attempted to handle pain by taking substances that change how we deal with the various forms of displeasure: “Men know that with the help they can get from “drowning their cares” they can at any time slip away from the oppression of reality and find a refuge in a world of their own where painful feelings do not enter.”⁸ He points out that this solution would have a high cost to individual given the harm and danger they represent and the great expenditure of energy. Thus, he argues that the discomfort arising from people’s relationship with the world speaks of something about the individual that needs to be heard.

Listening aims at focussing on the symptom without buffering it; it allows the subject to occupy a position other than object.⁹ Medication as well as the symptom does not confine itself to its biochemical action on the biological body. The *pharmakon* is a symbolic element, seized in the realm of language. This does not occur through demand (requesting something to someone); whether naming the substance (names of medications that call to feelings of happiness), or with the promise of a little more satisfaction:

Through its knowledge elaboration, its distribution regulations, the intermediations of its destination, the liability the prescriber, the medication is caught in the finest symbolic web of the Other. [...] Modern medication is absolutely irreducible to a substance. It is inseparable from the rules for their use and therefore requires, in addition to them, an ethical stance.¹⁰

This symbolic place that medications occupy can be observed in public health services: the consumption and prescription of psychotropic drugs for complaints related to everyday life situations, such as “nervousness”, insomnia, grief and family problems.⁷

Based on these assumptions, the authors inquire: How should we deal with psychotropic drug abuse among women considering their uniqueness? What can they say about the uneasiness which ultimately requires medication to be soothed? What leads to drug use that often leads to drug abuse?” The researchers believe that the answers to these questions can en-

able a nursing practice that goes beyond the organic dimension and considers the singular dimension of female subjectivity too. In order to answer these questions a study of the psychotropic drug abuse problem among women using a psychoanalytic framework and a biographical text as material was carried out.

METHODOLOGY

The authors use a psychoanalytic method because of its inseparability from clinical practice which means that the therapeutic process is simultaneous to research work. This method takes as research object the unconscious, i.e. the knowledge that concerns not only human experiences, but is the place that registers a fact related to the subject, which is not evident, but that is active and determinant.¹¹

Amongst the various psychoanalytic methods Iribarry's approach, called metapsychological essay, was chosen.¹² According to this author, it is an abstract study of the intersection between artistic irrationality and organized science whose starting point is the peculiar characteristics of the relationship between the researcher and its text.

The first step for constructing a metapsychological essay is the selection of the material that is going to be analysed. The following step is reading and listening, in which "the psychoanalytic researcher will instrumentalize his transferring to the text (collected data), so that he can identify the signifiers already enumerated by the author, and will also perform the scansion of the signifiers enabled by the text's readability."¹²

According to the author, the analysis carried out through reading and listening is what characterizes psychoanalytic criticism which allows the researcher to identify flaws and slip-ups of a certain discourse, as well as featured signifiers that stand out as operator elements (phrases, words, interjections, etc.), helping to identify what supports the discourse. The latter are important elements in essay construction because they hold it together.

Moreover, these signifiers are highlighted according to the researcher's experience, which injects new meanings into the text, in other words the construction of the essay is the researcher's responsibility. The result is then a construction between theory and a fictional text.¹²

The research material used in a metapsychological essay may have several sources: clinical material, interviews, biographical material, etc. In the present case, the authors used Marilyn Monroe biographies to analyse snippets of discourse that could help to understand the abuse of barbiturates which eventually lead to an early death aged 36.¹³

Making use of previously published material, the researcher is performing a possible reading of the Marilyn case, with no intention of writing the truth about the subject, but of extracting a result through the author's transfer. The authors do not

intend to establish a cause-effect relationship between events and substance abuse, but to construct through theoretical elaboration a symbolic network in which abuse occurs.

FROM NORMA JEAN TO MARILYN MONROE: IN SEARCH OF AN ANSWER TO A WOMAN

The famous world actress known as Marilyn Monroe left an indelible mark as the epitome of feminine beauty and sensuality. However, behind the myth and far from the studio spotlights she was a lonely and depressed vulnerable woman distressed by the wish to know who she was: "*my work is the only ground on which I can assert myself [...]*"; "*To speak frankly, I seem to be a whole superstructure with no foundation at all.*"¹³

The rickety identity is expressed in her own name, which she changed many times before she assumed her name-character, Marilyn. The name Norma Jean Baker (her mother's first husband's name) was used in her first marriage. For her second marriage, she changed Baker for Mortenson (the second with whom her mother was involved).

