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EDITORIAL

Our children’s therapists: account of a “forcing”

Pierre-Gilles Guégen

A report from the Inserm (the French Institute for Medical Research) on “behavioral disorders in children and adolescents” has just been made public in the press (Le Monde, September 23, 2005).

It puts forth one good point: the proclaimed concern to be more – and systematically – interested in children who are not just “turbulent” but certainly perturbed and from a very young age (36 months, which is when they enter maternal school). This is a good thing, but not sufficient since children can be perturbed much earlier on, that is from birth. It would also be better to choose another term for this sustained attention in an efficient medical health system, other than “detection” which in French makes one think of hunting.

Another problem is to know whether the issue is to “detect” a “disorder,” and indeed very often the behavior of hyperactive and anxious children, rebellious about learning, creates disorder in a classroom or a child day-care center. Or should we rather take these manifestations (hyperactivity or violence) as signals, as appeals to adults, as a testimony to suffering, to a misfortune that cannot be put into words and that condemns the child act in a more forceful and visible way, and always far from real “communication”? It is this second hypothesis that animates psychoanalytic therapies as well as “relational” psychotherapies.

Moreover we should not be aware only of violent children or adolescents, but also attentive to depressed (and therefore calm) children pointed out by child psychiatrists and psychoanalysts.

Teachers have been worried about atypical behavior for a while. It is not necessary to pretend to “teach” them, as the Inserm experts want to do, to “detect” what they already notice and what alarms them. It is indeed the school system that warns the parents in most cases of the children’s anti-social problems. But here we are: the Inserm wants to give teachers a square to check on simple-minded questionnaires, therefore transforming them into statistical agents. . .

The other aspect of these social manipulations, the wager of applied psychoanalysis to the therapeutics of children, is to bring to the fore the words that might name the source of this difficulty in order for it to recede. These words help the children to free themselves from the vicious circle that shows its “infernal” side or rather that it is without vitality in order to testify to the child’s suffering. This is the opposite of trying to shut the trouble up by imposing behavior (or “adaptation strategies” as the behaviorists say) that, even though presented as a game, are in fact destined to even out what is “wrong” and to impose extra interdicts on a child who is already having a hard time.

There is no standard suffering. Everyone who has lived (even if his life is “happy”) knows that his suffering is in no way like his neighbor’s suffering. That is why the treatment of suffering, most especially a child’s – that we are always tempted to consider as a defect of education – can only be done on a one-to-one basis.

Epidemiological studies, if they are done – and they are expensive, will only demonstrate what they are programmed to: that is, that a certain percentage of children is not adapted to the social behavior proposed
by the school system. And indeed, the percentage is always too high. This will be good to know but will not indicate what needs to be done. The “disorder” requires something other than treatment by military injunction.

What do children do in the offices of a therapist whose practice is oriented by psychoanalysis? Many think they are just playing or chatting, which seems like nothing – unless one believes in the power of words. It may look like nothing: they do not leave with homework or rules to follow or even medication. The mandatory confidentiality that surrounds the encounter may lead some to believe that nothing happens (this is contradicted by works published by psychoanalysts, unfortunately not often known to a wide public). In reality, psychoanalysts rely on activities, sometimes playful and seemingly anodyne, but I also encounter children who, even at a young age, want to hold serious conversations in order – in a roundabout way – to express what bothers them and so to dissipate the infernal constraint.

The psy is there to help them “read” what they themselves are saying without even noticing it. This patient activity, informed and oriented by psychoanalysis, permits, often in spectacular and rapid ways, a child to get “better” and to invent his own “adaptation strategies,” those that suit him and not those that might be good for someone else.

When the child emits distress signals that we will need to help him interpret, his parents are first perplexed, as are his teachers. In the old days we talked about “problem children.”

We say to ourselves: “this is not normal!” Then, for many parents, comes guilt: “There must exist a model of the perfect parent which we has escaped us”. . . One kind of psychoanalytical practice agreed with that point of view, however Freud – and, later, Lacan – thought, on the contrary, that there is no model of what a good father or a good mother is and that with each child these roles are to be reinvented. The new forms of parenting (recomposed families, monoparental families, and homoparental families) show that reinvention is possible. In this sense the psy is the parents’ ally, even if he often hears (and this is a necessary element) the children or the adolescents complain about them. Freud had understood this very well – and we each know this deep down – that even if we love our parents, we sometimes think that they are the cause of all our failures or defects.

In reality we suffer more from words heard randomly, from surprise images that we took to be condemnations, as if they were oracles from the gods – and, for a child, his parents are gods. We made of these words or these images the supporting elements of our destiny. Psychoanalysis disturbs each and every parent in that it does not offer any prescription for being an ideal parent; often, that is why it can make us so angry.

When one discovers that a child – especially if he is our own – is, as we say, “neurotic” or “psychotic,” “autistic” or “hyperactive” or “depressed,” it is a cause for concern, sometimes felt as an “injustice,” a wound. Many would rather blame nature (some research tries to demonstrate that) – a quirky gene, a cerebral problem, neurological or cognitive; or maybe one could put the blame on an “error” of education that might have caused what presents itself as a deception or a heavy responsibility to bear for the parents.

The truth lies elsewhere, and even if science succeeds in demonstrating, in the end, that such and such a subject whose state remains opaque for scientific causality suffers from a chromosomal or neuronal anomaly, the problem will remain the same. How to help a subject find his unique place in the human community and in the society to which he belongs, not forcing him to adapt but rather giving him a taste for living and interaction, all the while respecting his uniqueness? How can we help a subject get beyond (in spite of the fact that all human destiny is hazard and necessarily unjust), what closed him in to what we call today, without any explanation, behavioral disorders?
Are we capable of wanting something more than standardized treatments for our children? Can we demand for them custom-made approaches and can we muster the necessary solidarity? Or would we rather treat the issue off-handedly, neglecting any “collateral damage” that might occur and push them towards restless wandering or exclusion? The Inserm has – once again – taken this second path. My feeling is that this promises nothing but more exclusion and a segregation that is unworthy of a civilized and responsible community. This is inappropriate for an Institute that is a showcase of medical science in France and its humane tradition.

Translation: Francesca Pollock and Sylvia Winter
The Event
The mental market

Imaginary self-dialogue on the real question of behaviorist therapies

Him: Well, you’re quite silent all of a sudden, while the city is throbbing with news of a certain Livre noir…

Me: Silent so as not to say what would not be understood, that I am delighted with this book.

Him: Mr. Paradox, we know your tricks.

Me: My tricks! Mr. Widlöcher, the French president of an illustrious international Association that descends in a direct line from Freud, has for years been in cahoots with the CBT (Cognitive Behaviorist Therapies). He proclaimed to one and all that they were going to be a fountain of youth for psychoanalysis. He was elected member of the honorary committee of a CBT association.

Moreover, he went so far as to “cognitivize” most of the Freudian concepts: the drive, turned into an instinct, can be modified just like a conditioned reflex; anxiety, reduced to a phenomenon of hyperventilation, can be regulated; “co-thinking” has replaced transference; the symptom that for Freud had to be interpreted has been metamorphosed into a “biopsychosocial” phenomenon; the psycho pathologies have become hereditary defects whose cause is genetic; the phobias are now a result of defective conditioning; obsessive neurosis has disappeared in favor of obsessive compulsive disorder (OCD); hallucinatory psychoses on religious themes are treated as a sign of spirituality, etc.

Finally, he is himself the author of questionnaires whose purpose is to “evaluate” depression and ethylic intoxication. In short, he has sold out everything in the shop he was in charge of, for nothing but the eyes of Madame CBT. And now this ungrateful wretch who was so ardently courted has suddenly jilted his suitor, to run off with the hussies for whom Freud is an impostor and psychoanalysis an ignominy. “You got what you wanted, Georges Dandin!” What a farce! What a vaudeville act!

Him: Is it Mr. Widlöcher’s misfortune that so rejoices you?

Me: No, that’s not all. I also rejoice that this book attacks psychoanalysis without any frills, without distinguishing between those who “stink” and those who “smell like Cologne,” according to the immortal binary distinction of Signé Furax.

Him: The Lacanians on one side, the others on the other?

Me: And vice-versa. That verifies my thesis that the psychoanalytic community is on the way to reunification. We are all together here, at the price of being thrown into the garbage pail with the blokes who, if I might say, laid the egg.

Him: One swallow does not make a summer.
Me: One, maybe, but two? One of Widlöcher’s predecessors as president of the IPA, Horacio Etchegoyen, a Kleinian Argentinean, a well of knowledge and wisdom, is coming here from Buenos Aires and will give a public lecture in Paris on October 3rd at 8:30 pm at the Maison des Mines, for the publication of the French edition of his major work, *The Fundamentals of Psychoanalytic Technique*. Who wrote the two prefaces to this edition? Who will respond to his presentation? Widlöcher and your humble servant.

Him: Do you really think that after your jostling, Mr. Widlöcher.

Me: He’s a man of the world. My bantering will in no way affect him. He will manage to find a few CBT practitioners to say some good of psychoanalysis, and then he will withdraw from the scene. I mean there will be another book that will paint in rose what the first painted in black. We will have the anti-psychoanalysis CBTs and the pro, that’s the way it will be.

Him: I can see that this Livre noir suits your aims quite well.

Me: The Livre Noir has no real substance, nothing but a tone: it’s an uninterrupted hotheaded complaint, a strident siren hooting the same note for 800 pages. Any substance it might seem to have is knavery. In appearance, it’s a compilation of invectives, going back to the 1910 “clairvoyants” who had already seen through Freud’s unwholesome game. Along these lines, the harshest is yet Lacan, cited for having professed *ex cathedra* that psychoanalysis was “a swindle,” and Freud an insignificant Viennese doctor who had, after all, just made a discovery that was too great for him.

Him: Wherein lies the knavery?

