Vademecum for Psychoanalytic Conversations with Radicalized People and Jihadists on Probation or in Jail

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"It seems that neurosis provides a great deal of protection against crime."
T. Reik, 1925, p. 148

"It is not in the structure of the neurotic to suspect a hope for healing in the criminal act."
J.-C. Maleval, 2011, p. 71

According to the definition of the Académie française in its 7th edition of the French dictionary (Dictionnaire des Académiciens), the *Vademecum* is a "term made up of two Latin words". It is a "thing that one usually and conveniently carries with oneself in order to inform oneself, to orient oneself". In a broader sense, the *Vademecum* means a collection of information about the rules of an art or technique that are to be observed or followed and that is kept handy for reference. How then to relate this *Vademecum* to psychoanalysis?

The practice of psychoanalysis cannot be reduced to the clinical session. Freud's work contains numerous examples of "off the premises" or "exported" psychoanalysis, such as the texts on Leonardo da Vinci (Freud 1910), Schreber (Freud 1910), and "Totem and Taboo" (Freud 1912). Professor Jean Laplanche (Laplanche 2008, p. 14, 15) would rather talk about "exported" psychoanalysis than about "applied psychoanalysis": a more common term which can be criticized because it is "secondary" in Freudian thought, whereas "off the premises" or "exported" psychoanalysis seeks to draw the results from its direct contact with the object, both in the speculative register and in reality.

Already at the beginning of his clinical work, Sigmund Freud had sensed the – so to speak – "practical" relevance of psychoanalysis when he addressed the students of Alexander Löffler, Professor of Criminal Law at the University of Vienna, on the subject of "Diagnosis of the elements of the crime and psychoanalysis" (Freud 1906). The text of his lecture was

published in December of the same year in an issue of "Archives for Criminal Anthropology and Criminology", a journal edited by Hans Gross, a professor of criminology in Prague and later in Graz.

It is from this text, but also with reference to the two quotations at the beginning of this *Vademecum*, that we will develop our thoughts.

Let's take a look at the main points.

– The importance of the unconscious in understanding, as Freud explained as early as 1901, that seemingly unmotivated acts can be enlightened by mechanisms that limit psychological arbitrariness. This confirms the usefulness of "free associations", which in reality are not free at all: it is precisely the appearance of casual ideas determined by the unconscious in "unhindered" speech that gives them their clinical value and attests to it. This is also the reason why the analyst avoids either answering or even asking the analysand's questions, which are well-known forms of resistance. Unlike psychology, psychoanalysis never begins with a patient anamnesis.

– We wish to underline what we have been claiming since our first writings on the psychic mechanisms – the psychological conditioning – of radicalization and Islamist terrorism (Vannier 2020): namely, that attempts at deradicalization, especially those based solely on the influence of the "ego", remain ineffective if they do not take into account the unconscious of their author. It is the psychic vulnerability (Vannier 2024) of the latter that has made this "manipulation" possible through the propaganda skillfully distributed by the recruiters of terrorist organizations. A manipulation whose structuring effect can even be sought by psychotics, as will be explained in more detail later.

– The need to return to this clinical structural distinction between neurosis and psychosis, which has been erased by successive developments imposed by American psychiatry. Freud left behind some fundamental texts on this difference between neurosis and psychosis. In two texts that followed one another in the same year, Freud provides interesting, somewhat didactic, but clear in their expression clarifications: In "Neurosis and Psychosis", Freud explains: "Neurosis is the result of a conflict" – the result of a failed repression, he also writes – " between the ego and its id, while psychosis is the analogous outcome of such a disturbance in the relationship between the ego and the outside world" (Freud 1924, p. 333). In the second text, "The Loss of Reality in Neurosis and Psychosis", he gives the effective mechanisms for the reality of the person affected: "Neurosis does

not deny reality, it only wants to know nothing of it; psychosis denies it and seeks to replace it“ (Freud 1924, p. 359).

We would like to emphasize the difference between neurotics and psychotics in order to propose a clinical approach to improve the assessment of radicalized persons, persons on probation, or persons already incarcerated through interviews. Three arguments will highlight and illustrate our approach.

