

On the Social Utility of the Ear

A half-century ago, the practice of psychotherapy became a mass phenomenon. It went on without being organized by the State in any way...

So now, on 14th October, at the end of the day, the National Assembly has voted unanimously, left and right together, to approve an amendment conferring on the Minister of Public Health the power to fix by decree the different categories of psychotherapy and the conditions of its professional practice. Without any public debate...

Doctor Bernard Accoyer, promoter of the amendment, says that he discovered last year, by chance, the existence of a troubling “juridical vacuum” that, he claims, is a threat to public safety. And he has undertaken to fill this void. [...]

The very nature of therapeutic action does not lend itself to the conferment of university degrees.

Among psychotherapies, the greater part of those that operate by speaking and listening derive from psychoanalysis (and the latter, according to Michel Foucault, descends from the practice of confession). Now it is a fact that, from the beginning, conceptions have differed concerning the parameters of psychoanalytic treatment and the factors contributing to its efficacy. The exact nature of the “unconscious” is a matter of controversy. Freud himself changed his conception several times. The currents of thought have multiplied, and have long argued with each other. There now seems to be a certain tendency toward peaceful coexistence, but also fragmentation. Thus the development of the discipline has proceeded for a century outside the university, and it is profoundly antipathetic to the traditional university ideal, all the more in that it is required that the practitioner have passed through an analysis as patient, submitted to the vagaries of a relationship that is by its nature interpersonal and confidential. The State has, in its wisdom, refrained from legislating over this process, despite periodic temptations to “fill a void.”

What has changed? First of all, next to psychoanalysis properly speaking, a rare and demanding practice, the social demand [for therapy] has given birth to a number of substitutes and counterfeits; so the public now needs consumer protection.

At the same time, medicine, enlightened by science, has left empiricism behind and has made spectacular progress, which explains why one would imagine that psychoanalysis could benefit from new approaches: codification of practices, numerical evaluation of results, establishment of statistical data, elaboration of protocols, “conférences de consensus,” standardization of “appropriate behavior,” “démarche transversale.”

Far from decrying the scientificization of medicine, I recognize its benefits. However, it so happens that, at least in my opinion, the methods that have done wonders in cancer research and epidemiology encounter structural obstacles in psychoanalysis.

Indeed, as surprising as it might appear, in psychoanalysis it is what the subject says about his or her symptom that constitutes the symptom itself. In other words, unlike the medical or psychiatric symptom, the symptom in a psychoanalytic sense is not objective, and cannot be judged from the exterior; the very evaluation of the cure is itself also dependent on the testimony of the patient. This is a long way from contemporary medical practice, which tends more and more to dispense with questioning the patient in favor of extracting a set of data directly from the body. Until the emergence of psychoanalysis, the objectivism of the best psychiatrists led them in any case to consider hysterical women as simulators, and their illnesses as imaginary.

If the name of Freud has a place in all our memories, it is because he was the first to go beyond the ideals of scientism in which he was educated, and to recognize, in terms if not scientific at least compatible with science, the singular and invisible real that was present in the suffering of the hysteric. When Doctor Accoyer practices ORL [oto-rhino-laryngology], the plug of wax is there, obstructing the auditory canal, he softens it, he extracts it. In the troubles neurotics present, the medical gaze sees nothing.

Treatments of pure suggestion, in which only the influence of the “strong personality” is operating and which are not at all scientific, are not for that matter without any effect. If this were not the case, how could we comprehend why diviners, astrologists, and Rasputins have throughout the ages haunted the corridors of power? Some unkind wits even maintain that the charisma of the politician, or religious leader, is of the same order as that of the charlatan.

In psychoanalytic treatment on the other hand, the analyst tends to deduct and remove the factor of her personality: she reduces the signs of her presence to a minimum, tends toward impersonality, makes herself invisible, rarely uses speech. According to the school of thought, the analyst must, in order to attain to the ideal position, always think about his own thoughts, or never think about them. However that may be, there is general agreement that there remains a residue of this personal factor, and that this residue is irreducible. Likewise, however long and demanding it may be, a didactic analysis, which aims to prepare the subject to practice psychoanalysis, never succeeds in canceling this remainder. The scientific subject may claim impersonality, the psychoanalytic subject cannot do so.

