

## Carte Blanche

### **Our politics: the future of the School**

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The fate of psychoanalysis is in the hands of our Schools, the Schools of the WAP. The School is our patrimony; it will grow with our transference, collective and individual, ours – towards the School.

#### **The wager of our politics**

The School is that, but the School is also the name of our politics, a politics that has to articulate the most intimate of experience with the need to communicate outside that experience, in order to avoid analysts withdrawing into themselves for “fear of contagion” or because they think the battle is impossible. If the School is the name of our politics, it is because only there can politics be sustained as a wager, the wager of Freud and of Lacan. Its aim is to preserve the constant thread of truth for each subject so that he be saturated neither by the chemical straight-jacket nor by the disengaging indoctrination of psychology

The Master attacks, armed with the powers given him by false sciences; that can make us anxious. And if there is anxiety it is because the desire of the Other reveals itself to us in an unambiguous manner: the masks have fallen. And, because we have left behind the moment of the Other’s ambiguous desire, that space must not be replaced by a single moment of our indecisiveness. The School’s future is not the same as our individual futures: that there be analysts, that they continue to practice psychoanalysis, does not guarantee that there will be the School – or even psychoanalysis.

The stake in today’s debate is not whether psychoanalysis can continue to be practiced in the twenty-first century but whether it can continue to offer a solid alternative to civilization’s discontents. That is not the same thing, because the stature of psychoanalysis in the twentieth century has faded with time and become almost insignificant today.

Freud wanted, for psychoanalysis, a delicate position, outside official knowledge and institutions yet linked to science as a reference. That is the position Lacan called *extimité*. We could also call it “informed separation,” informed by desire and the interests of the Other. Perhaps our mistake was in not paying sufficient attention to the Other of power. We can no longer – as we have done up to now – avoid his blows; we need to dare move towards him.

#### **The Master’s strategy**

If we speak of interests, that is because heretofore, and above all in 2003-2004, we have had ample proof of what the Master knows: that discontent and the symptom have become a new

mine of dividends. He dissimulates his politics behind the screen of omni-evaluation. The Master attacks psychoanalysis because he knows that in the realm of dividends, psychoanalysis and the unconscious cannot be exploited.

The Master's politics is not ethereal. He has a well-defined strategy, sturdy on its feet. On one side, the demolition of traditional clinical practice, that of the great names in clinical work and diagnosis; for that, he substitutes – thanks to the pluralization *ad infinitum* of basic clinical categories – the quantitative criteria of inclusion-exclusion characterized by the DSM. The other side is called the practice of consensus (“normo-praxis” in Spain) that finds, for each clinical framework, the most efficient treatment based on allegedly scientific evidence. Whoever does not follow the protocol indications or the clinical guide to good practice could be attacked, even taken to court. The studies about the superiority of one treatment over another are similar to those made in Spain by F. J. Labrador et al., who say: “the great majority of efficient treatments. . . are of the cognitive-behavioral type.” (1) In that same study, we find the following affirmation: “the psychological therapies will tend to be standardized, that is to say, they will present a precise description of evaluation instruments, of treatment programs, of application formats (individual or group), of the sessions calendar . . .” (2)

Although these authors contradict themselves by affirming, finally, that everything depends on the therapist's capacity to generate transference and to know how to use it, we are witnesses to pressure for the imposition of a universal model.(3) On this point, the debate is not only clinical but also political: “normo-praxis,” unification of criteria, scientific evidence, guides and protocols, programs. All this presupposes the mechanical application of a model to human subjectivity (a practice contested elsewhere by medical science): the “evidence-based” clinic. The result of the process is not scientific but ideological: it is scientism – which, in practice, generates bureaucracy. What is lost in the meantime is the clinic of the subject, fading behind the obsessional will to make everything statistical, accountable, controllable – and why not also behind the law, degraded to the status of regulations. Let us not forget that clinical anamneses are considered documents that may serve in a court of law, so it is perfectly justified to consider these impulses to legislate as an attack on democracy and civil rights. This is a major political problem because what is at stake is the therapist's free choice of theoretical affiliation and the patient's own freedom of choice; patients are relegated to the status of minors when the time comes for them to choose to whom they will go for relief from their suffering.

### **The industry of control**

Health has become, above all, consumer goods, a business. Perhaps the future's big industry. Evaluation agencies are at the confluence of control and industry because they practice the industry of control, a control that extends to the social in a disquieting way under pretext of prevention – which, in reality, transforms itself into a compilation of elements on subjects, distributed according to the suspicions they inspire. It is Bentham's *Panopticon* united with Orwell's “Big Brother” and Hobbes' *Leviathan* to generate corporate authoritarianism.

