Psychoanalysis and Psychiatry: the French Paradox

Alain Vanier

I am very grateful for the opportunity to have this conversation with Christopher Lane, the author of a major work on the drifting of contemporary psychiatry, and in my today's talk he will find echoes to many of the arguments he has made. I myself have advanced an argument from which I am going to diverge slightly, in order to focus on the responsibility of psychoanalysts (and psychiatrists) for this drifting, which has completely changed the landscape of mental health in France.

A fundamental misunderstanding reigns between psychiatry and psychoanalysis, one which I would like to examine in the light of the French situation at the end of the 20th century, which, far from clearing it up, in fact turned it into a paradox, while for the most part remaining completely unaware of it.

Among the medical disciplines, psychiatry has always occupied a special place. On the one hand, Bichat's clinical-anatomical method, which founded modern medicine, lead it to no results - which does not mean that psychiatrists have ever given up on it. With a few exceptions, such as Bayle's discovery of meningoencephalitis in general paresis, the situation has remained unchanged and it is not at all certain that recent research has greatly advanced the issue. In the absence of organic causality, and in order not to fall back into the rut of religious discourse, Pinel gave up on the maladies of the soul and instead advanced the notion of the mind; instead of observing corpses, the psychiatrist now became the observer of human behavior, against the backdrop of Condillac's theory of faculties. The conflict between organogenesis and psychogenesis would nevertheless continue to both animate and divide the entire psychiatric field of the past two centuries.

Yet on the other hand, in the newly republican society, psychiatry was quickly confronted with what Lacan called its "policing function." And indeed, while in the Ancient regime anyone was able to have anyone else sectioned, the 1838 Law for the Insane protected patients against arbitrary action but at the same time also gave the psychiatrist a legal right to deprive a person of one of the Republic's fundamental values: his freedom. Psychiatry is the only medical discipline that has this power.

With its scientific aspirations, the taxonomic method reintegrated madness into the realm of the possible, while at the same time introducing social regulation and exclusion: already in the early 1950s, in *Maladie mentale et personalité* Foucault describes how "Christianity, which has robbed mental illness of its human meaning, gave it a place within its universe," while modernity acts to "restore to mental illness its meaning (…) yet at the same time it excludes the mental patient from the human universe."

Freud comes from the Austrian and German psychiatric and neurological tradition, which has always focused on physiological explanations. On his arrival in Paris, he encounters the French school, more concerned with clinical description than with theoretical explanation. You will surely remember Charcot's famous assertion about theory: "Ca n'empêche pas d'exister." [*That does not stop it from existing.*] Yet

although Freud situates himself at the crossing of these two currents, he also makes a break with them, massively subverting both of these objectivizing discourses and thus putting psychoanalysis fundamentally at odds with psychiatry. Therefore, contrary to what we may think, psychoanalysis did not situate itself in the psychiatric debate between organogenesis and psychogenesis. The psychogenetic position of some analysts is one of the effects of a certain psychologization. Freud will argue that for each individual there is both the dispositional and the arbitrary, while psychoanalysis is only able to act upon the latter. As regards the relationships between psychiatry and psychoanalysis, Freud's position is clear and revolves around the question of the subject: "Psychiatry […] can only say with a shrug: 'Degeneracy, hereditary disposition, constitutional inferiority" – and today we could add problems of self-monitoring, of neurotransmitters, etc. – "The psychoanalyst tells the patient: 'The responsibility [for your symptoms] is, it must be said, entirely yours.'"