1. The first is of course refers to the selection of the two epigrams that preceded our article. This is not without reason. It is significant that two internationally renowned psychoanalysts and clinicians, despite more than 80 years that separate them, feel the need to affirm the same thing: the fact that a neurosis which is based on the antagonism and confrontation of two drives (Spaltung/Cleavage), acts as a psychological structure to support and contain the human psyche. As the two authors explain, the result is a reduced risk for those affected by it that they will act or become outwardly active. And this is in contrast to the psychotic structure (Zerspaltung/Collapse) which is characterized by an internal breakdown that leads the subject to fill this endless vacuum by looking outside for a way to cling to something tangible: an ideology, a religious injunction, or, more radically, a criminal act.

2. The second argument comes from our previous researches on “Radicalization“, “Islamist terrorism“ and, more recently, “Serial killers“. All cases examined indicate triggered psychosis or psychosis of varying degrees. Islamist radicalization, with its requirements of injunctions and prohibitions, becomes a psychic substitute or, so to say, a surrogate structure for the collapsing structure of the person. In the case of serial killers or sex offenders, it is the perversion – in the clinical, not the moral, sense – that often plays a role in reducing the triggering of the psychosis. Nevertheless, both categories experience a discharge of drives through the execution of the act (Vannier 2025). In the study on jihadists, it turned out that the imputation of infidels was only a self-justification for the act, which was intended to enable the offender to episode a connection – a very thin one – back to reality. In our study of crime, the reactions of the criminals – vague remorse, justification discourse based on the evil role of women, distancing themselves from their crime, and even the physical organization of the “signature“ at the crime scene – also serve the same kind of purpose.

3. Finally, all the various conversations and informal discussions I have had with those responsible for dealing with radicalized people or people imprisoned for Islamist radicalization or terrorism have shown that, despite all the official – and sometime non-official – "tools" at their disposal, the whole assessment of these people remains quite difficult. Hence the need to find additional means to improve this evaluation: "When assessing radicalized people, boxes are ticked", a German head of criminal police explains to me, "but in the end you need a more refined assessment". There's a need to add something of a psychic nature, or something to do with the character's perception.

Perhaps it should be remembered that this essential distinction between neurotics and psychotics has been blurred by developments in official nosography. The marginalization of hysteria by Bleuler (1911), who gave preference to his concept of schizophrenia, announced the gradual but inevitable disappearance of hysteria from the nosographic tables. Confirmed by the successive developments of the DSM of American psychiatry which promote biologism and behaviorism, the diagnostic approach to madness – at the risk of confusing it with disorder and violence – testifies above all to a rationalized need for control in the face of the horror of reality, especially when its manifestations exceed human comprehension. French psychiatry could not escape this logic, both for economic reasons and for lack of personnel. Even if we have to remember that Freud, in his last text (Freud 1937), reminds us that the demarcation of the psychic norm from abnormality is scientifically impracticable: it is only a question of degree, not of nature.

Let us give two examples which illustrate the dead ends to which this obsession with nosological categorization inevitably leads. Psychiatry has multiplied the subcategories of schizophrenia, whose multitude and overlap betray their inaccuracy. Some clinicians even advocate the abolition of schizophrenia (Vannier 2023). As an evidence how difficult it is to deal with the symptoms of hysteria, psychiatry has finally created the hybrid concept of "hysterical psychosis" which is nonsense in itself. "Nothing resembles a hysterical symptom more than a psychotic symptom", says Lacan in 1956.

The following table is intended for use by police and justice officials in charge of conducting assessment interviews with radicalized individuals

or terrorists on probation or in prison. It aims to list, as far as possible, the distinctive and pathognomonic signs between neurosis and psychosis that are likely to be perceived by non-specialists during the interview.