Me: The book says that psychoanalysis is dead, so that we might understand: long live the CBT.

Him: These CBTs seem to be very much on your mind!

Me: They’re the key to the book. I was rereading in my old Horace the mysterious ode: “*From that head, the spoiler Fortune, with sudden shrill whirr of wings, lifts the crown, delighting to place it here.*”

The idea is to impose on public opinion the deconsideration of psychoanalysis, in order to edify, on its smoking ruins, a facsimile of Walden Two for the French to inhabit.

Him: Is it really necessary to quote Horace? What exactly does this construction consist in?

Me: Behaviorism is first of all Watson: don’t be concerned with the thoughts people have in their head, but with the way they behave. Facts, not suppositions. Observations, not conjectures. Then we have Pavlov and his famous “conditioning” of dogs: the dog drools before his food, a bell is associated with the presentation of his pittance, and then just the ringing of the bell will make it drool. The third genius, Skinner, trained rats and pigeons during the 1930s: he conditioned them by rewarding them when they behaved as they were supposed to. From there he passed on to conditioning human beings with the same methods of drilling and inculcation.

Walden Two is the utopia of a behaviorist community, directed by managers who are themselves under the command of invisible planners who manipulate the strings of their puppets for their good and starting at an early age. “We can’t afford freedom” Skinner said, “we cannot afford the luxury of being free.” This lovely little book, which came out in 1948, and was at that time stigmatized as “sinister” by the New York Times, had never been translated into French. It was translated this year under the auspices of the CBT associations that Widlöcher cajoles.

Him: But there isn’t only “behaviorist” in the term CBT, there’s also “cognitivo.”
Me: Behaviorism is a poor old thing, which has bought itself a new youth by being dressed up by Cognitivo. In that, they’re faithful to Watson: if you dysfunction, it’s because you have acquired erroneous “schemas of thought”; we will root them out together and we will correct them.” All this has nothing to do with the “neurosciences,” which do not have a clinical program.

Him: And how can these “schemas of thought” be discovered?

Me: Nothing could be simpler: I ask questions, you answer. This morning, you woke up 1) in a very good mood? 2) in a good mood? 3) all right? 4) not quite right? 5) you would have preferred staying in bed?

That’s it. No more complicated than that. Psychoanalysis was made in order to lead up, on the one hand to a Livre Noir, a very black book on the other, to a battle cry: “Questionnaires in every nook and cranny!” Humbug, the good old days: the unconscious, censorship, repression. The truth is there, simple and tranquil, at the foot of your bed. Check off each morning the right response. At the end of a month, or a year, you will have what you need to make scientific calculations: rates of frequency, probabilities, distributions, etc. If you extend the research to some others, concubines, friends, neighbors, students, or better yet, to great populations by administrative channels, there you are become an epidemiologist. Your mathematic colossus will forget that he is supported by nothing else but a check in a box. That is its foundation: supposing a subject transparent to itself who checks the right box, without any resistance.

Him: So psychoanalysis and the CBT are absolutely incompatible?

Me: The founder of the CBT, Aaron Beck, who only recognizes as his predecessors Buddha and Epictetus, clearly explained three years ago in the Washington Post how his discovery came to life: as a psychoanalyst he was bored listening to his patients and wanted to have something to do. He did have to recognize, however, that for Americans the CBT are synonymous with “managed care,” that is with cheap therapies, reimbursed by health plans and other types of insurance. The units of trouble are designated, the corresponding units of treatment are purchased and good-bye, sir, home you go.

Him: In short, the CBT for you are cut-rate therapies.

Me: All the uproar of these past two years has aimed at convincing the public that the CBT product, even if it is a low-price product, is more effective than the luxury treatment that psychoanalysis is. That was the sense of the famous Inserm\textsuperscript{2} report. Was it well advised that they sully the name of that prestigious institution in such marketing operations?

Him: Marketing? Inserm?

Me: Certainly. Inserm is “valorizing” their institution at the risk of compromising it. It’s a dangerous game.

When will there be a Black Book on this question?

Him: It’s time to conclude.

Me: I conclude: there is a mental market.

Him: That you and the CBT are rivaling for.

Me: In fact, the “merchandizing” of the mental was accomplished ages ago.

Translation: Thelma Sowley

1. This text was first published in French in Libération, Wednesday, September 28, 2005.
3. French radio program presented by Francis Blanche and Pierre Dac.
4. Institut National de la Santé et de la Recherche Médicale (National Institute for Health and Medical Research).
Politics of Psychoanalysis
This is the conclusion of a sequence. You have heard my colleagues give a particular account of the results of our practice. It is particular in that it is intentionally oriented to bring out a dimension that we rarely explore in our case studies: the rapid therapeutic effect. As Jacques-Alain Miller remarked during the Conversation of Barcelona, to do so opens up two distinct possibilities: rapid therapeutic effects in long treatments or rapid therapeutic effects in rapid treatments. At the CPCT (Centre Psychanalytique de Consultations et de Traitements), it appears to be rapid therapeutic effects in rapid treatments. That seems evident since we strictly limit the length of treatment. However in many cases, this mode of limited treatment may be misleading. Often, in the cases that come to us, it is a question of subjects who have been suffering for a very long time and who have, in some cases, had various other forms of treatment. We also know that for some of them, the therapeutic effect obtained will only last for a while and that they will have to continue in one form or another. Nonetheless, the experience that they will have had with us is singular, it resembles nothing they have ever known. That is what gives the hallmark and the originality to the CPCT. It is an experiment, it is research. It is not about posing as brilliant therapists who have found a sort of philosopher’s stone to treat the untreatable in a flash, it is rather a question about treating what it is possible to treat. To each, we offer something very different from what they have previously encountered.

The desegregative operation of the CPCT

The great demand to which the CPCT is exposed offers food for thought. The free access to the Center places it in the service of a population whose subjective suffering is equaled only by the poverty, indeed the destitution that so often strikes it. The economic argument is a feeble one to account for the significant number of patients who go there. Medico-psychological centers (CMP) also offer free consultations. It seems to me that what we are seeing is rather the emergence of the demand for an alternative to the discourse of standards. In other words we could say that these patients want to escape from the DSM, whether they know it or not. The new clinic stemming from the DSM VI uses the conceptual compass of the observable at a moment “T.” The description of the symptom is factual, collected by an objective observer. The diagnosis determines a standardized therapy of the symptom. In short, it is a matter of being expert in the description of the codified surface of human behavior and the strategist of a more and more direct link between diagnosis of this surface and the type of medication. From this clinic have been eliminated all references to meaning, to the subject’s proper signifiers, to the unconscious and to enjoyment. This perspective led me to qualify humankind as defined by DSM VI as Man without subjectivity.

The discourse of standards offers the happiness found in categories. Become classifiable, Ladies and Gentlemen, and you will have the right to a protocol. The aim of the modern State, in its economic concern for limiting universal coverage, is well served by groups of sufferers delimited by standardized procedures. In “English Psychiatry and the War,” Lacan remarks that psychology basically serves to select, and to this he opposed sectors as an antisegregative machine.
Along the same line, in his seminar on the psychoses, Lacan used the example of elephants. He noticed that when an international meeting is called to elaborate a charter for the rights of elephants it means that they are likely to disappear, that they are going to be extracted from nature. Lacan spoke during the time of the welfare state, of a for-all, a time that held in perspective the inclusion of all citizens of developed countries within universal protection. This guaranteed security for life and protection for all. With the elephant metaphor, Lacan was anticipating the opposite of universal social protection. From the moment the human rights born of the Revolution were converted into rights for protection according to such and such a protocol, changing the perspective of social rights won after the war, they became subject to the contractual world and the object of a generalized negotiation. The legislative measures currently in progress concerning the regulation of psychotherapies demonstrate just this. The authoritarian allocation of treatment according to the rules of the evaluation of good practices anticipates our becoming elephants. We will have our assigned place. It is a matter of handling people as if they were things. And people are beginning to understand what that means. Identifying human beings with elephants has become the key to world management. We have all become elephants, and not just because we do not forget.

What, in a Hegelian way, Lacan perceived about the classification of people under master signifiers has become a minor technique in population management. It is just a matter of classing them under the signifier population-at-risk. What risk signifies is variable, but it is always accountable, allowing for the allocation of tasks and duties. The “risk society” is a society of permanent allocations. For bio-politics, assigning human beings to signifiers means assigning them to classes of symptoms. During his classical period, Lacan subtly deconstructed the inherited traditional clinic for the sake of the particular, even while preserving its main articulations. He will resolutely base his second clinic on the particular of each case and will consider types of symptoms as an epistemological obstacle to be accounted for. Like Foucault, he anticipated the consequences of a bio-politics of identity. The modern-day way of handling populations is no longer by sending them to their death in foreign wars nor is it by ensuring their protection under a welfare state. It is done by creating segments of the population identified ever more precisely and by treating them with differentiated procedures.

The bio-political technique of classing, according to a need to massively standardize, is distinct from the subject’s demand. The Cléry-Melin Report aimed at carefully distinguishing the demands addressed to the health care system from the needs to which it has to answer. The demands are put forward by a population, the need is what the State must answer to. It is truly the point of view of the master discourse. With a certain brutality, they have rethought the distinction between demand and need, introduced by Lacan. For Lacan in his rereading of Freud, need is the requirement of the drive, and the demand must pass through language. For them, it is a matter of extracting themselves from language in order to rediscover the purity of need while passing through biological testing or genetic screening. The CPCT is in fact a place where the bio-political identity aimed at by the DSM can be loosened.