These changes are closely related to the father's identity that would never be confirmed. There are rumours that he was a Stanley Gifford, her mother's co-worker. Marilyn's mother that worked as a cinema technician had an affair with him that lasted months but he eventually ended the relationship. Some 25 years later, Monroe discovered his whereabouts and phoned to arrange a visit. He was then a successful dairy producer and declined to answer the call. His wife conveyed the message: "*he suggests you talk to his lawyer in Los Angeles if you have any complaints. Do you have a pencil?*"¹³

Marilyn's mother, Gladys Baker, was admitted many times to mental hospitals (as well as her parents) and proved to be mentally and financially unstable to raise the child. She had a distant relationship with her daughter. Her two children from her first marriage received such a ruthless treatment as Marilyn: they were in their father's custody and, when admitted to hospital for Norma's birth she said they had died. To Marilyn, this woman will occupy a place reserved for the impossible and she would later declare: "*I used to say she was dead, not to say that she was crazy.*"¹⁴

From the time she was six months, Norma begins wandering between foster homes. Her first foster home was with the Bolenders. Her mother continued to work in the film industry in Hollywood and maintained some contact with her daughter (sometimes on a Sunday church service or taking her to work). At the Bolenders', though spoiled by the family, Mailer affirms:¹³

In her first year, with this family, she used to be chastised by Ida Bolender, when she called her "Mom". She was told: "The red-haired lady is your mother." Thus, one of

her first statements when she saw a woman walking and holding a child by the hand was: "There's a mom."

Marilyn's grandmother will be part of an important event in Marilyn's life. She declared several times what happened on the day when, as a baby, she met her grandmother on the street. The good woman took her home and tried to smother her: "I remember waking up from a nap fighting for my life. There was something pressing against my face. It could be a pillow. I fought with all my strength."¹³

The incident was never proved, but it is known that her grandmother walked away completely and was shortly after admitted to hospital. This had a significant impact on Marilyn's life who spoke about her uneasy sleep and the dread of night: "sleep was her demon, a fundamental concern in her life" – says one of her husbands, Arthur Miller.¹³

After a short period at the Bolenders', Norma moved back to live with her mother who ended up hospitalized for mental problems. Norma went again through several orphanages. Among her foster homes, Ana Lower's was the most significant to her. She reported that: "it changed my life. She was the first person in the world that I really loved and who loved me."¹³

She remained with "Aunty Ana", as she called her, until her first marriage to Jim Dougherty in 1942, just after her 16th birthday. It would be the first of three marriages. Throughout her three marriages and other relationships, Marilyn always called her partners "Daddy".

Her marriages were always a quest for protection. Her last marriage to Arthur Miller in 1956 lasted five troubled years in which the playwright proved devoted to Marilyn and became "her god, her body-guard, her assistant, her lackey."¹³

Through her narrative Marilyn, or rather, Norma Jean is always in search of love, an emotion free of sexual desire, but unconditional, protective, idealized, fraternal, able to make up for the lack of something:

If this word [love] has a meaning, it is not that between a man and a woman. I have never met, before or after Ana, love, the kind of love we see involving children at home; or, in the movies, the mysterious light that brightens up the stars. I took risks. I tried to call attention upon myself. Someone who looks at me and says my name: to me, now, this is love.¹⁴

Marilyn will always be faced with the traumatic events experienced in childhood, putting herself up several times as the abandoned child, the helpless orphan. In the film sets, her erratic behaviour caused her and her co-workers many problems for her constant delays, and the many recordings needed since she was always forgetting her lines.