CLEAVAGE (Symptomatic manifestations)	**COLLAPSE** (Symptomatic manifestations)
Thought streams and levels of consciousness run side by side, without communicating with each other or only partially communicating. **General characteristic** – Hysterical delirium is a delirium of descent with prevailing erotic-mystical themes that have their origin in a disturbance of the Oedipal organization. – What particularly characterizes the hysterical neurotic is repression. – The repressed can return "from within" in the form of symptoms, slips of the tongue, or parapraxis. **Pathognomonic signs** – The Oedipal theme can be recognized in speech. – Expression of an essential discontent with the desire, connected with feelings of guilt. – Oedipal dreams – Eroticization of speech – The speech of the hysterical person, unlike that of the psychotic, takes place in diachrony. – Exuberance of the imagination – Fantasies of prostitution and rape – Sexual guilt – This means a feeling of a fault, the exact nature of which is unknown to the affected person: melancholic delirium. ⋁ ⋁	We are in the presence of cracks, fragmentation, dismemberment, crumbling. **General characteristic** – Complete "discarding" of the outside world from the subject's consciousness in case of hallucinatory confusion. – What particularly distinguishes the psychotic is the rejection of a fundamental "signifier". – These rejected signifiers are not integrated into the unconscious of the subject. – They do not return from the "inside", but appear in reality, especially in hallucinatory phenomena. **Pathognomonic signs** – A feeling that most psychotics express: that of a "gap", a "hole" that they cannot fill. – Distortion of the discourse by drifting or interrupting the chain of meaning of thoughts and words. – Psychic dissociation: irreducibility of the meaning of the delusion to the subject's consciousness. – The feeling of insignificance – Psychotic delirium: The consciousness of the affected person is radically dissociated from the meaning of the delusional statements. – Destructuring the chain of signifiers – Psychotic dissociation is located at the level of the structure of delusions. ⋁ ⋁

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– Hysterical delirium does not create a stable phantasmatic neoreality: there is always a – more or less convincing – contact with reality. – Hallucinatory fulfillment of a wish – Phallicization (eroticization) of one's own body – The hysteric (neurotic) lives the drama of his character's identity. – Hysterical madness: amultifaceted disease state and symptomatic plasticity. – Instability of speech – Examples: "the pain that strangles"; "the suffering that crushes"; "the misfortune that constricts the throat" – Disidentification: loss of the boundaries of the ego; demonic possession. – Mirror visual disturbances in the body image – Autoscopy disorder: the image a person has of him or herself and the affective resonance between this image and the way personality of the individual is experiencing it. – The fragmented body of the the hysterical neurotic: conversion manifests itself in a bodily symptom that causes a siphoning off of the libido, even if, according to Freud, this is a "false connection". – The neurotic can sacrifice a part of his body image without losing its unity. – Over the triggering of the delirium: On the occasion of a trauma, often of a sexual nature.	– Paranoid deliriums are dissociated delusions in which the person loses contact with reality. – The psychotic lives the drama of his character's existence itself. – Death drive: self-aggressive or hetero-aggressive tendency that aims to destroy all life, to disorganize everything, whether on the social level or on the level of the existence of the individual being. – Destructuring of the ego – The subject who goes through it can behave in life without others noticing anything strange about him. – Lacan's "Alienation process in the image of the other": For the psychotic, the confrontation with the unconscious body image of the other reactivates his own imaginary dislocation. I.e., the difference between the original perception of one's own mirror image and the lack of motor coordination at the moment of this perception. – In contrast to the hysterical conversion, the psychotic feels the unstoppable need to destroy the body of the other person who presents him with this unbearable unconscious image- through dislocation, fragmentation, dismemberment. – Inability of the psychotic to establish a connection between part and whole. – On the triggering of psychosis: simple rejection of reality.

We know that it is difficult for normal people to accept: one finds in a single individual the coexistence of a fanaticism bordering on madness and a calculating ingenuity that leaves nothing to chance in the preparation of its action. This contradiction, or rather resistance, is well known to professionals in the field of criminology.

This leads to two errors:

Firstly, acting with intent – and the associated meticulous preparation of a terrorist act – does not rule out mental illness.

Secondly: There is a cold psychosis, that is, without decompensation or delirium. Perhaps to support this claim we can quote profound reflections of Jean-Claude Maleval: "Delirium is compatible with the exercise of the highest conscious faculties" (Maleval 2011). The most everyday clinical picture shows that a patient in delirium can carry out all kinds of professional activities.

Therefore, in our opinion, it is important not to limit oneself to the behavior of the person being assessed, but, on the contrary, to analyze the discourse that takes place during the evaluation interviews.

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