The psychoanalyst’s desire to attain particularity

As Jacques-Alain Miller pointed out, the only people who go to see an analyst are those who have at least once experienced something enigmatic, a moment of perplexity, some occasion when signifiers escape from their usual signification. Those who live their life as though they were inside a dictionary will not take an interest in psychoanalysis. One must have the idea of a side-step in relation to the world as it seems to obey laws of regularity. Strikingly, we see that proportionally to the world becoming standardized there appears a taste for the esoteric, the sect, and individual beliefs. The “chestnuts” in magazines have an additional item, you know what a chestnut is, it is the kind of article that slips back into magazines every year.
with subjects like: what’s your salary, buying real-estate, should psychoanalysts be burned alive, love on the beach, etc. Now, there are inquiries into esotericism, satanism, etc. that are making the cover of every French magazine, one after the other. That simply shows that in times of mass standardization, the subject is looking for particular significations. When Freud called neurosis a private religion, he was daringly anticipating what shows itself to be self-evident today.

The patients go to the CPCT because they sense that the symptom, the “thing that’s amiss,” cannot do without language and that what is needed is an operation of speech that transits through the Other. It can be, above all, a call to the Other’s knowledge, one that would deliver the meaning of the enigma and thereby allow liberation from it. Opening a space for the complaint produces a therapeutic effect even if the subject continues to enjoy a symptom that remains subjectively un-assumed. In this respect, we could say that the unfolding of the complaint provides a very rapid boost to life by the very fact that the subject’s suffering escapes assignation to a protocol-determined mental pathology, which is itself a radical mortification.

During his classical period Lacan would say that the signifier was the murder of the Thing. Nothing better exemplifies this phrase than observing the effects that categorizing the symptom can have on the subject. The CPCT’s perspective is totally different. It upholds no ideals about compassion. It is part of the encounter with an analyst who receives the subject's will for desegregation by concentrating on the manifest particularity of the demand.

In Lacan's second clinic, he begins with the singularity of the exception that enjoyment is for everyone in order to question the very notion of clinical categories. The questioning of clinical categories on the basis of the particular becomes insistent from “The Analytical Act” onwards. It is a matter of getting at the particular way “it speaks, it enjoys,” which cannot be reduced to a category. In this light, the analyst's desire is to attain the particular of the symptom. In the German edition of the Écrits, Lacan indicates that if the symptom is particular in psychoanalysis then “the question begins with this, it is that there are types of symptoms, that there is a clinic. Only here is the thing: it is prior to the analytical discourse, and if the latter sheds a light, it is sure but not certain” (p. 556). The psychoanalytical operation does not offer an a priori certitude but hindsight rather. One must go through analysis to know what the symptom is as a particular relation to enjoyment. The whole question is the way the symptom, in its double dimension of belief and knowledge, will be apprehended by the subject during the limited time of the treatment.

Lacan made the symptom a matter of belief, a supposition that the analyst authorizes and that the subject puts to work by engaging in the search for meaning and the deciphering of the symptom. If the neurotic subject addresses himself to the other it is in the name of supposed knowledge that might deliver the symptom’s meaning. The delusional subject believes in the personal signification of his symptom and wants to expose the knowledge he has of it. These are very distinctly articulated modes of knotting the relation of the subject to enjoyment, ones the analyst must consider in the handling of transferential effects. To attain the particularity of the symptom, to aim for the singularity of the exception of enjoyment in each case, is to aim for the object a. That is, without knowing it, the aim of the technical theory of focalization used in brief therapies. As Lucia D’Angelo reminded us in Barcelona, the focus “is often defined by the motive for the consultation: symptoms, crisis situations, or a decompensation that worries the patient. We always find an exacerbated underlying nuclear conflict intimately linked to this motive; the focus filters into this specific situation”. We say that our focalization operates by means of a framing the object a or the ordered pair of master signifier, S1, and object a. In cases of psychoses, the accent tends to be on S1.

The cases we receive at the CPCT are not typical. Typical neuroses generally go elsewhere, although some, be they “partial or in a network,” do come to us. The cases of typical psychoses that come to us want to be considered as atypical, they do not want to be part of a treatment protocol, a permanent allocation impos-
sible for them to imagine as regards their certitude. For those subjects whose ordinary psychosis is more easily medicated with the standards of general medicine, there remains the intolerable reduction of speech to a silence offered by medication. There is also the necessity of finding new fastenings to stabilize meaning and enjoyment.

Hence, it is easy to deduce that at the term of the treatments proposed at the CPCT it is a matter of obtaining conclusions that may, certainly, be transitory but which are based on the greater or lesser importance of the therapeutic results for a given structure. Determining the structure beyond the symptom is what permits us to more easily plan the outcome. Let us begin by saying that in general, the first therapeutic effect is a boost to life, and sometimes a boost to desire. We also obtain symptomatic resolutions of course, but we keep away from supplementing enjoyment, which always has a more or less malignant effect. The various outcomes of treatment can be briefly outlined as follows. The patient is satisfied with the therapeutic benefit and ends the treatment before or at its anticipated term; the patient decides to continue the treatment elsewhere; the patient is referred for pharmacological treatment while generally continuing to meet with an analyst. And finally, let us add the case of patients whose psychological state is little compatible with an organized operation of speech and for whom a passage to the act is an iterative part of their existence. These patients are referred elsewhere at the time of their first meeting.

As we can see, it is not a matter of linking the demand for desegregation to a new objective: “take care of your problem in four months.” That would simply be a new category for a protocol of our own invention. Of course we have one, but we are not entirely caught up in believing in our own rules. To believe as much would be an erroneous objective leading back to fanciful categories that confirm the master discourse on an imaginary level. As analysts we wager on obtaining a formulation that maintains this paradox: receive a subject with a demand that is sufficiently explicit but that does not bar access to a possible equivocation. That is exactly what focusing on the object means. For the neurotic, it means focusing on something that slips between signifiers; for the psychotic, it means focusing on what gives consistency to his certitude. The object need not be read only from the point of view of the master signifier. Putting the accent on the master signifier allows the object a to appear clearly. It is not a matter of binding the subject to his master signifiers but rather of clarifying enjoyment in a cycle where it can be treated. I use the term cycle with the acceptation introduced by Jacques-Alain Miller in Barcelona. That is, where a question about enjoyment can find a stopping point, a temporary nomination. Therefore, equivocation between the explicit demand and what is implicitly at stake must, in a limited time, allow the springing forth of the subject as an anticipated certitude.

I will use the example of two cases that taught me about this point. The first is that of a young South American woman who came to the CPCT in a state of profound helpless confusion. Depressed and in a quandary, she did not know what to do with her life. Should she take up residence in France and continue the specialist university courses that disappointed her? How was she to endure the solitude left to her when the lover she had followed to Europe abandoned her? Six months of weekly meetings allowed her to get her bearings. She concluded with the satisfaction of her decision to return to her country where a job and a new love were waiting for her. The CPCT showed itself to be the place for the resolution of a moment of truth. Something of her parents’ first meeting in France thirty years before had to be repeated in order for her to meet a new partner. In a strict paternal identification, she had followed her fiancé to be abandoned like her father had been. Like him also – only more quickly, thanks to the treatment’s raising of the depressive phenomena – she found a partner-symptom whose nationality and intellectual preoccupations were those of her mother. For this subject, the treatment at the CPCT was the space of an insight into that particular latent truth. This space for insight did not pretend to be a time for understanding. The greatness of the CPCT is in stopping there, even if we know that she will, when the time comes, go to see our colleagues.

*Dominique Laurent: The demand for symptomatic desegregation*
overseas. This case illustrates that the CPCT is more cosmopolitan than Paris itself and that it makes the language of the other speak. In this sense, it is planetary psychoanalysis. The second case, still in progress, found rapid therapeutic benefits marked by a lightening of important depressive and anxious elements that allowed for a boost to the subject’s professional and intellectual activity. I centered precisely on the motive of his consultation. He attributed a particular importance to the feeling that he no longer had a place of his own after having moved house. His demand was to find a place of his own. From there, we went in to unrolling his history, always in connection with that point. It was then possible to get a grip on the coordinates of his present state, linked to the death of one of his parents. Without establishing a cause and effect relationship between the two, this allowed him to unravel the particular ties he was keeping with the defunct. He is in the process of progressively investing a space of his own, to paraphrase the title of Virginia Woolf’s story *A Room of One’s Own*. It is by focalizing on the signifier apartment, in its position as cause that the subject found a lively relationship with his familial heritage.

In conclusion, the CPCT is the space of a cause that we defend. It is not an ideal cause, it is the cause of a boost of life in a world that attempts to reduce the living to silence. A silence induced by extracting ever more refined protocols and knowledge from the living in order to obtain from it the very key to being that will finally permit its classification. In the face of the desire to massively standardize that has seized contemporary psychiatry we know that there will always be more CPCTs.

*Translated by Julia Richards*
Our object a

François Regnault

Circumcision is nothing, and uncircumcision is nothing, but the keeping of the commandments of God.
St Paul, I Cor. VII, 19.

What I have to do, I can only do it alone. To attain the knowledge of the last things. The Jew of the Occident has not attained it and this is why he does not have the right to get married. They are not marriages.
Franz Kafka (according to Max Brod)

What have I got in common with Jews?
It’s quite enough for me to have something in common with myself.
Franz Kafka

Performing miracles, Yaakov Yitzhak once said, is not an art.
Whoever has attained a certain degree of spiritual perfection, can disturb heaven and earth.
But what’s difficult, you see, what’s difficult is being Jewish!
Yaakov Yitzhak of Pshiskof, Le Yehoudi
Martin Buber, Hassidic Sayings

For me, being a Jew: it is not a content, it’s a condition.
Pierre Goldman (Interview in Le Monde 30/09/1979)

I intend to employ the Lacanian concept of the object a to define the Jew. Thus the following proposition will be made: the Jew is the object a of the West.

Is there really any need to give a response to a question that each and everyone, Jew or non-Jew, decides upon each day? And is it really necessary to search for a response in Lacan’s doctrine? And once the response is given, have we advanced in this matter? My claim is that one can respond with a categorical yes to these three questions. What I wish to do here is to practice the ethic of saying-well with regard to what is called the Jewish question. Let one be read, and let there be judgment. (These are difficult times. In difficult times the Jewish question always repeats itself – at least in “the West” – And if the ethics of psychoanalysis spoke?)