France was among the Western countries in which it took psychoanalysis the longest time to gain ground. Contrary to the enthusiasm of the Surrealists, physicians' attitude was one of suspicion against a discipline coming from the country of France's traditional enemies. In the 1920s, one could often hear that Freudian theories might be valid for the Germans but not for the French. A small number of psychiatric wards, such as Claude's service at the Saint-Anne hospital where Lacan worked, would be open to psychoanalysts and one society, member of the IPA, was founded, but it was only after 1945 that psychoanalysis would develop, parallel to a large movement to reform psychiatry, after the "soft extermination" of the war, which saw great numbers of patients dies of hunger in psychiatric hospitals. In the course of these years, from the new practices trying to reform psychiatric institutions will emerge both institutional psychotherapy – most famously and most radically that of Jean Oury in La Borde, with Felix Guattari, Ginette Michaud, etc. – and the "sectorization" policy which transformed the French psychiatric geography, and finally antipsychiatry – introduced by Maud Mannoni and the Experimental School in Bonneuil-sur-Marne and representing the most radical wing of this movement. The origins of this mutation are numerous: the fact that the *univers concentrationnaire* became unbearable; the importance of social and political thought in French intellectual life; the unprecedented experiences of the war, such as the birth of institutional psychotherapy in Saint Alban, out of necessity – to feed the patients – but also thanks to the political awareness of its initiator Tosquelles, a Spanish republican who found refuge in France; in Saint Alban, where they also reprinted Lacan's thesis on paranoiac psychosis.

Within all this, the figure of Lacan – and all that will happen around him – is quite emblematic of what happens in the field more generally. A trained psychiatrist, Lacan first approaches psychoanalysis through psychosis (and not through hysteria like Freud) and consequently via the question of narcissism, formulating the notion of the mirror stage already in 1936. Lacan's psychiatric past is also apparent in his practice of the patient case presentations, in his frequent admission of his debt to Clérambault, and also in what he would say to psychiatric interns, when he would criticize them for being too concerned with their own analysis and not enough with their clinical practice.

During the establishment of the Clinical section in 1975, Lacan's anchoring in psychiatry will provoke a conflict with Maud Mannoni. This is paradoxical in multiple ways, not least of which the flourishing of new clinical experiences based on Lacan's teaching, at a time when he was developing a theory that left few prospects for treatment (the foreclosure of the Name-of-the-Father), as opposed to what he would argue later in the course of his teaching.

Several generations of psychiatrists were trained in this environment and later practiced in an atmosphere where it was a matter of course that psychiatric training necessarily led through psychoanalysis. This period then concerned the entire post-war psychiatric movement and was largely marked by Lacan's contribution. The impact which psychoanalysis had on the reform of psychiatry was therefore shared between institutional reorganization, a new interest in the doctor-patient relation and even anti-psychiatric radicalization, which in France, contrary to the English and Italian movements, always remained connected to psychoanalysis.[1]

Yet only rarely does Lacan talk directly about the relationship between psychiatry and psychoanalysis or speaks to psychiatrists as such.[2] However, when he does, starting in the 1960s, we repeatedly hear the same terms, references or even lines of argument. He reminds them that the psychiatrist represents a "social service," that he has a "policing function" and he invariably refers to Foucault's work – not only to *Madness and Civilization* but also to *The Birth of the Clinic*[3] – and each time he mentions the term "segregation." He then continues with an argument about language, the signifier and the subject or the question of jouissance. This does not mean that he was actually understood. On one occasion, I in fact made a precise record of these interventions, for a discussion with some of my colleagues who were hospital psychiatrists and Lacan's students. Each time they were surprised: in their opinion, Foucault was crazy – a curious qualification on the part of psychoanalysts!

***

We have left behind the happy thirty-year-long period of honeymoon between psychiatry and psychoanalysis, a very brief period with regard to the history of psychiatry, and we are now entering a time in which psychiatry separates itself from psychoanalysis in the name of "science." Our generation had lived in the hope that

[1] *Cf.* A. Vanier, "Psychanalyse et antipsychiatrie", *Topique*, n°88, Le Bouscat, L'Esprit du Temps, 2004.

