

The President's column

On today's uses of psychoanalysis, possible and impossible

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What can one think of the challenges of the twenty-first century when we know that the Freudian psychoanalyst's knowledge is fundamentally knowledge about failure, about lack, about the suffering of the symptom? In fact, it is only in the interstices that one can get a glimpse of the knowledge revealed by what has failed.

Freud's predicted failure of civilization's program, and the irreducible element

Freud realized that, case par case. He made a written account after long years of practice. His conclusion: that failure was inherent in the very program of civilization, its order, its rules. From that program, in fact, Freud isolated a fundamental discontent that promised not quality of life but rather a quality of malaise, a way of dealing with discontent.

So what remains irreducible within the Freudian experience has come to be designated as a logical impossibility. It is in that sense that Freud's message diverged from all preceding wisdoms, all aimed at the same goal: separation from desire and its tyranny so as to fit into civilization's program.

Starting with that central point, what can one propose for a twenty-first century that promises to be problematic, feverish – and also religious, according to Malraux, a prediction that has every chance of proving accurate?

What can psychoanalysis say about what awaits us (which is already before our very eyes), when it retains so much of the nineteenth century in its discourse and in the concepts it promotes.

Techno-sciences reinforce the necessity of psychoanalysis

Among the many promises made for the twenty-first century, one is a profound improvement of our condition thanks to technical advances in biology. It is not enough to say that this is just an additional consequence of the advancement of science. In truth, a different mode of functioning is at stake in a system provoked by the union of biology with molecular biology and, more precisely, molecular physics. The sequencing of DNA has led to a new epistemology compared to that of classical physics. Many of biology's results (cloning, multiple births, stem cell research. . .) can now be obtained without requiring any exact knowledge of what they imply. That is why we speak today – and rightly so – not just of science, but of techno-science.

More generally, it is the epistemological status of knowledge that is changing and it can no longer be imagined, precisely, without technical efficiency as such.

The field of public health, far more than that of mental health, is inundated today with declarations concerning the promise of new molecules. And in the mental health field, after half a century of

massive prescriptions for psychotropic drugs, we can see to what point the whole practice has been revised and how that has profoundly modified the configuration of assistance and treatment systems.

Today public health has become the major service industry in the Western World, based on a heavy infrastructure, which has ended up touching something of the real of the body.

How can one avoid being drowned by the new hopes techniques give rise to? Medical humanism, once revamped by the trends of dynamism and psycho-dynamism, is seeking new allies. However, even that seems difficult because humanism can only remain stable thanks to the Greek scholastic hypothesis: the unity of the psyche. That is still covert in our psychology, and explicit in modern cognitivism. Today an excess of extension that poses insoluble – or difficult to solve – problems threatens medical discipline. What should one teach those students who come to the University asking anxious questions about our culture? Shall we include in the psychology curriculum – as it tends to develop in medical studies – knowledge about molecular biology? How long will the hypothesis of unity continue to be useful and necessary if, in a few years (as sociobiology would have it), we have nothing left to teach but Darwinian psychology?

All these questions are also pertinent in psychoanalysis. For some, the best way to undo what remains in psychoanalysis that still smacks of its nineteenth century would be to transform its rhetoric and vocabulary with the help of concepts taken from the neurosciences. There are publications devoted to that, trying hard to point out that Freud's unconscious is lodged in the right (or left) hemisphere of the brain – depending on who is doing the research. But for that, we have to be sure that human beings think with their brains and their consciences; that is not a foregone conclusion.

Still, that does not mean there is no materiality to the brain, the organ as such. We are not spiritualists. Precisely, even if we are materialists, psychoanalysis owes its effectiveness to the fact that it is a practice of interpretation. This does not require believing in thought as such, or in the brain either, and even less in the hypothesis of the psyche. Psychoanalysis stands on the knowledge of interpretive disciplines.