First of all, what does this definition mean? The object a is the cause of the desire of the subject. The subject is the divided subject of psychoanalysis, that of Freud and Lacan. The relation of this subject to the object a is determined by the structure of the fantasy. This structure is written in the following manner:1

S • a

The stamp • of the truth, reads “desire of,”3 and designates the special relationship that the barred subject entertains with the object a, a relationship Lacan illustrated as a quadruple rapport:4

François Regnault: Our object a
1) of direct implication – \((S > a, \text{ or } S \ a : \text{ if } S, \text{ then } a)\)
2) of inverse implication – \((S < a, \text{ or } S \ a : \text{ if } a, \text{ then } S)\)
3) of disjunction (or reunion) – \(S \lor a : \text{ or, non exclusively, } a\)
4) of conjunction (or intersection) – \(S \land a : \text{ both } S \text{ and } a\).

In other words, and at the same time:

1) & 2) \(S\) implies \(a\), and \(S\) is implied by \(a\): therefore: “the subject if and only if \(a\)”;
3) \(S\) and \(a\) form a set, but some of their elements belong to disjunct subsets;
4) \(S\) and \(a\) are joined, but exclude the elements that they do not have in common.

This quadruple rapport defines the fantasy (or a fantasy), and one can see here that the fantasy, which, besides, always covers over reality (or a reality), touches a real: the cause of desire – if it is true that “the object \(a\) is of the order of the real.”

It is evident, or verifiable, known, or knowable, historical, or visible that what is Western (Western man, the West, Christianity, etc.) maintains with what is Jewish just such a quadruple rapport; that is, one of reciprocal implication, inclusion and exclusion. Facts will be examined here only insofar as they are facts of discourse alone, and, as such, have a relation to truth. The Jewish question is of the order of truth. In the name of truth, therefore, history says that there is no Western subject without the Jew, nor the inverse. But at the same time, history says that the Western subject and the Jew were and can be in exclusion (the ghetto, persecutions, the extermination: the cause of desire supposing the desire for death); and yet also in a relation of inclusion (the very same ghetto contains those who are excluded from the interior, such as the state of Israel as part of the West, etc.). Moreover, the question of double belonging or double nationality illustrates both inclusion and exclusion.

It can quite easily be verified that neither the Arabs, nor the blacks, nor the orientals – to mention diverse groups that may pass as non-Western – maintain such a relation with the West. For example, if the blacks in a ghetto form an object \(a\), it could only be America’s object \(a\), and not that of the West. As for the Orient, or the East, it is in a simple relation of disjunction with the West. The same goes for the Arabs. If Arabs in France or Europe become an object \(a\), it could only be in regard to a particular country, etc. As for the Jews themselves, it can be shown that in Arab countries they have not functioned as such an object, but simply as a minority, whether oppressed or not (thus history does not demonstrate any relation such as: no Jews without Arabs, or the inverse). Even the distinction that is made between Ashkenazi (Western and central European Jews) and Sephardi (Jews from Spain and Africa) is based on this difference whose result is that the Sephardi, if they are object \(a\), are only such for the Occident (indeed for the Ashkenazi themselves. . . as Westerners). None of these situations is eternal. However, there is not one of them that does not regulate our statements and our making of statements.

Two remarks must be made concerning this quadruple rapport:

a) Implications: if the Westerner, then the Jew. If the Jew then the Westerner (never one without the other). The rapport seems perfectly reciprocal. However, this is in no way the case if the Jew does in fact occupy the place of the cause of desire. There is definitely then a reciprocity (or a homogeneity) of places, but not of terms. This is what is indicated, if you like, by the fact that one of the terms is barred (the subject). (Even if one writes \(a \cdot S\), \(a\) remains the cause, \(S\) does not become it. Why? Because \(a\) causes the division of the subject.) Why does the Jew find himself in the place of the cause? Our response will be: to save the phenomena. To say “Jewish” in the West is to say something which implies the order of desire (whether this desire is converted into love or hate, interest or rejection, curiosity, etc.) – and supposes that “the subject identifies with his/her desire.”
b) **Conjunction-disjunction**: these two relations mark the heterogeneity of the terms even further (just as they mark the homogeneity of the places – the symmetry of $S \cup a$ and of $S \land a$) and the special status of object $a$, which, although being of “the order of the real,” nevertheless gives rise to certain paradoxes. A detour via Euler’s circles furnishes an image of these paradoxes:

![Euler Circles](image)

Disjunction (reunion) is thus a relationship of the subject to the Other inasmuch as one supposes that certain elements belonging to either of the two sets imply: neither one set nor the other. Here we can recognize Lacan’s definition of alienation in a formula such as “your money or your life.” We can then verify that the Jew, $a$, is found in the place of life, and the West $S$, in the place of money: choosing the West alone (the desert), is to lose the West and the Jews, whereas choosing Jewishness as exclusion (one could say as reclusion or even seclusion), is choosing the diminished Jewishness of the West. These options can be interpreted in various manners in accordance with reality.

As for conjunction (intersection), according to the Eulerian schema above it is equivalent to the object $a$ itself: “It is in this manner that the alienation of the Subject can only be instituted as a relationship of lack to this $a$ of the Other.” What the Jew and the Westerner actually have in common is... the Jewish problem. A question is a form of lack. Here again we see that the subject solely receives its truth in the field of the Other.

That the Jew be the cause of Western desire does not mean that it is the latter’s support. Therefore we will say, not so much that the West desires the Jew, but rather that the fantasy (the reality of the West) supports the desire whose cause is the Jew.

That the Jew be in the place of the object $a$ does not signify that the Jew is not a subject. As subject, the Jew is evidently in the place of the $S$ and one would then posit that his or her object $a$ be Jewishness (or Judaism).

**Jewishness is the cause of desire of the Jew**

The same quadruple rapport can be found this time between a Jew and his or her object $a$. Evidence may be found in the epigraph to this article drawn from Martin Buber’s hassidic writings. More evidence may be found in another speech by the same Yaakov Yitzak de Pijzha (named “the Jew”): “My share in this world and in the world to come, I would willingly give it all away for just one drachma of Jewishness. Still further evidence is found in one of Pierre Goldman’s responses in his last interview: “For me, being a Jew is not a content, it’s a condition. Not even that.”

But what is being analyzed here is not so much the problem of the Jew (for him or herself) as the Jewish problem (for everyone). If, therefore, a Jew belongs “without problems” to the West (the place of $S$), he encounters, as does the West, the Jewish problem (object $a$), which is then also that of their own proper Jewishness (which he or she can also deny, etc.). This is why we distinguish between a Jew as subject and the Jew, just as we say the object $a$. But in this case let’s make “the Jew” a neutral term.

One should remark here that the definite article placed before the object $a$ defines an object which, each time, is unique as such. When it is said, for example, that in Lacan’s work there are four object $a$ (the breast,
the faeces, the voice, the gaze), this is a convenient way of formulating things, but it is inadequate. Different formulations may appear. We will retain:

a) Écrits, p. 253 ("The Direction of the Treatment"): "...desire is... excavated in the [area] shy of demand, in that... demand evokes the want-to-be in the three figures of the nothing that constitutes the ground for the demand of love, for the hatred that goes so far as to negate the other’s being, and for the unspeakableness of what is not known [s’ignore] in its request.” The three fundamental passions of the subject are evoked here: love, hate and ignorance. The nothing, ignorance and negation form the same number of objects for the desiring subject delivered to these demands.

b) Écrits, p. 240 ("The Direction of the Treatment"): the following are cited as signifying objects: the breast, excrement, the phallus, in order to say that the subject is these objects. We then have the relation: if $S$ then $a$, and if $a$ then $S$; in other words, $S = a$.

c) Écrits, p. 309-10 ("The Subversion of the subject and the Dialectic of Desire"): the object $a$ is the treasure of the subject; his or her agalma. It could well be Socrates’ cock for Alcibiades (denied him), or the woman behind her veil, or the vanishing object of the Law according to Kant, or the troop of Justine’s tormentors in Sade, etc.

d) The most accurate formulation would therefore be that of saying that the object $a$ “diversifies itself” into, for example, the breast, excrement, etc. Or rather, it is of what is subtracted from the living being that there are “the representatives, the equivalents, all the forms that can be enumerated of object $a$. The objects $a$ are solely representatives, figures.”

This is why it is not appropriate to make a list of objects $a$; each time, for a given fantasy, one alone is presented. If, however, one takes into account the most common diversification into four in the history of a subject, it will make some sense that the Jew, for the West, presents himself in their site and place: in the form of the recurrent breast of the Jewish mother, the Jew as refuse, the voice of Israel, and the gaze of Yahwe. In a similar manner, the link between the Jew and the nothing, and negation, and the unexpressible, and so on, will make sense. As will the link between (Jewish) circumcision and the phallus.

In this manner, illustrations may be found for Lacan’s remark concerning the object $a$: “from being a discard, it must become the cornerstone,” according to the well-known Old Testament formula that the New Testament takes up to designate Jesus.

In this manner it can also be verified that so many – in a certain sense, all – Jewish legends and stories turn on this nothing, around a nothing, the nothing... it’s nothing. This has been observed since the time of Tacitus: “Cneius Pompeius was the first of our countrymen to subdue the Jews [in 60 B.C.]... Availing himself of the right of conquest, he entered the temple... it became commonly known that the place stood empty with no similitude of gods within, and that the shrine had nothing to reveal.” Hence the idea that the Jews do the opposite of what other people do: an imaginary symmetrical conversion of the fantasy. Tacitus again: “Things sacred with us, with them have no sanctity, while they allow what with us is forbidden.”