These days when I am stuck with four people around me; stuck between two words repeated 100 times, "take", "cut". "take one, take thirteen, take twenty-five". In fact, this word terrifies me and comforts me; it is weird. It gives me the illusion that someone is in me; that someone takes and retakes me; that I have something. I'm the one that they take and cut, but for a moment I was there, in the viewer's eye. I existed. I know that I belong to the public and to the whole world, not because of my talent, not even because of my beauty but because I never belonged to anything or anyone. When you do not belong to anything, to anyone, how to avoid thinking: I belong to those who want me!¹⁴

One of her greatest difficulties was with her own ability to talk, which she revealed to her therapist; her childhood difficulty that ran into adulthood to pronounce the letter "M", when she said her own name:

You know, doctor, I have difficulty with words. Words submit us to others without mercy; they lay us bare much more than all the hands that touch our skin. Last night, at a party at Cecil Beaton's I danced naked in front of 50 people, but none of them would have told me these simple words that I have so much trouble in telling you, even you: "My mother? Who, my mother? A red-haired woman, that's all."¹⁴

The wish to be an actress, fuelled by one of her mother's friend, Grace, which Marilyn considered as her "real mother" became an important goal which she assumed and recognised throughout her life. Her body, her image, she hands to others:

I belong to those who want me: men, producers, and the public. You know, everybody got a piece of me and transformed it: Grace McKee, my hair; Fred Karger, my teeth; Johnny Hyde, my nose and cheekbones; Lyon Well, my name ... and I loved it.¹⁴

To become an actress and a major Hollywood star was to her a new place to occupy, a new identity; this, however, did not diminish her distress:

I try to become an actress; I try to be true, but the windows often open to an empty space. I'm afraid to go crazy. I'm afraid to voice what's true to me, but it's very difficult. Sometimes I think that all I have to do is to be authentic. But this doesn't come like that, and I say to myself I'm a fake, that I sound like a fake. I wish to do my best from the moment the camera is on. At that moment I want to be

*perfect. Lee always says I have to start from myself. I say to him, myself? What is myself? Who? I'm not that important. Who do you think I am: Marilyn Monroe.*¹⁴

In this context, the authors ponder how important psychotropic drugs were in Marilyn's life. It is generally accepted that the use of such substances coincided with the beginning of her career: "from her first roles at 18 she increased and diversified doses: barbiturates, narcotics, amphetamines"¹⁴ Chronic insomnia was the main justification for the use of so many medications; mentioned in her interviews as night terrors: *How can I sleep? How does that girl fall asleep? What does she think? Why do they call it "small hours" if they are the longest? Why am I so afraid?*¹⁴

Increasing exposure and profession demands meant "sleepless routine, sedatives, unfounded fears and the need for a bodyguard to the palace. [...] Screen started to leave her empty, pale and sleepless."¹³ Why, then, surrender herself so passionately to something that exhausted her? Marilyn's words hint that her relationship with the cameras was mingled with her desire to be loved: *"Now, I ask myself how often I make love with the camera. It is less gratifying than with a man, no doubt; but then it does less harm. We think: it's just a body and a look that catches you by the way."*¹⁴

In any case, this unbridled quest for love had something of death going on; mingling sex and the risk of disappearing: *"sex is something to be loved. In any case, to believe that one is loved; to believe, simply; to get lost into without belonging; to disappear without being dead."*¹⁴

References to death are continuous. The combinations of medications used – especially the high doses of Nembutal – were practically lethal. This can be seen in the poems she sent to her friend, the poet Norman Rosten:

*Help. Help. Help. / I feel life coming closer / When all I want is to die.*¹⁴

*Don't cry my doll. / Don't cry. / I hold you and rock you to sleep. / Hush hush I'm pretending now. / I'm not your mother who died. / Down the walk. / Clickity clack. / As my doll in her carriage. / Went over the cracks. / "We'll go far away."*¹⁴

Marilyn finally sinks into herself in 1962, when anxiety leads to excess numbness and anaesthetization causing premature death. Her death certificate recorded it as probable suicide by barbiturates poisoning.

THEORETICAL DISCUSSION

The present essay is an attempt to understand the role of barbiturates in Marilyn's subjective economy and the reasons for the substance abuse intake. A psychoanalytical essay con-

siders that the constitution of an individual and its particularities refer to the place it occupies in culture and in desire. Therefore, the subject speech must not be taken out of the symbolic plot in which it is structured; this includes substance abuse.

The academic background of nurses and health professionals in general considers the "subject" as an equivalent to "individual", that is, as an indivisible whole, governed by conscience. Such notion is awkward given that professional clinical practice is sought by people who are suffering and do not fit this indivisible "I": sudden anxieties, obsessive or suicidal ideas, fear of seemingly simple situations, in short, phenomena that seem to appear from another scene and over which consciousness has no influence.