[2] *Cf.* in particular: J. Lacan (1966), "La place de la psychanalyse dans la medicine", in J. Aubry, *Psychanalyse des enfants séparés*, Paris, Denoël, 2003 ; J. Lacan (1967), "Discours de clôture des journées sur les psychoses de l'enfant", in *Enfance aliénée*, Paris, Denoël, 1984 ; J. Lacan (1967), *Petit discours aux psychiatres*, inédit ; J. Lacan (1968), Interview à *Tonus*, n° 331 ; J. Lacan (1969), Préface à A. Rifflet-Lemaire, *Jacques Lacan*, Bruxelles, P. Mardaga ; J. Lacan (1970), "Apport de la psychanalyse à la sémiologie psychiatrique", inédit ; J. Lacan (1971-1972), *Je parle aux murs*, paris, Seuil, 2011.

[3] *Cf.* M. Foucault (1954), *Maladie mentale et personnalité*, Paris, P.U.F.; M. Foucault (1962), *Maladie mentale et psychologie*, Paris, P.U.F. ; M. Foucault (1963), *Naissance de la clinique*, Paris, P.U.F. ; M. Foucault (1961,1972), *Histoire de la folie à l'âge classique*, Paris, Gallimard ; M. Foucault (1954-1988), *Dits et écrits*, 4 vol., Paris, Gallimard.

psychoanalysis, to use Lacan's words, would provide psychiatry with the understanding of madness that the psychiatrist lacks. Yet this illusory sympathy was not enough to wake the psychiatrist from his "sleep." Today, the role given to psychiatry has become split: on the one hand a social service, which indeed returns to the social, to social treatment of madness, already begun in the hospitals but now also increasingly provided by prisons, help centers of various non-profit and charitable organizations, and by the street. The other aspect of the psychiatrist's function has become distinct from the first by associating itself still more closely with the techno-scientific, pharmacological dimension of discipline. The psychiatrist was thus able to become, like the physician of whom Lacan speaks in his lecture at the College of Medicine, a "distributor of medication" but also a prescriber of reeducation courses. As early as 1967, Lacan argued: "Psychiatry manages to be part of general medicine only on the condition that the latter will itself become part of the pharmaceutical dynamics."

Therefore, what used to be psychiatry's singularity at the dawn of modern medicine is now gradually disappearing. However, should we feel any nostalgia for the old psychiatry we have lost? The idea that we could find in it the anticipation of the psychoanalyst's position has been furiously contested by Etienne Trillat, with respect to the claim that Charcot and the members of the Salpêtrière School (of which he was not actually a member) "listened" to their patients. Trillat subsequently wrote an article, the precise reference of which I can no longer find, but which was called "The construction of the clinical picture." The point was indeed to put together a clinical picture, a "case" based on observation, and not to "listen" to patients. For the history of madness, as Foucault's work amply shows, is also a history of exclusion.

Lacan never stops interrogating the psychiatrist's position. The psychiatrist is the creation of a particular historical turning point, defining him in terms of "his position with respect to the walls of the asylum," walls "which secularism has erected to exclude madness from itself." In the same lecture to psychiatrists, Lacan claims that "Before me this had never been analyzed, in any case not in the psychoanalytic or psychiatric-psychoanalytic milieu," referring to his 1946 *Propos sur la causalité psychique*. The status of psychiatrists had indeed never been examined by either the psychoanalysts who were formerly psychiatrists, or by the psychiatrists-psychoanalysts and there had never been the slightest "discord with respect to the psychiatrist's position" because very early on Lacan "questions the segregation of mental illness and its connection to the discourse of the master," i.e. segregation as an effect of capitalism.