Psychoanalysis teaches us that it is not thought that contains what the Other does not manage to contain. What we look for in that Other is a place to lodge sexual meaning – but not to contain it, because the contained and the container always exceed each other. This problem has nourished our Kleinian friends' explorations, they developed the contradictions of such a topology. Perhaps, beyond that formula, we need a three-part topology – between meaning, the body, and the real – that cannot be thought of otherwise than as a knotting of those three elements. Jacques-Alain Miller pointed out this issue in Lacan's teaching, especially in what he named "the late Lacan." The only thing we can be sure of is that psychoanalysis produces therapeutic effects. It can be credited for its efficiency, as has been shown in the United States – where they are very fond of this type of exercise. In Europe, we do not have the same taste for that, but we are faced with the issue every day.

The fact that psychoanalysis is a form of psychotherapy implies that it participates in contemporary mental health issues. That still does not justify the theory of the psyche's unity, and one of the contributions of psychoanalysis is to permit us to divest ourselves of that fatal hypothesis: psychoanalysis is a therapy not of the psyche but of meaning. It is true that subjects produce much more meaning than is vitally necessary. And in fact the task of putting in order the senses and that meaning – because for us it is fundamentally sexual meaning – is a political issue that rejoins the program of civilization.

At the end of the eighteenth century, someone like Saint-Just could define the political horizon and that of the Revolution as elements that would bring about “the happiness of all citizens.” That terrible program led to “The Terror.” The pursuit of happiness was inscribed in the founding texts of the United States of America, the only nation to this day whose Constitution is based on the Enlightenment. Today that pursuit of happiness has been converted into a “pursuit of meaning,” at the very moment when science is silencing meaning in civilization.

Contemporary subjects, within the parenthesis of an analysis, try to search for identifications that define their position in civilization. They will have the possibility of experiencing the want-to-be and a space in which the causality of the production of meaning comes to them under the auspices of contingency; that is one of the fundamental uses of psychoanalysis, and that presupposes first of all that there be psychoanalysts.

It is from the existence of the analyst, produced by clinical practice, that we should begin. Then we should define the uses. We have to begin with that, with the object that sometimes turns out to be embarrassing for civilization because – like automobiles – there can be too many analysts. But (and this is essential) only in this way are we led to understand the profound experience of our civilization: the separation between existence and essence. First there is existence. What was formulated at the beginning of the twentieth century by Husserl, changing the fundamental system of the link between existence and essence, now has to be reformulated starting with Wittgenstein’s definition: “Meaning is use.”

We need to find the uses for what there is and that is all, because concerning essence the cause is lost: we are increasingly confronted with the existence of a multitude of objects for which we need to find uses. That is why it seems to me that analysts of all persuasions tend to accept Jacques Lacan’s definition of psychoanalysis in the 1950s: “Psychoanalysis is the treatment one can expect from a psychoanalyst.”

Seven proposals for a non-standard clinic

First there is the existence of the psychoanalyst, and then the possible uses for this object. If, in an analytic session, the tyranny of identification slackens, that has nothing to do with alternative medicine, relaxation, empathy or goodness: the analytic space is a space in which the fundamental destiny of meaning in civilization is played out, as underlined in the following remarks.

Proposal 1 The hypothesis of the Other, as defined in psychoanalysis, starting from the impossibility of containing the object of jouissance, object of drive, implies formulating the One in a way different from the theory of psychic unity. The consequence is that psychoanalysis modifies the map, the territory of knowledge. Everywhere it brings along a stream of knowledge that has nothing to do with contemporary university classification or with the natural science. The interpretative sciences of their times accompany what psychoanalysts do – and what they need to transmit – and this does not at all tie up with the established organization of knowledge in civilization. One of the stakes for psychoanalysts in the twenty-first century is to try to convince other psychoanalysts that they can influence the terms of redistribution of civilization’s knowledge, and that new combinations have to be conceived that will go beyond old habits.

Proposal 2 Psychoanalysis is certainly pragmatically efficacious, and must make that known. Because in the twenty-first century there is no room for the inefficient. The importance of that efficacy on the incidence of the symptom has to be defended. It can be validated statistically, and we should find a way to act differently from our North-American colleagues who work so hard at measuring and verifying. If we do not have the same taste for this kind of studious activity, that is because the history of quantitative psychology in Europe has always been vaguely associated with police tactics. Indeed quantitative psychology serves, in general, to produce that segregation called selection: that is, classes of subjects who do specific things. In the United States, the consequence is ghettos for different communities, but in Europe we have seen what that led to. That is why we do not want to produce new segregation when we enter into the justification of efficacy. One has to do only what is needed to seduce the modern Master. He wants us to be efficient: we can be that, but without the excessive zeal for that logic that can, in itself, have dreadful consequences.