In any case, we – psychoanalysts – know that no control can be efficient in the face of subjective decisions and the singularity of the subject. Eliminating hysteria from the DSM IV has not stopped the sudden appearance of an epidemic of fibromyalgia. Indeed, the Master knows that. He knows there is no control without a remainder. He knows there are, and will

be, subjects that are exceptions to the norms. Formerly, the Master handled exceptions with social controls. Now, when capitalist discourse is no longer limited, no longer comes up against impossibilities, the Master makes an industry of control. Control used to be entered as an expense; now it is in the profit column. Faced with that, blinded by the ideology of efficient management and “consumer protection,” the political left and right march hand in hand, glowing with an alarming ingenuity only equaled by fuzzy thinking. For psychoanalysis the symptom is *jouissance*, but for these people in power *jouissance* is a calculation that produces insurance premiums and generalized evaluation.

### **The future of psychoanalysis**

So the one-by-one of our clinic is not just a clinical question (if it ever was), but a point where ethics and the clinic come together and knot into a last recourse as a refuge for subjectivity. And if, in this last offensive, the clinic is threatened by the economy, quantitative evaluation will have been the argument used for distinguishing the good from the bad. Quantitative evaluation is the final, the last mask of the merchants; it also a mark of the impossibility of evaluating the qualitative, the satisfaction subjects get from their symptoms. In fact we are saying that we do not have to refuse an evaluation that takes into account what cannot be quantitatively evaluated: *jouissance*. But we need to reverse the accusation they may level at us, because foreclosing the qualitative is a confession of impotence.

That is why we say this is about the future of psychoanalysis and not of individual psychoanalysts. In fact, it is not enough for analysts to find their place in this new age; that will not suffice to save psychoanalysis from the “oblivion” of its existence or to prevent its dissolution in the *totum revolutum* of “psy” therapies. These therapies have become nothing more than the handmaidens of “real treatment”: pharmacology, allied to cognitivism, (4) with its new utilitarian flag – profitability. (5) The time has come to debate with the authorities, to denounce the oppression of false science (for example: “the epidemiology of mental health”) and the shameful interest of pharmaceutical lobbies. Denounce, of course, but why? Because, as Jacques-Alain Miller says, that elicits a movement of rejection: “Between authoritarian fantasies and the common people there is a difference, a distance.” (6) Those are the people who could be with us, people we do not know; the people Lenin spoke of in “What is To Be Done?” (7) when he said: “we lack people, but there are people in masses.”

This task will be increasingly ours; that is why the future of psychoanalysis is not exclusively in private consultations. From that point of view, transference to the School is the real transference for analysts in that it keeps us from the solipsism into we can fall if we do not think our clinical work is beyond that.

So the time for reclusion is over: the Other has decided that for us. The moment has come to accept the challenge because no one will defend psychoanalysis if we don’t, and no neurotic fear can absolve us of that duty. It is time to stand up for psychoanalysis, one by one, and if we sometimes think of the School as a refuge from malaise, today that refuge is closed because we have to battle.

Psychoanalysis alone will not defend itself; some analysts will have to abandon the catacombs for the agora. Freud did that, and so did Lacan. Perhaps we thought we wouldn’t have to take on this task, but the time has come. Each of us will have to answer according to his or her transference to psychoanalysis and to the School. And we are saying “each of us” because in

this undertaking there are no substitutes for us, each one. John Fitzgerald Kennedy said that it is when times get tough, the tough get going. Now is the time to see how decided we are, or – to put it otherwise –the moment to measure our transference and pray to heaven, as the gospel says, that it carries its weight in the political balance.

This is not the best time, but it is not the end of History either. Because nothing is completely lost as long as there are subjects who, through their desire, are opposed to it. The intention of the Master's program is to exclude psychoanalysis, but that program is opposed by ours, that of the creation of psychoanalytic centers for consultation and treatment like the recent CPCTs in Barcelona. Moreover, we know that contingencies undo programs. Catching contingency on the wing is to make the lion's leap compatible with the gazelle's. Interpretation is nothing but that, and nothing but that is asked of psychoanalysts.

*Translation: Sylvia Winter*

1. F. J. Labrador, M. A. Vallejo, M. Matellanes, E. Echevarría, A. Bados, J. Fernández- Montalvo, “La eficacia de los tratamientos psicológicos. Documento de la Sociedad Española para el avance de la Psicología Clínica y de la Salud. Siglo XXI. Noviembre de 2002.” *Infocop* 17, 2003, p. 28.
2. *Ibid.*, p. 30.
3. *Ibid.*
4. J.-A. Miller, *Cours*, L' orientation lacanienne III, 6 (unpublished). Lesson XI, 10 March 2004.
5. *Ibid.*, Lesson, 4 February 2004.
6. J.-A. Miller, op.cit. lesson IX<sup>a</sup>, 4 February 2004.
7. V. I. Lenin, “*What is to Be Done?*” and *Other Writings*, ed. Henry M. Christman, Dover, New York, 1987.