This "other scene" caught the attention of a nineteenth century neurologist called Sigmund Freud (1856-1939). He began to get uneasy with patients diagnosed as hysterical: something that has an impact on the body but does not obey the laws of consciousness. He eventually discovered that women's discourse revealed another kind of rationality that, unknown to the speaker, spoke about the symptoms and the truth about the subject. Freud named this other rationality "unconscious."¹⁵

Sometime later, the psychoanalyst Jacques Lacan (1901-1981) suggested that the construction that links the subject to the unconscious and its desire stems from the fact that we are speaking beings. It is the language ability that causes the subject to emerge from the division between what can and what cannot be said.

Even before individuals are born, there is a reserved place in language that precedes them. The stories told and retold from generation to generation, the name the parents choose and the plans they make for their unborn child, all this precedes and defines the world individuals will be born into. Amid the struggle for survival, it is in the other that one seeks the signifiers that name hunger, thirst, fear and desire. Therefore, one can agree with Lacan when he says that we are born withdrawn from all that precedes us; he named that the "Other **".¹⁶

It is from this supposed great Other that the child, before it has even been born, receives his name, the name of things, the name of what he/she feels. The new-born who cries does not know what it is feeling; the one who names all that is this Other who knows all. However, anyone who has received this child in its desire also needs to focus on something that lies beyond it, indicating that this mother-child relationship is not enough to satisfy it.

By demonstrating to the child that she has other interests (get back to work, go to the hairdresser's or to the gym to lose the pounds gained during pregnancy, give attention to the father), the mother also stands as a woman and as such a desiring being. The child realizes that this Other also lacks something, it cannot do everything, see everything and name everything. The weakness is patent because the Other also has to resort to language, because it is impossible to say everything.

It is in this gap, characterized by the lack in the Other, that the subject will wonder about desire: what is it that this Other wants? And more: what is it that this Other wants from me? The answer to such questions will allow this speaking-being to structure itself. Its relationship with reality, with its sexual position (am I a man or am I a woman?), with the others and even how its symptoms are built will be influenced by this structuring time.

A question begs to be answered: how was the relationship of little Norma with this structuring Other? Considering the constitutive tissue of her discourse, it stands out quite noticeably (and it is distressing even to readers), her difficulty in talking about herself, in finding words to define herself. Considering that to be able to say is something that will be developed in the relationship with the Other, it is clear that her inability is rooted in the inconsistency of the actors who played (or should have played) this role. The recurrent abandonment and absence of both maternal and paternal side left her with the impossibility of finding a place in the Other where she could locate her desire.

However, she was not a subject entirely without resources. Through a symbolic shift in her discourse, Marilyn could, albeit weakly, locate a mother's place (the red-haired woman) and a father's place (Clark Gable's photo), thus being able to build the family myth from which she will be able to say. Still, the inconsistency of this place has never failed to bring her problems, especially with regard to her place as a woman in love relationships.

Since Freud¹⁷ sexuality is considered the most difficult aspect for the speaking-being to deal with because it necessarily implies a review of primary relationships lived with the Other. According to the unconscious, being a woman or being a man is not something anatomy may define. Freud's theory proposes the concept of denaturalisation of gender and treats sexuality as a choice of the subject's position towards "castration anxiety."¹⁸

More specifically, Freud⁸ considers the child as originally bisexual because it is initially unaware of the difference between the sexes and believes that all beings are gifted with the phallic attribute, source of great pleasure. In addition, both the boy and the girl turn to a single object of love, the mother. The crossroads between becoming a man or a woman occurs during what Freud named "Oedipus complex" and its relation to castration anxiety.