The result is that the analyzed fantasy, which designates the relationship between the Jew and the West, is equally that of Judaism as it is of the West: one can give, via synecdoche, the name of either one term or the other ($S, a$) for the relationship, little matter. What is important here is to know that making Jewishness into a fantasy, or into the object of a fantasy, signifies that one touches upon a real. Any non-Lacanian definition of fantasy – such as the current usage that is made of the term – would be dangerous in this regard in that it would amount to saying that, at base, Jewishness is an illusion, a whimsy, a craze, a phantas-
margoria, etc. (to take up the terms, amongst others, that Marx uses about ideologies). Nor is this fantasy an “echo”, nor a “reflection”, nor a “sublimation”; it is not of the order of the imaginary, even if there is also an imaginary of Jewishness.

Or, in other words, Jewishness is not defined in terms of “reality” in the Lacanian sense, which is to say in terms of the imaginary. There is no realist definition of the Jew. The Jew has no properties.

In fact, the only definitions one encounters today are almost always insufficient or recurrent. A recurrent definition, for example, is to be the son of Jewish parents, or rather, the son of a Jewish mother, etc. Insufficient definitions include any definition in terms of religion – strictly speaking what is defined there is Judaism rather than Jewishness –, in terms of faith (there are atheist Jews), Israeli nationality (there are non-Israeli Jews), and circumcision (there are non-circumcised Jews, and circumcised non-Jews). Obviously one would also classify as insufficient – at the very least – all the antisemitical definitions in terms of (negative) properties that the West has transmitted for two millennia.

The same remark can be made in reference to emphatic definitions in terms of superiority such as: “Those who gave Spinoza, Marx, Freud and Einstein to the world.” Such assertions cannot confer positive properties on Jews by means of which something about them would be grasped, since what would be assigned to Jewish geniuses would again be that Jewishness that we have defined here as a relation, both direct and inverted, of inclusion-exclusion-implication with the West. Spinoza, for example, “excluded himself” from the Synagogue, but he never included himself within Christianity, etc. This relation explains precisely why one only ever cites Jewish geniuses, in these terms, who are also Western geniuses, and who maintain for example a universal discourse, whether philosophical or scientific, or a discourse in the name of humanity.

Moreover, it can be seen that a great Jewish genius is also someone who positions himself with such a point of view as to be able to offend Jews themselves, not in regard to their cause of desire, Jewishness, but in regard to their reduction of this cause to a simple property. This was already true for Moses, it was obvious for Jesus with regard to worship, and again for Saint Paul concerning circumcision: “Circumcision is nothing, and being uncircumcised is nothing.” Spinoza affirms, against Judaism, that “if Moses spoke with God face to face... then Christ communed with God mind to mind.” Marx, in his two complicated articles of 1843-4 on the Jewish question, reproaches Bruno Bauer for wanting the Jew to undergo Christian emancipation before attaining his political emancipation. Marx refers this political emancipation, in the last analysis, to the (Hegelian) difference between the State and civil society. In doing so he thus saves the Jews from what would reduce their definition to a religious or racial property; but in a second step, bypassing “the Pentateuch and the Talmud”, he defines the real Jew in relation to money. The question is therefore: does money have properties? Is money an essence? The least one can say is that this did not remain a secondary question for Marx throughout the rest of his work: it is as though Capital became the Talmud of this question. – Freud’s offense with regard to the Jews was obviously to have made Moses into an Egyptian – via all the tricks of applied psychoanalysis, as though, following the example of his model, he wished to rival those Egyptian magicians himself. – As for Einstein, who was ‘nicer’ than the others, he hesitates between the construction of a Judeo-Arab community in Palestine – or of a Jewish community which “is not political and must not become such” – and the necessity for “us, the other Jews, to regain consciousness of our existence as nationality.” Through Jewishness, the Jewish genius evidently intends to testify, at the maximum, for humanity in general, and at the minimum, for the divided subject – of science or psychoanalysis.

The relationship that this term without properties, Jew, maintains with the properties that it can or must receive is clearly a relationship of the same type as the one that joins \( S \) and \( a \). Thus, none of the proper-
ties already cited, whether religious, national or cultural, etc. – which we shall write \( jx \), \( j \) being the property and \( x \) an individual Jew –, is necessary or sufficient (again, we will dismiss definitions via recurrence which simply defer the question). But the precarious status of these properties does not imply that whosoever claims to be Jewish is Jewish – nor that whosoever claims to be non-Jewish is in fact not Jewish. These properties are therefore each time included again in Jewishness and excluded from it, directly and inversely implied by it. Jewishness therefore transforms a property of the type \( j \) into an object \( a \); it is joined by the stamp • to the Jew as \( S \). For example, circumcision is definitely an important trait (a property), but it is only Jewish if it is already the circumcision of a Jew, etc.

In the structure of the fantasy the real is always joined to one, or to several realities (properties); this is why Jew is not a pure signifier, and one can say there are some Jews, and there are some non-Jews.

The word goy is entirely adequate to designate the non-Jew, since it is proffered by the cause him- or herself: the Jew. The slight paradox that I will declare will thus be appreciated: the current article is an article by a goy, but I hope that it is not a goy article. Besides, there are only non-Jews in the West; saying, for example, that someone Japanese, or Chinese, or Arab is a non-Jew is of no interest, if not nonsensical. However, saying that a Westerner is not Jewish is a lie. . . by omission.

But the conjunction of a real (object \( a \)) and a reality (a fantasy) is a chasm, the chasm of the imaginary and the real that the symbolic alone bridges, according to the structure of the Borromean knot.

Take circumcision again: it is the real of a cut (irreversible), but to join it to the imaginary that it represents (identificatory belonging to a community), the symbolic is required (that is, the signifier Jew, or the Jew as signifier – the Rabbi’s word). Otherwise, the knot is undone, and one obtains a circumcision without sense (therefore “hygienic”), a community without mark, and a signifier outside-the-chain (for which another signifier will be necessary for a Jew to exist as subject).34

The ethic of saying-well therefore finds its task in referring Judaic properties (religion, culture, rites, morals, etc.), which would make Jews into a defined class, to their status as object \( a \), which thus transforms each of these properties into something unrepresentable, Jews into a non-defined class, and the Jew into a subject.

The result is one of those sets whose elements are without properties, save that of only being recognised as each being an element of the set by one of the other elements. This is what introduces, like any dialectic of the subject, the necessary reference to the Big Other, the place from which the subject receives his or her determination as subject. The other Jews will say whether I am one of them, because neither my faith, nor my nationality, nor my traits, nor my customs, nor circumcision, nor even my saying so will suffice. Or rather, that saying alone will suffice, if it is the discourse of the Other.

Any Judaic property is therefore only a reality in appearance. It must present itself to the subject (Jew) in the guise of his or her Jewishness, which is his or her real.

Translation: Oliver Feltham

3. Écrits, p. 774 (“Kant with Sade”).
7. We can refer to Maurras about Léon Blum: “hirrocrery of the dialectic heimatlos”. Goat-stag, a term that Aristotle gives as an example of the fictive, no doubt places the Jew on the side of the goat.
10. L’acte psychanalytique (unpublished), session of 20/03/1968.
13. See Seminar XI, p. 212 with regard to disjunction/reunion.
14. La logique du fantasme, 16/11/1966. The object a is presented as intersection.
15. Seminar XI, p. 207. The process between the subject and the Other is said therein to be “circular, but, by nature, non-reciprocal. Because it is circular it is dyssymmetrical.” [Trans. modified O. F.]
16. Seminar XI, p.185: “The fantasy is the support of desire; it is not the object that is the support of desire.”
17. I use these two words as synonyms.
20. For example, see Seminar XI, p. 242: “… we have found a certain type of object which, in the final resort, can serve no function. These are the objects a – the breasts, the facies, the gaze, the voice.”
22. Seminar XX, p. 126: “that which is substituted for [the Other] in the form of the cause of desire – that I have diversified into four.…”
25. For the Old Testament, Psalm 118, 22-23. For the New Testament, which cites this psalm: Matthew 21,42; Acts, 4,11; read 1 Peter 2,4-7. This for the cornerstone. For the stumbling block: Isaiah 8,14; Romans. 9,33; 1 Peter 2,8, which unites the concepts of cornerstone, a stone of scandal, and king.
27. Ibid., V. IV.
30. I Cor. VII, 19. See also Rom II, 25-29: “For he is not a Jew who is one outwardly… in the flesh.” See also, Gal V, 6 and VI, 15.
34. “If I had a son, I would have him circumcised, yes… It would be more a symbolic matter than anything else.” (Interview with Pierre Goldman).

On circumcision in ancient Israel, it is well worth consulting the work of Adolphe Lods, Israël des origines au milieu du VIIIe siècle (Bibliothèque de synthèse historique, dir. Henri Berr).
On Wednesday 8 October 2003 the French National Assembly passed a bill intended to regulate, for the first time, the practice of psychotherapy in France. Moved by Bernard Accoyer, a medical doctor and member of the Union for a Popular Movement, the conservative Party of which Jacques Chirac is a member, the purpose of the legislation was to restrict the practice of psychotherapy to psychiatrists and clinical psychologists; it would effectively no longer be legal for any other practitioners, including psychoanalysts, to practice in the sphere of mental health.