Here we could refer to Michel Foucault's work and his use of the term "bio politics." Foucault argues that capitalism does not represent "a transformation from collective to private medicine but its opposite." This remark seems to contradict the approach of Henri Ellenberger, who has shown that in the past, any illness was perceived as involving the collective body, as a dysfunction of the entire social sphere and therefore requiring collective strategies to reintegrate the patient into his group. However,

modern collectivization is different: it is caught in a correlation between an "individualization taken ever further" and the consolidation of the community of individuals as a totality. The asylum and internment thus appear as, among other things, "a mode of controlling individuals (…) through their bodies," the asylum constituting one of the modalities of this framework. For Foucault, the emergence of the first social hygiene program in the mid-18th century marks a fundamental change. Until that time, the monarchy was not primarily concerned with individuals as a population, while the contemporary state is posited as responsible for our heath, including mental health, and still more recently for our well-being. Between the 17th until the 19th century, the power management inside the asylum changes from religious to medical. The fact that psychoanalysis situates the psychotic outside discourse and outside the social bond is not enough for it to not interrogate or even justify the way in which a society, particularly our own, treats its mad, in this way doubling the discursive exclusion. Yet this dimension of power is founded upon the constitution of a certain knowledge (*savoir*) about madness, knowledge that goes hand in hand with this new mode of exclusion, which Lacan expresses as: "They have incarcerated them for humanitarian reasons." At the same time, there is no doubt that without isolation, without the 19th-century invention of the asylum and the rise of modern medicine, we would not have been able to identify the symptom. Lacan stresses that we have only got an idea of the symptom once the madman was put into isolation.
Yet the growing tendency towards medicating life is a modality of "a technology of power simultaneously individualizing and globalizing" and is characteristic of today's "society of control." For Deleuze, the birth of new frameworks which replace incarceration – community psychiatry and all that belongs to the psychiatric reform of the 1950s-1980s – is a manifestation of a "generalized crisis of all spaces of enclosure" and announces the transformation of disciplinary societies into societies of control: "Man is no longer man enclosed, but man in debt," a claim which we can put alongside Lacan's assertion about the growth of guilt at the cost of shame in our culture. Madness becomes invisible, drowned in the frameworks of care centers and in the totality of individuals who fall short of the increasingly more restrictive norms that modern medicine produces and guarantees. Christopher Lane greatly stresses the lowering of the diagnostic threshold, also citing Kessler: "About half of Americans will meet the criteria for a *DSM-IV* disorder sometime in their life." However, Allen Frances, who is at the same time one of the editors of DSM-IV, has recently expressed her alarm at what this percentage is to become in the next DSM-V. In psychiatry, bio politics finds its ultimate extension.

The moral and the medical order exchange their values. The physician increasingly adopts the physiologist's perspective; however, from the physiologist's perspective, do the normal and the pathological coincide with the opposition between health and illness as it is experienced by the individual himself? These remarks made by Dominique Lecourt refer to Canguilhem's definition of health, as a modality in which the organism continuously invents new forms. Life is an irreversible process – there is nothing unhealthier than getting old, as Raymond Devos used to say. And he

would add: “I’ve decided to stop! But now and then I let myself go and I get a bit older.” Is this not what happens to us all, in a world in which health is presented as a conformity with a “natural” norm? We understand the difficulty of psychoanalysis, which holds that norms are created by the unconscious and considers the status of a value associated with an object highly problematic.

However, in the modern world there is only a “socially average truth,” the truth of statistics and contemporary evaluation. It is quite different from the way in which each subject suffers from his relationship to jouissance and the fashion of adaptive psychotherapies is here to destroy what manifests as truth in each single case. The “average man” of statistics becomes the figure of a tyrannical ideal, replacing the repressive discipline of the past, an ideal against which each individual must now measure himself.

***

Although the term “segregation” appears regularly when Lacan speaks to psychiatrists, it does not capture solely the status of the madman. It concerns a deeper and more general trend within modern societies, which Lacan identifies as an effect of the emergence of science and its correlative, the subject as the subject of science. Certainly, the pure subject of science only exists as the subject of scientific knowledge: one part, one half of the subject is expressed in fantasy and in its relationship to the object. Today, all of our social relations, the entire organization of our world, are founded on “unknown subjective realities,” which have the function of a break, of channeling jouissance, that is to say of articulating, *enframing* this untreatable part. This has provoked “the profound changes in the social hierarchies which characterize our times,” with the universalization of the subject and the collapse of the imaginary-symbolic reference points as a result and segregation as the price to be paid. In all this, Lacan thinks that psychiatrists have missed a valuable opportunity to interrogate the dimension of segregation, as they were, thanks to their practice, particularly well placed to do so; unfortunately, they were “fast asleep.”