It is only here that boys and girls will be set apart and follow different paths. The boy situates himself in a rivalry relationship with the father for the maternal love. However, finding that the mother is not gifted with a penis, he assumes that she has been castrated and attributes the fact to his father. Thus afflicted by the fear that the father will punish him (for nurturing a forbidden love for the mother), the child gives her up as a love object, ending his Oedipus complex and identifying himself with his father.¹⁹

However, the female condition finds a different path. Initially, the girl also takes the mother as the first object of love. However, the encounter with castration will produce a

turnaround. Realizing the anatomical difference between the sexes, the girl will see that her sexual organs are insignificant against the boy's. Freud says that she will then hold a feeling of "penis envy" and claim a phallic substitute. So the girl starts to blame the mother for not gifting her with a penis (since she was not gifted with one), abandoning her as object of love and turning to the father in the hope of receiving from him a newborn (equivalent in the unconscious to a replacement for the expected penis).⁸

These theories, which Freud established from observation in his clinical practice, were objected to in his time and still are even today, especially amongst nurses, accustomed to a Cartesian reasoning: how can a female child assume to be gifted with a penis? Why does the child expect the mother to be gifted with one? And why does its absence influence the psychic constitution? In Lacan's view,²⁰ which considers the unconscious as a language structure, such issues receive another treatment: according to him all these elaborations happen in a symbolic level.

This is the constitution of the subject according to the signifiers that determine it. The "signifier has an active function in determining the effects in which the signifiable suffers his mark, becoming through that passion, meaning"²¹ The sexual difference will materialize for each individual through the effects that the signifier's marks can have on the body. "The phallic appearance is the main signifier of the relationship with sex and it regulates, on a symbolic level, the difference between men and women as well as their relationships."¹⁸

According to Lacan,²⁰ Freud's observations about the "primacy of the phallus", i.e. the notion on the part of boys and girls that they are gifted with the same sex organ, corresponds to an imaginary dominance of the phallic attribute, which appears exactly as what is not found where it was expected to be. However, as Lacan points out, the notion of phallicism implies disengagement from fictional category: a kind of spinning allows it to take its place in the subjective dialectic, not as a real organ, but as a signifier.¹⁶

The phallus, therefore, is not a fantasy or an object, not even the penis or clitoris it symbolizes: it is a special signifier intended to designate the effects of meaning.²¹

In terms of sexualisation, the consequence is that the unconscious will not hold a significant for men and another one for women. In the sexual field, there is only the phallic signifier and that is why according to the logic of desire (which is phallic) women appear as faulty; that is why the feminine "always points to something untamed, uncontrollable, not domesticated, impossible to grasp through knowledge."²²

"Neurosis works as a defence against the encounter with the lack of phallus and at the same time it allows the subject to structure itself, responding only to the Other, the otherness, standing out from that reference as a 'someone'."²²

There are different ways to build this “response to the Other” and, in the case of hysterical neurosis, the answer is to take a paradoxical position: while it positions itself as an object to be desired, as that which would complete the Other (embodying a phallic stance), she moves away from this position: “the hysterical woman causes the other to desire and above all to know the mystery that she encloses in herself. Therefore she positions herself as an enigma for another to crack, but what she wants is the enigma to be re-lived, never stagnated.”²²

Marilyn embodied this strategy as no one did, presenting herself as an object of consumption for men; attached to the stereotype of the *femme fatale*; her position in front of the cameras, of men, of the Other’s gaze held a phallic posture.

This attempt to establish herself as phallic object to the Other is a mask trick – to make believe that there is something behind it, when in fact, the mask hides nothing. In order to be able to do that there are many possible resources, including artistic and cultural production.²³ In the case of Marilyn, her wish to be recognised as an actress is something fairly recurrent and it can be understood as an attempt to be able to say (standing out from the Other through that signifier): her being “an actress” is equivalent to “be real”.

Marilyn Monroe reached stardom and was recognized worldwide as the true actress she wanted to be. But this, far from appeasing the pain, increased it and required the constant use of substances that would allow her to endure such pain. But what kind of pain is it? How can it be understood that someone throws so much energy into something and still gets sick? That question was answered to in article by Freud in which he discusses what he called “Those wrecked by success”¹⁵ According to him a libidinous achievement (to become an actress, for example) hides in itself another desire, unconscious and therefore repressed. That is, it is something inadmissible for the “I”, which at all costs tries to defend itself against this achievement. The subject is then divided between the demands of satisfaction drive of unconscious desire (closely related to the experiences of the Oedipus complex) and the guilt he/she feels when something from reality approaches the realization of this desire.