Although the bill was passed without debate and, apparently, without objection in the Assembly, there has been a mixed but on the whole vociferous public response since. Most notably, an action group called the “Forum des Psys” established by Jacques-Alain Miller has brought together, in united opposition to the new legislation, the École de la Cause freudienne and various groups from the field of “Psys,” as the vast therapeutic industry in France is commonly referred to.¹ There have been other offshoots as well, such as the association called “Vive la Psychanalyse!” which Judith Lacan has founded with the aim of promoting psychoanalysis in the public domain. Catherine Clement, Roland Dumas, Bernard-Henry Lévy, and Philippe Sollers, all members of the association’s council, have been vocal opponents of the new legislation, both at public forums and in the press. Bernard-Henry Lévy has described the legislation as a giant backward step that takes us back some hundred years to a scientism that one would have thought the Freudian “break” had done away with. He predicted that the legislation would be the death of psychoanalysis. Jean-Claude Milner, eminent linguist and social commentator, has referred to “a mortal alliance between scientism, managerial ideology and unrestricted regulatory control.”²

Despite the unremarkable passage of the bill through its first reading in the Assembly, by the time it arrived at the Senate on 19 January 2004 it had become clear that the bill would not pass unchallenged. The Government was able to curtail opposition to, and circumvent possible failure of, the legislation in the Senate by presenting a modified version of the “Accoyer Bill,” as it had come to be known, and to present it as a “Government Bill,” presented by the then Minister for Health, Jean-Francois Mattéi. The effect of presenting the legislation in the form of a Government bill was that the text would have to be voted on without amendment. The novelty of this second bill, now known as the “Mattéi Bill,” was to propose the establishment of a National Register of Psychotherapists maintained by the Prefecture. Three categories of practitioners were exempt from the requirement: those with medical degrees, registered psychologists and, last but not least, psychoanalysts who are registered members of a psychoanalytic association, as indicated by the membership records of their association. It might seem that this modification would be sufficient to appease the psychoanalysts opposed to the legislation and to allay the concerns it gave rise to. Indeed, one group of psychoanalytic associations, which calls itself “the Contact Group,” embracing Lacanians and non Lacanians alike, welcomed the new legislation, citing its recognition of the “specificity” of psychoanalysis and the “irreplaceable role it plays in the training and the qualification of its members.”³ The response of Jacques-Alain Miller, on the other hand, was immediate and categorical: this legislation is
worse than the original; a view he has been supported in by both the *Ecole de la Cause freudienne* and members of the public. I return to this issue below.

When the bill was referred back to the National Assembly for the second reading, it was to undergo yet further modification. The bill, now referred to as the “Dubernard bill,” opined that the practice of psychotherapy requires either theoretical and practical training in clinical psychopathology or training recognized by a psychoanalytic association.

Use of the title of psychotherapist is restricted to professionals who are registered in a national register of psychotherapists.

Registration is recorded on a list maintained by the State in the department of residence.

This list indicates the training undertaken by the professional. It is updated, made available to the public and published regularly.

Accredited medical doctors, registered Psychologists and psychoanalysts who are registered members of their association are exempt from registration. The application of the present article is fixed by decrees in the Conseil d’Etat.⁴

Finally, on Friday 9 July 2004, the Senate's second reading of the bill took place. The Dubernard bill, which had been adopted by the National Assembly on its second reading, was further modified and adopted as the Giraud bill. This bill refocused on the use of the title of psychotherapist rather than on the practice of psychotherapy.

The details are not important because, as the text of the Senate and National Assembly bills remained at variance following the second reading in both houses, a joint commission of the two houses was convoked in order to establish a form of legislation that would be acceptable to both houses.

The Joint Commission met at the end of July and adopted the final form of the legislation, which was gazetted in the *Journal Officiel* on 11 August, thereby becoming law.⁵ It states the same requirement that

1. all psychotherapists must be registered on a record maintained by the Government;
2. this record must be made available to the public and published regularly.

It then re-states the by now familiar exclusion clause concerning doctors, psychologists and psychoanalysts.

Medical practitioners and qualified psychologists and psychoanalysts registered as members in the records of their association have a legal entitlement to register.

And it adds a final clause concerning the decree that will be all important to its implementation.

A decree in the Conseil d’État specifies the manner of application of the present article and the conditions for the theoretical and practical training in clinical psychopathology that must be fulfilled by persons referred to in the second and third paragraphs.

Now that the legislation has become law in France, the question is what to make of it. As mentioned above, Jacques-Alain Miller was even more vigorously opposed to the amended version of the original that was endorsed on the first reading in the Senate. To see why, and to consider whether these concerns still apply to the final form of the legislation, one needs to understand the place of decrees in French law, where the difference between statute law (adopted by the parliament) and regulation by decree is fundamentally important. The manner in which a law is applied can be determined by decrees drafted by the executive
The arbitrary requirements account for a standard of professional practice, then the price may be worth paying. But the fear is that the temptation to process, thinking decisions sympathetic to the position of the Minister of Health and acting from a perspective that favors a medicalization of psychotherapeutic practices and the ascendancy of cognitivist currents in psychology.

Note that the final legislation no longer gives a medical practitioner the right to automatically register as a psychotherapist, irrespective of his training. Mr. Giraud maintains that registration of medical practitioners will be restricted to those who have specialist training, but while it was difficult to see how the Giraud bill could be interpreted to support this assertion, it has been inscribed in the gazetted law.

Nevertheless, there are other difficulties with the legislation. There is, for instance, the somewhat arbitrary distinction between psychoanalyst and psychotherapist, the grounds for which have not been well argued. Furthermore, to suggest, as did Bernard Accoyer when he initially proposed the legislation, that it was motivated by a desire to protect the public from charlatanism and all the snake-oil merchants (my words, not his) of this world who prey on an unsuspecting public would appear to be an idle claim if the legislation leaves it open to any group of psychotherapists to unite as a group of “psychoanalysts” and register under that category.

The strategy of some analytic groups in France has been to accept the legislation as guaranteeing their presence on the list of categories of professionals authorized to practice psychotherapy. This has been the position of the “Contact Group,” for instance, who have simply noted that the Senate recognizes the “specificity” of psychoanalysis and the irreplaceable role associations play in the qualification and training of their members.

Philippe Douste-Blazy, the new Health Minister since April, has indicated that while he has not had the time to meet representatives of all the professions involved, as the person responsible for drafting the future decree regarding the training required for registered psychotherapists, he “undertook to allow an extensive debate, a wide-ranging gathering of information and reflection that would produce a consensus amongst the professionals.”

The expansion of administrative control over the lives and practices of members of the public and professions is a feature of contemporary society and, although it may appear innocuous, there are grounds for thinking the movement insidious. Whatever the reassurances of the Minister concerning seeking consultation and achieving consensus, increased regulation, with its needless time wasting and costly compliance process, now appears inevitable. Perhaps this is nothing more than a nuisance, and if it produces a higher standard of professional practice, then the price may be worth paying. But the fear is that the temptation to further increase regulation and control is one that bureaucracy finds difficult to resist. Once the door of accountability is opened and it is always opened with the best of intentions – control and compliance requirements expand. Who can be confident that the decrees will not, with time, impose increasingly arbitrary and irrelevant restrictions on the requirements that must be met for practitioners to practice and expanded measures for exclusion? What information will be gathered, what databases set up and how will the information be used?

The legislation will have the effect of introducing a de facto distinction between psychoanalysts who are qualified medical practitioners or registered psychologists on the one hand, and the rest, which in France...
have been dubbed “the ni-ni” or the “neither-nors.” While the legislation gives de jure recognition to doctors, clinical psychologists and psychoanalysts, the consequences are different in each case, owing to the differences between medical registration via the Orde des médecins, which has statutory recognition in France, the registration of psychologists on the basis of academic qualifications, and the registration of psychoanalysts on the basis of their membership of a psychoanalytic association. It is foreseeable that registration of psychoanalysts will significantly modify the status of psychoanalytic associations, which will henceforth have a legal reporting status, given that they will be required to maintain a register of members which has a legal status.

Moreover, some associations currently have non-practicing members. This includes the École de la Cause freudienne whose directory speaks of “members who practice psychoanalysis,” implying that practicing is not a requirement of membership, and adds that practicing members come under two categories: those who, admitted as members of the school by the School's Council, have declared that they practice psychoanalysis and are registered as Practicing Analysts; those whom the ad hoc Committee of the Guarantee has guaranteed as having met the training that the School provides and on whom is conferred the title of “Analyst Member of the School.” The number of non-analyst members of the École de la Cause freudienne may be small, but the principle is nevertheless a venerable one, having its origins in the École freudienne de Paris.

A moment's reflection is enough to make one realize some fairly specific and detailed criteria for the registration of psychoanalysts will have to come out of the administrative decree to be presented by the Minister of Health. In the absence of such measures, the legislation alone, absurdly, might allow for any two people to found an organization which they could call an association of psychoanalysis, have it registered at the Prefecture and subsequently declare oneself a member of this psychoanalytic association. This even suggests a sort of guerilla response in the form of bureaucratic sabotage, with a series of spurious organizations, all with one or two members.

Something like the category of Analyst Member of the School may well be destined to become all-pervasive under the new law, since this is the one category that will really matter from the point of view of legislation. One can expect that the basis upon which the title is to be conferred by the School will be compelled to comply with whatever the requirements of the decree are. Either that or a new, fourth, category will need to be introduced. In either case, the new legal obligations of the School will no doubt challenge the principle that Lacanian psychoanalysis is a practice with “no standards but not without principles.” The category of “practicing analyst,” at least in the sense in which it was introduced by Lacan and adopted by the École de la Cause freudienne, seems destined to disappear because the ministerial decree will establish conditions for registration that any association will effectively be required to see that its practicing analyst members satisfy.

While the new legislation speaks in terms of guaranteeing the qualification and training of psychotherapists, by framing the law in terms of membership of an association, it leads to potentially absurd situations. There are psychoanalysts who have opted not to belong to any psychoanalytic organization, but whose training and competence have never been at issue. Equally, the situation has arisen and could always arise again where, for different reasons, analysts resign from their Association. On the basis of the new legislation, in such cases the analyst will no longer be able legally to practice; and in reality the force of the law will commit an analyst to remaining throughout his or her professional life a member of an association.

We do not know at this stage what requirements will be imposed upon psychoanalytic associations, and will not know until the content of the ministerial decree (or décret en Conseil d’État, as it is more strictly called) is released; however, the following are possibilities.