Proposal 3 Clinical practice was long defined by practitioners' beliefs; mental health had a national consistency, distinguished according to countries or languages. Today that has changed. Within psychoanalysis, we work with Freud, with his first and second periods; then there is the post-Freudian clinic: the first, Melanie Klein, and the last, Winnicott. As Lacanians, we also need to distinguish Lacan's early period – the classic clinic –, from his middle and late periods. All that is juxtaposed. It is the same for the beliefs of practitioners who use everything they deem necessary. Consequently, classifications can appear to be an artefact. But all this is no longer linked to that ancient Hippocratic medical precept that there are no illnesses but only ill people.

In this new epoch, only existence is left to us: the singular existence of the patient's demand. The paradise of essence is now lost, there are no valid classifications anymore. This is the anchoring and knotting point for a pragmatic use of a clinical practice no one much believes in – or only enough to do what has to be done, to have the simple desire to get up each morning. The result is a clinic of narcissism, in which each person only believes in his own point of view and the only universal clinic would be a clinic validated by a biological model. With fundamental consequences for the statute of the symptom, consequences we need to explore.

Proposal 4 That the consistency of clinical practice is animated by the nominalism of the modern subject calls for a realism. This is increasingly shown in object pathologies. The more subjects doubt, the more they become autonomous of the Other; more pathologies develop, ranging from eating disorders (anorexia, bulimia) to obsessive-compulsive disorders, including drug – and other – addictions. Their epidemic nature assures us of the consistency of a realism from which contemporary nominalism cannot escape.

Proposal 5 Therefore, in order to combine subjective nominalism and the realism of the object, we are driven to produce a non-standard clinic. That includes all the results we have obtained in the clinical analysis of neuroses: everything we have learned about the identification of the subject in his relation to paternal identification, to the Oedipus, to the Name-of-the-Father. It also includes everything we have learned from psychoses that has permitted us to ascertain how those who do not have the help of a paternal signifier as a way of identifying themselves, sort things out. Added to that is what we are learning today about object pathologies. This “non-standard” clinic is the clinic of the twenty-first century.

Proposal 6 The non-standard clinic is a clinic that demands new juridical fictions. It demands the installation of fictions that allow the orderly functioning of coexisting multiple jouissances. The old

forms of the Ideal that organized coexistence do not suffice anymore. One example is the fragmentation of public health services in cases of assistance addressed to specialized publics: anorexia, drug addiction, etc. This dismantles the old conception of a universal public health system because today it breaks up into diverse, symptomatic, communities of jouissance, each one wanting to be heard.

Proposal 7 What follows is the question of knowing how to imagine in our discipline a form that permits dealing with this tension between distinct communities and a common universe. It is a question Lacan raised long ago – in a premonitory way in the 1960s – and that we occasionally find now in a contemporary author like Michael Walzer in his *On Toleration*.

Finally we also have to learn, as analysts, how these jouissances – once marginal – are in the process of transforming themselves into central norms. How they, once marginal, are getting included little by little by producing new norms. This is a different problem from that of classifying symptoms, from that of object pathologies or juridical fictions. We can see how the gay and lesbian movement has transformed homosexuality into a new norm – and the paradoxes that accompany that transformation.

Indeed, we have to learn what biopolitics can teach us and how the new sexual norms produce effects on clinical practice.

Therefore we have to think anew, from the point of view of clinical research, about the impact of these new norms on the family, on filiation, adoption, artificial insemination. These questions are based on a profound movement: the contemporary effort to transform rules by inscribing a new object of jouissance in the norm.

Excerpts from a talk given at an international meeting on mental health: “Les défis de la santé mentale au XXI^e siècle,” (“Mental health challenges in the 21st century”), organized by the municipality of Buenos Aires, Argentina, in September 1999.

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