It is possible to discern the fierce superego which enforces on the subject two equally compelling impositions: “you will be like your father!”, and at the same time, “you cannot be like your father.” That is, subjects will blame themselves, anyway. In Marilyn’s case, this injunction refers exactly to the father figure: that slot is occupied by the seductive figure of Clark Gable, the real movie star.

Barbiturates emerge as soother of this distress, since she collapsed at home when she took off the mask and was faced to her personal issues that prevented her from sleeping. The substance plays the part of an instrument that makes it possible

for her to carry on with the role of *femme fatale*, even if the encounter with a man never meant to her a source of pleasure.¹⁴

Thus, the substance is part of the symptom structure, adjusting to the way of enjoying *** the subject. The frequent and regular use of medications is interconnected with the symptom: “it is another resource for the subject to deal with the desire of the Other.”²⁴

Marked by the construction of unconscious desire as opposed to pleasure, to the extent in which the subject’s dissatisfaction increases as distress, the approach of her own desire moves away. And then pleasure is in the poly complaints; desire becomes increasingly distant or even buffered by the continuous use of drugs that prevents the subject from developing knowledge about what makes him/her suffer.²⁵

Considering Marilyn Monroe’s case, unsatisfied desire is addressed as the constant demand for the love to the Other. The imposition as a phallic object to the Other is “at the mercy of the whims of this response.” If threatened or absent the subject “lacks cause”¹⁸ In this case, if the use of drugs became entangled to demands of love, pulling it out means to be at the mercy of the other’s whims. Paradoxically, this same path of sustained demand by the use of substances was also the way in which, by the lack of meaning, ultimately led her to death.

FINAL CONSIDERATIONS

The construction of the research, through psychoanalysis, allowed the authors to understand more about the unique relationship between the subjects and the position psychotropic drugs hold for them. It is also important to note that this study brings up the discussion on the specificity of the feminine subject, deconstructing the concept of naturalization of the genders, extricating it from anatomical determination.

Working with Marilyn Monroe’s discourse fragments allowed the researchers to go beyond her image, her fame, and her reflections in the popular imagination: it was possible to think about an individual distressed when confronted by the feminine enigma and to identify her strategies to handle it. However, the authors are aware of the limitations of this study, for only sustained listening in each case can contemplate the subject’s relationship with his desire.

The relevance of this study for nursing clinical practice resided in the possibility to illustrate and highlight the importance of individual listening in cases of substance abuse, because the nursing profession has direct and frequent contact with the patients (e.g. nursing visits).

Listening as a nursing strategy is possible only when the nurse departs from the position of holder of knowledge and allows the subject to construct his/her speech, outlining the psychological mechanisms involved in what he says and why. In

order to be an agent of this process, the professional must be willing to give up the condition of specialist, thus allowing the presence of the other in the place of subject.

The present essay does not aim at prescribing psychoanalysis applied to the nursing practice, because only the uniqueness of each individual's experience may or may not build such process. The latter implies the need for nursing education strategy that goes beyond the university walls; it implies, to anyone who wishes to venture into the unconscious, a commitment that goes through personal analysis²⁶ and this cannot be prescribed.

* Psychotropic drugs with soothing effects that replaced barbiturates in the early sixties, due to its being efficient and less aggressive than its predecessors.
** The Other, in capital letter, is related to language, where are the signifiers appropriated to name the world and experiences. Writing "Other" with a capital letter the authors want to differentiate it from the "other", people with whom we interact, our peers, with whom we identify, because they are like us
*** It is noteworthy that, for psychoanalysis, pleasure is a concept that connects the satisfaction and displeasure.