24 Russell Grigg: Regulating psychoanalysis
Legal requirements: will associations be required to exclude members if they have been convicted of a crime? The implications of this not only for the vetting of admissions and policing of the activities of members are rather horrific, but the scenario is not unrealistic.

Ethics: will associations be required to implement a code of ethics and a complaints procedure? These typically cover such issues as responsibilities to the “client”, as it has become increasingly common to call the “consumer” of therapeutic services; matters of exploitation; matters of confidentiality; contracts, involving informed consent; responsibilities to other professionals and the wider community; and a complaints procedure. It is highly unlikely that once psychoanalytic associations come under the jurisdiction of the law they will escape the requirement to implement a code of ethics and complaints procedure, the broad shape of which can be predicted on the basis of what such codes look like in the case of other regulated professions and professional bodies, and it is likely that every psychoanalytic association will be required to address all of the above issues.

What will the implications of such measures be for psychoanalysis, if, as I think is likely, they are implemented? It is possible to be rather blasé about the whole thing and declare that nothing much will change for either the better or the worse; on the one hand, cases where issues of compliance and complaints arise are extremely rare; and on the other it is not clear that a formal code is going to solve the more egregious perversions of psychoanalytic practice. It is not clear, for instance, that the Masud Khan scandal would have been any better addressed if a code of conduct had been in existence at the time. As was stated by the President of the British Psychoanalytical Society, Donald Campbell,

Although there were rumors of inappropriate professional behavior by Masud Khan, a case of malpractice could not be brought on the basis of rumor. I believe that attempts were made to encourage patients and ex-patients to come forward with a complaint, but none did so.8

It is not too cynical to think that the Code of Conduct functions mainly as a public relations device to reassure the public that Something Will Be Done in the case of ethical misconduct.

There is the further point that Government regulation will not improve standards of clinical training and theoretical formation; in fact, there is a case to be made for thinking that it will lead to their deterioration. There are two reasons. First, the standards of training required by Ministerial Decree will be both minimal and quantitative: together these characteristics imply that the conditions for qualification will be purely formal, as is the case with the registration of psychologists in France and elsewhere. The duration of the training will erroneously come to be taken to be the measure of the quality of the trainee. In the École de la Cause freudiennne, which prides itself on being the School of the Pass, the pass is constructed around a completely different ethics, one that is consistent with and follows from the ethics of psychoanalysis: in the procedure of the pass analysands give testimony not only about the process of an analysis – their own –thereby addressing, most valuably, the issue of research into the analytic experience, its outcomes and its subjective effects; but it is also expected that they will make a contribution on “crucial problems of psychoanalysis.”9

The last remark leads to a more disturbing trend in the current tendency towards regulation, or increased regulation, of psychoanalysis. In the mind of the regulators, one suspects, there is a conception of psychotherapists and ipso facto of psychoanalysts as technicians, as technicians of the unconscious as it were, whose technique and practice is straightforward and uncontroversial, at least amongst themselves. The consequence is that regulation, stagnation, and lack of innovation can all too naturally go hand in hand. Supposing the regulated environment had been put in place in 1954 and not 2004, would Lacan have been free to innovate in the way he did and change forever the nature of psychoanalytic practice?
In making these comments I am assuming that the new legislation is just the first step in a process of increasing regulation. Certain of the further developments discussed here flow directly from the legislation enacted in August; this includes the conditions that we can expect to see stipulated in the Décret en Conseil d'État dealing with the implementation of the new law. This will occur in the short term. If the experience elsewhere and in other domains is anything to judge by, we can expect that further down the track the legislative and/or administrative interference in the “Field of Psys” will increase inexorably. If this is correct, then it is a curiously shortsighted approach to think that psychoanalysis is protected by the new legislation which is only a threat to psychotherapy. It was Freud who spoke of psychoanalysis as the primus inter pares in the field of psychotherapy. And abandoning the larger psychotherapeutic community to its own devices, as agreeable as the sense of superiority may be, its origin is the narcissism of minor differences, and the attempt to form a united front of all the professionals directly concerned by the initial Accoyer bill via the Forum des Psys will be shown to have been correct. Jacques-Alain Miller is no doubt correct in his judgment that the amended Mattéi legislation was worse than what it replaced, and there is a logic to this development that will continue to unfold to the disadvantage of psychoanalysis: the inclusion of psychoanalysis in the amended legislation may turn out to be a hollow and short-lived victory if it leads to an increasingly significant impact upon the training and development of psychoanalysts.

It is important to view the legislation of the practice of psychotherapy in France in the context of what is potentially a profound change in the mental health sphere in France. The move towards quantitative, so-called “evidence-based” forms of intervention, along with the recent Cléry-Melin “Plan of Actions for the Development of Psychiatry and the Promotion of Mental Health” that Jacques-Alain Miller refers to and critiques in this volume, combine to indicate a disturbing tendency in approaches to issues in mental health.

1. For much of what follows, see the website of the “Forum des Psys,” http://www.forumpy.org/index.html
4. The text of the Dubernard bill can be found on any number of websites, such as the following: http://www.etatsgeneraux-psychanalyse.net/mag/article_view?id=11
5. For the full text consult the website http://www.legifrance.gouv.fr/
6. See the website of the Senate, http://www.senat.fr/
The following four texts were papers given at the London Forum “For Desire, Against CBT,” Third Congress of the New Lacanian School, 21-22 May, 2005.
Evgeni Genchev

Psychotherapy regulation in Bulgaria

In order to understand the actual context of psychotherapy in Bulgaria, one should know a bit of the historical developments, which it has gone through.

In the 1930s in the Sofia University there was formed a psychoanalytic circle of doctors and philosophers studying Freud’s creation, psychoanalysis. In the early 40s, after the Bulgarian government made alliance with Nazi Germany, psychoanalytical studies were forbidden as “semitic”. After the establishment of the communist regime there was a new prohibition, because psychoanalysis was considered nonscientific and a decadent bourgeois ideology. Psychotherapy was to develop in the Marx-Lenin approved ideology of the Pavlov school and its later Soviet developments.

In the mid 70s a young psychiatrist gathered a group of university-student enthusiasts in order to develop interactional group psychotherapy. This group was without any possibility for training and its leader was encouraged and guided by the Swiss psychotherapist Raymond Battegay. So it was a self-development process through reading a few available books of Freud, Jung and group psychotherapy, leading patient groups and regular weekly discussions.

Already in the 80s some training was possible and, after the fall of the system, psychotherapy training started to flourish in Bulgaria, starting with psychodrama and family therapy. Some of the training and new methods have still to prove their value. Psychoanalysis slowly started coming to Bulgaria in the late 90s, mainly through French analysts from different schools and associations.

In 1993 the Bulgarian Association for Psychotherapy and Counseling was founded by the people who had been in the described process of development at different stages. At that time this was the only circle of people in Sofia developing contemporary psychotherapy in Bulgaria. Some of us had already spent more than 15 years in efforts to develop ourselves as psychotherapists. In our definition of psychotherapy at the time we stressed the particular importance of the personal development of the psychotherapist through his own therapy (personal experience) with the method he is trained in and is applying.

As psychotherapy is something new to our society and to our state institutions and regulations, for the moment anyone can declare himself a psychotherapist of any kind and practice without limitations. This word attracted different kinds of people with ambitions for glory, power and money – or just simply with delusions. You can see in the newspapers and on TV fortune-tellers and healers offering psychotherapy and psychoanalysis among other services. This caricatural image of psychotherapy and psychoanalysis and, on the other hand, the ambitions of psychiatrists with some cognitive-behavioral training – or even with none – to become Masters of the psychotherapy “pie,” provoked us, the BAPC, to start an action towards some regulation of the field.

On schedule with Europe

The first step we made was to acquire some international support and we considered for the moment as our best backing membership in the European Association of Psychotherapy (EAP). We are already recognized as an umbrella organization for the EAP in Bulgaria and from last year also as an accrediting organization.
Another step, which was parallel but more difficult, was elaborating our own standards for psychotherapy training and a public register of the psychotherapists recognized by the BAPC. In the new law for Public Health, psychotherapy is mentioned as a treatment for mental disorders in the range of medical treatment. BAPC took part in the working group to the Minister for elaborating the regulations of the law.

Our main goals for this regulation were to define psychotherapy as something practiced by certified psychotherapists from internationally recognized methods with appropriate training and to differentiate clearly psychotherapy from psychiatry. We also offered that our organization take on the responsibility for certifying psychotherapists in Bulgaria, which was – as expected – declined. The regulations are still not finalized, but there is little hope that any of our propositions will be taken into consideration. Anyway these regulations concern only the practice of psychotherapy in medical institutions and not outside of them. Our future plan is to prepare a draft for a separate law for psychotherapy. We consider it realistic to bring such a law to parliament in not less than five years from now.

The problems we are facing in such a task would resemble the ones already experienced and still being experienced in other European countries. The definition of psychotherapy as a compilation of methods like in the EAP (the European Diploma of Psychotherapy) brings the danger of producing formal psychotherapists, who have not developed in transference with a psychotherapist in a certain method of work. Methods like cognitive-behavioral psychotherapy, which do not consider personal therapy as a must, or even a need, but are recognized worldwide, raise a big question as to what psychotherapy is and does such a thing exist at all.

On the other side the political move of the EAP towards recognizing psychotherapy as a separate profession might be too early a step before having clarified what we are talking about. The fantasies for power projected in the role of the psychotherapist are creating a battlefield where it seems no prisoners are to be held. The psychiatric profession being a perfect shield for sometimes disturbed people, avoiding to meet their feared internal enemies and their own need for therapy, have a perfect weapon in the C-B therapy to practice their own imagined salvation on their patients. Only sometimes psychiatrists are sadistic to their patients, more often they have fantasies of helping and sometimes they even are. I believe psychotherapies that see a human being as a physiological-biochemical unit responding to the stimuli of the environment are adequate for satisfying such fantasies of helping and that makes them dangerous, because the patient would be abused for satisfying somebody’s needs or wishes.