Evaluation of this factor - call it the “a” factor - is very difficult. It cannot be deciphered, any more than Freudian libido can be “computed.” It corresponds rather to what in the military is called an unclassifiable, a case that does not fit into any category. The fact that Freud wrote so much, and was constantly renovating his approaches, indicates precisely that he was desperate to capture the little “a” in scientific discourse, and to make of it an object like the others. Then along came Lacan and had to conclude that there existed in the world a type of object that had not been identified or surveyed up to that point (at least in the West): he called it the object little a.

On the analyst's side, this object is the mainspring of the analytic act; for the patient, it is the result of the operation. Its evaluation requires unique and, of course, confidential

procedures. This is why the formation of analysts has traditionally taken place outside the university, in associations, which guarantee the training and practice of their members.

Most of these members work, or have worked for many years, in public institutions; the vast majority have university degrees in psychiatry or psychology; other university specialties are also welcomed; but this preparatory training is in no way to be confused with psychoanalytic training, which is specific. The associations each have their protocols for evaluation and accreditation, constantly monitored by peers through multiple national and international conferences.

What is alarming in the present situation...is above all the language of urgency and threat that is being used. This style of intimidation is not worthy of the national legislature and was not appropriate to a matter that demands to be treated with tact and discernment, with all the respect that is owed to psychic suffering, even if it does not appear on MRI images; and with respect too for those independent psychotherapists, some of them without diplomas, who are honestly deploying their small personal charisma and lending an attentive and modest ear to the misery of the world.

Obviously there are in this domain some very harmful operators who abuse the credulity of the public, spread around nonsense, and lavish promises of happiness. There are also cults, which Dr. Accoyer is legitimately concerned about, not to mention the psy-business industries that accumulate fortunes - but we may anticipate that they will be untouchable.

No, the “30,000 therapists practicing in France” are absolutely not a threat in themselves. On the contrary, they serve an eminently useful social function, albeit not regulated.

Burst by decree the cocoon of listening that envelops society, the cushion of compassion on which it is seated, puncture the eardrum of all these ears, eradicate psychoanalysis, make life impossible for psychotherapists, clear the path for the modern master advancing into the fray with his protocols and accreditations, bristling with carrots and sticks, and you will see reappearing as if by miracle such bygone pathologies as the great epidemics of hysteria, you will see the cults and witch doctors increase and multiply, as they disappear into the shadows of society and escape your censure all the more.

You should know that the practices of the ear are destined to spread throughout all society. They are now present in businesses as well in schools, and we can see for ourselves that they inspire the very style of contemporary political discourse. The ear has become a political factor and a concern of our civilization. If it is now necessary to rein in this rapidly growing sector, it must be done in full knowledge and on legitimate grounds, with the agreement of the serious players, calmly, and anticipating contrary effects.

Should regulation proceed by creating a “psychotherapy act” that does not now exist? If it were created, it would be an act common to physicians and non-physicians, thus it would be considered as disqualified regarding medical prescriptions; it would have to be reimbursed, thus weighing on the Social Security budget and undergoing inevitable restrictions...

In any case, it would be excessive to include psychoanalysis in this framework [as has been proposed]. To do so would cause a profound regression in the discipline, its depreciation and eventual demise. We have seen this happen in many countries, notably in the United States of America. Is it this “French exception” that is hated and to be eliminated?

Imagine gradually closing the still porous border between the therapeutic act and the activity of counseling. The psychoanalysts would be forced eventually to enroll on the side of the counselors... We would quickly end up with a stratification of the distribution of care. What is now accessible to the public (with some errors of attribution: certain schizophrenics treated in psychotherapy sessions...) would then be hierarchized; the inequality of social classes regarding mental health care would be made even worse; psychoanalysis would be reserved for the upper middle class.

Where public health is at stake, and in the delicate area of mental health, it was rather unwise to legislate without the slightest public debate...

The Accoyer amendment should now be withdrawn. It has had the merit of waking up the psychoanalysts and, besides them, all those who do not believe that the future paths of our societies can be traced out by clandestine calculations of evaluators with universalist pretensions.

Let us hope that the Senate will have sense enough to let public debate unfold in a climate of enlightened opinion.

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