REFERENCES

- Gama CAP, Campos RTO, Ferrer AL. Saúde mental e vulnerabilidade social: a direção do tratamento. *Rev Latinoam Psicopatol Fundam.* 2014; 17(1):69-84.
- Silveira LC, Martins IC. Women's benzodiazepine abuse: a psychoanalytic approach. In: Khanlou N, Pilkington B, editors. *Women's mental health: resistance and resilience in community and society.* Advances in mental health and addiction. New York: Springer; 2015.
- Queiroz Netto MU, Freitas O, Pereira LRL. Antidepressivos e benzodiazepínicos: estudo sobre o uso racional entre usuários do SUS em Ribeirão Preto-SP. *Rev Ciênc Farm Básica Apl.* 2012; 33(1):77-81.
- Mendonça RT. Corpo feminino medicado e silenciado: gênero e performance. *Saude & Transf Soc.* 2011; 1(2):43-50.
- Telles Filho PCP, Chagas AR, Pinheiro MLP, Lima AMJ, Durão AMS. Utilização de benzodiazepínicos por idosos de uma estratégia de saúde da família: implicações para enfermagem. *Esc Anna Nery Rev Enferm.* 2011; 15(3):581-6.
- Souza ARL, Opaleye ES, Noto AR. Contextos e padrões do uso indevido de benzodiazepínicos entre mulheres. *Ciênc Saúde Coletiva.* 2013; 18(4):1131-40.
- Oliveira EN. Saúde mental e mulheres: sobrevivência, sofrimento e dependência química lícita. Sobral: Edições UVA; 2000.
- Freud S. O mal-estar da civilização, novas conferências introdutórias à psicanálise e outros textos (1930-1936). São Paulo: Companhia das Letras; 2010. Translation available from: <http://www2.winchester.ac.uk/edstudies/courses/level%20two%20sem%20two/Freud-Civil-Disc.pdf>, visited at 3 October 2015
- Lima D, Silveira L, Vieira A. Listening in the treatment of psychological stress: an integrative review. *J Nurs UFPE on line.* 2012; 6. [Cited 2015 Feb 15]. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/2632/pdf_1479
- Laurent E. Como engolir a pílula? In: Miller JA, organizador. *Ornicar? De Jacques Lacan a Lewis Carroll.* Rio de Janeiro: Jorge Zahar; 2004.
- Silva TC, Kirschbaum DIR. Psicanálise como método de pesquisa que se desenha na prática clínica: contribuições para a Enfermagem. *Rev Gaúcha Enferm.* 2008; 24(3):486-90.
- Ibarray IN. O que é pesquisa psicanalítica. *Ágora.* 2003; 6(1):115-38.
- Mailer N. Marilyn. Rio de Janeiro: Record; 2013.
- Schneider M. Marilyn últimas sessões. Rio de Janeiro: Objetiva; 2008.
- Freud S. Introdução ao narcisismo: ensaios de metapsicologia e outros textos (1914-1916). São Paulo: Companhia das Letras; 2010.
- Lacan J. Subversão do sujeito e dialética do desejo no inconsciente freudiano. In: Lacan J. *Escritos.* Rio de Janeiro: Jorge Zahar; 2003.
- Freud S. Três ensaios sobre a teoria da sexualidade. In: Freud S. *Edição standard brasileira das obras psicológicas completas de Sigmund Freud.* Rio de Janeiro: Imago; 1976. p.123-52.
- Soler C. O que Lacan dizia das mulheres. Rio de Janeiro: Jorge Zahar; 2005.
- Freud S. O eu e o id, "autobiografia" e outros textos (1923-1925). São Paulo: Companhia das Letras; 2010.
- Lacan J. O seminário, livro 4: a relação com o objeto. Rio de Janeiro: Jorge Zahar; 1995.
- Lacan J. O seminário livro 5: as formações do inconsciente (1957-1958). Rio de Janeiro: Jorge Zahar; 1999.
- Maurano D. Histeria: ontem, hoje e sempre. Rio de Janeiro: Civilização Brasileira; 2010.
- Santana VLV. Escrita e "não falo". *Opção Lacaniana.* 2013; 10. [Cited 2015 Feb 15]. Available from: http://www.opcaolacaniana.com.br/pdf/numero_10/Escrita_e_nao_falo.pdf
- Cunha BMC. Cuidado clínico de enfermagem e drogadicção: contribuições da psicanálise [monografia]. Fortaleza: Universidade Estadual do Ceará; 2010.
- Aguiar DT, Silveira LC, Dourado SMN. A mãe em sofrimento psíquico: objeto da ciência ou sujeito da clínica? *Esc Anna Nery Rev Enferm.* 2011; 15(3):622-8.
- Kurimoto TCS. O cuidado de enfermagem em saúde mental na perspectiva da clínica do sujeito: questões de fineza [tese]. Campinas: Universidade Estadual de Campinas; 2010.