In our democratic world, based on a certain idea of liberty, psychosis acquires, due to the fact of its incarceration, a particular status. “Inside the collective, the psychotic presents himself essentially as a sign – but it is a sign in an impasse – of what legitimates the reference to liberty.” This can help us understand Lacan’s interpretation of antipsychiatry as a movement of “the psychiatrist’s liberation,” which went as far as to hail the schizophrenic as its model. Yet, this rebellion is a dead end. Modern psychiatry has only fulfilled its destiny as it had been written long ago: the normalization of behavior and the modification of the status of the body, produced by the effects of science, with the unprecedented “epistemic-somatic break” as their consequence. As Jean-Michel Zucker notes, the body of the fellow human being has today become a potential reserve of organs, recalling a point made by Levi-Strauss

about generalized cannibalism[4] but also and especially hinting at the fragmentary way in which the body has entered the generalized market exchange.

Today's progressive disappearance of walls has nonetheless not diminished the effects of segregation, which merely take on other, less ferocious forms. What then can we expect from psychoanalysis in psychiatry?

***

Speaking to psychiatrists in 1971, Lacan hoped that psychoanalysis would subvert a "certain knowledge position." Yet what happened was in fact an attempt at unification. In accordance with modern ideals, knowledge is put in the position of the master and supplies discourses with their current persuasive power. However, the fundamental heterogeneity of this particular knowledge – psychoanalysis - must be maintained in order for it to be able to continue questioning both the politics of the psychiatrist's "social function" and his scientistic subjugation to contemporary technologies of care. Medicine is indeed the earth from which psychoanalysis once sprang; it was born, it seems to me, from medicine's abandonment of a position that it had always occupied. Psychoanalysis turned the secret of this position into its own knowledge. Under what insignia should we therefore put psychoanalysis? It is neither psychiatry nor psychology; neither psychotherapy nor philosophy, nor anthropology, etc. The heart of what it is lies in the psychoanalyst's act, not in the analytic framework, nor in its theory. In the same way that each psychoanalytic cure begins from the psychotherapeutic misunderstanding, that of suggestion, which must be lifted each time, repeating, in each analysis, Freud's inaugural giving up of hypnosis, psychoanalysis and psychoanalysts must also tirelessly work through its connection to other discourses, since psychoanalysis must relentlessly identify its object in order to articulate it by derailing the other discourses of a given period, like a theoretical cuckoo that lays its eggs in the nests of others, using them to its own advantage. The development of contemporary psychiatry only further reveals the misunderstanding – hence the psychiatrist's "sleep" – of this bygone era, of which some psychiatrists-psychoanalysts nevertheless remain nostalgic. This is why Lacan's question – how is it possible that psychiatrists, who at the time would undergo a training analysis, do not question their position as psychiatrists and return to it as if analysis had changed nothing – remains unanswered.

However, like any other origin, this medical origin of psychoanalysis – though not its only one - never stops acting on the present. Rather than seeking refuge in other established bodies of knowledge, it is no doubt better to maintain the existing tension, created by the mutual antipathy of these discourses, in order to set it to work and perhaps to wake psychiatrists from their discursive sleep, in which they have sunk in complete ignorance of the real determinants of their position. As for the psychoanalyst, he should remember Freud's courage with respect to the "real of the clinic," or even Lacan's nerve, when in 1968, interviewed by a medical journal and asked whether

[4] C. Lévi-Strauss (1993), « Nous sommes tous des cannibales », Cahier de L'Herne n° 82, Paris, 2004.

“the psychoanalytic treatment could cure psychosis,” he answered, without a moment’s hesitation: “Yes.”

Trans. Kristina Valendinova