Return to totalitarianism?

The conflict between the biological and the cultural approach to the human being is without a solution and maybe should be resolved through separation. But to put into law such a distinction is quite a challenge, when one side of the conflict is monopolistic and transgressive in its desire. There could be a dialogue with some of the people in C-B therapy in order to discuss the capacity and limitations of the methods, but to agree on what a symptom or mental disturbance or problem is, seems a priori impossible. There is an actual meeting point, because cognitive and behavioral elements exist in all psychotherapies, but they are means and not goals. The problem now seems to be the need to establish the only right position.

This resembles quite a lot the totalitarian materialistic view to reality. One science, one methodology, one therapy. Subjectivity is again a non-scientific outcast. Human beings are objects and not subjects of science and treatment. There is someone (the scientific specialist) to decide for his or her own good. All these totalitarian formulas disguised under a “democratic science” cover could be a great step to Orwell’s 1984 society or to a “brave new world.” The question now is for everybody. What society do you want? It’s a complex question, because most people aspire to a secure society that satisfies their jouissance. The con-
sequences are difficult to predict. It seems to be the death of the subject and not really many would like to go so far, but nevertheless it’s so tempting. In fact this was the main reason for the establishment and also for the decay of the communist totalitarian system, but it seems that no lessons are ever learned.
Roger Litten

We are all health professionals now

My text traces two broad themes. First I will outline the government’s proposals for the regulation of the “psy practices” in the United Kingdom. Then I will attempt to show how the discourse of “evidence-based practice” is central to these proposals. I think that the articulation between these two themes is essential to understanding both the threat posed to psychoanalytic practice in this country and the rise of Cognitive Behavioral Therapy (CBT).

But I want to begin by invoking the name of Dr. Harold Shipman, the Manchester GP, the family doctor who was found to have murdered all his patients. One of the most scandalous things about this case was that there was no apparent motive, that the good Dr. Shipman simply had a taste for it, was addicted to killing.

We can take this incidence of the unregulated jouissance of the practitioner, this betrayal of trust in the figure of the doctor, as marking the point of breakdown of public faith in the medical profession more generally. The traditional professional relation between doctor and patient based on confidence in medical authority and expertise gives way to the government’s role in ensuring the safety of the public by monitoring and regulating the practice of medicine.

This erosion of professional integrity, not just at the level of the relation to the figure of the doctor but also at the level of the integrity of the profession of medicine as a whole, can be seen at play in the current discourse surrounding the notion of professional confidentiality. Confidentiality is no longer contained within the profession. We now have a legal duty to answer to the requirements of judicial intervention, to the extent of being obliged to report the possible implications of anything said to us by patient or colleague if it might have implications for the safety of the public at large.

We thus start with a breakdown of trust in the relation between patient and doctor and very quickly arrive at a breakdown of integrity of the profession of medicine itself. The discourse of public protection then provides the rationale for State intervention and external monitoring of practice.

The erosion of the traditional independence of the General Medical Council in the UK has not yet been carried through, despite all the plans for reform. The government has started instead with slightly easier target, the “professions supplementary to medicine.” The CPMS, the Council for the Professions Supplementary to Medicine, was previously responsible for those professionals working alongside doctors within the health service, such as radiologists, physiotherapists, paramedics and podiatrists. This body has now been replaced with the HPC, the Health Professionals Council.

The establishment of the HPC forms an integral part of the government’s proposals for the extension of State regulation to all professions that might have an impact on the health of the public. The profession of psychology has been the first target for this new body and will be regulated by the HPC by the end of this year. There is a consultation document currently available on the website of the British Psychological Society (www.bps.org.uk) called: “Enhancing public protection: Proposals for the Statutory Regulation of
Applied Psychologists.” This document gives an indication of the themes at stake in the transfer of responsibility for regulation of the profession from the relevant professional body, the BPS, to a State body, the HPC.

In this document it is specifically stated that the regulation of psychologists is being viewed as a trial run for the regulation of the field of “talking treatments” as a whole. The government hopes to extend regulation to the practice of counseling, psychotherapy and psychoanalysis by 2008. The two main psychotherapy organizations in the UK, the British Association for Counseling and Psychotherapy and the United Kingdom Council for Psychotherapy, are currently involved in a process of consultation that aims to produce a common set of standards for practice and training in counseling and psychotherapy, seen as the initial requirement for centralized regulation by the HPC.

It is not yet clear where psychoanalysis will be included in this process. But in the light of the government’s determination to regulate all practices that might pose a risk to the health of the public and their stated intention to avoid proliferation of specific regulation bodies, there is every chance that psychoanalysis will simply be included as a variety of psychotherapy.

We need then to examine the implications of regulation by the HPC for psychoanalysis in Great Britain.

The HPC has been set up under the rationale of “public protection” following the perceived failures of professional bodies like the General Medical Council to protect the public from malpractice by their members.

There appear to be two primary themes at play here. One is the notion of a lack of accountability and transparency in disciplinary and complaints procedures. The profession has tended to protect its own practitioners rather than the public. The other is the absence of legal enforcement. Members could be struck off the professional register for malpractice but there was nothing to stop them continuing to practice outside the register.

The introduction of the HPC as independent health regulator with enhanced statutory powers for prosecution of malpractice turns in the first instance on the question of protection of professional titles in law. Practitioners will now be able to use particular professional titles only if registered with the State body. This is known as “indicative” rather than “functional” regulation, as it becomes more a question of what you call yourself than what you do. Use of one of the designated professional titles without State approval then renders you liable to prosecution for “false representation”.

This prospect has set off a wave of political maneuvering within the recognized psychotherapy and psychoanalytic training bodies in the UK in an attempt to secure access to the trademark that the title of psychoanalyst then becomes. This process has been noteworthy for the sterility of debate involved and a leveling of the field that has had the effect of erasing any distinction between psychotherapy and psychoanalysis, hence ultimately facilitating the move towards centralized regulation.

Yet in this focus on the legal implications of the restriction of titles what has been largely overlooked is the role the HPC will take on for establishing the standards of training and competence within the professions it regulates. The further implication of the move away from the model of professional self-regulation is that a State body now takes on responsibility not just for hearing complaints against professionals but also for setting the standards of professional competence by which a practitioner’s “fitness to practice” will be judged.

We can trace the logic here from a primary remit of protecting the public by developing more transparent and accountable complaints procedures that would be heard by an independent rather than a professional body, towards a role for that body in assessing competence and fitness to practice within the profession.
more generally. This in turn requires a role in setting and monitoring standards of competence at the level of practice and also at the level of training and qualification.

The implications not just for the practice of psychoanalysis in this country but also for the possibility of an effective formation can be traced out in two documents available on the website of the HPC (www.hpc-uk.org), entitled respectively: “Standards of Conduct, Performance and Ethics” (2003) and “Standards of Education and Training” (2005).

In the move towards centralized control of the health professions the HPC has established a generic template of standards of competence and practice that are applicable to all health professions that come within its remit. It is also responsible for ensuring that all professionals on its register are able to demonstrate their ability to meet these standards.

The HPC thus claims to ensure good practice by putting in place procedures not just for the hearing of complaints against practitioners but also for the ongoing validation and revalidation of the proficiency of individual practitioners. The renewal of the State license, the annual practicing certificate, will then depend on the practitioner’s ability to demonstrate that they are up to date with the latest skills and techniques, and above all with latest evidence for efficacy of treatments.

The common refrain in both these documents is the theme of evidence-based practice, the importance of practitioners staying up to date with the current “evidence base” for best practice. This notion opens up broader questions involved in the discourse of evidence-based practice and the anomalies involved when this notion is imported from the field of medicine into the register of the “psy” practices. Here I want merely to try to sketch out for you how this model of evidence-based practice fits in with the whole apparatus of regulation and evaluation sketched out above.

We have traced the shift from a model of professional self-regulation to the regulation and monitoring of practice by an “independent” body that aims to ensure that practitioners are accountable to those outside their profession. Yet it becomes clear that the very possibility of an external monitoring of practice requires the establishment of objectively verifiable standards that would form the basis for an independent assessment of competence to practice. This can be seen as a primary rationale for the emphasis on evidence-based practice, for the increasing reliance on treatment manuals, treatment guidelines formulated on the basis of systematic reviews of current research evidence and issued in the form of standardized recommendations for treatment.

Each of these treatment guidelines carries the disclaimer that the guidelines “are not intended as a substitute for professional judgement.” Yet in the light of themes outlined above it is clear that this is exactly the outcome, as it is precisely the replacement of professional clinical judgement with objective research evidence that allows the locus of evaluation of clinical practice to be moved away from the clinical expertise and experience accumulated within the profession towards an independent assessment of the practitioner’s ability to meet standards of competence established outside the profession.

I want to conclude by attempting to indicate very quickly some of the ways in which this notion of evidence-based practice is central to the whole apparatus of regulation and evaluation that surrounds the encroachment of State intervention into the sphere of professional practice.

Parallel to establishment of the HPC we have seen the emergence of NICE, The National Institute for Clinical Excellence. This body, an independent research body commissioned by the Department of Health, is responsible for the issuing of treatment manuals and practice guideline based on systematic reviews of current evidence for efficacy of treatments.
The recently published NICE guideline for the treatment of anxiety (www.nice.org.uk) gives us an idea of the effect of standardization of practice involved. This guideline has been presented as a vindication for the role of psychological therapy in relation to the predominantly pharmacological treatment of this disorder. Yet what is immediately striking is the fact that psychoanalysis is not even mentioned in this report, to the extent that in the glossary of terms we find the bald definition “Psychological treatment = CBT”.

This amounts to a complete erasure of psychoanalysis from the vocabulary of institutional practice. If we want to be in any position to challenge this effacement we will need to be able to expose some of the distortions involved in this notion of evidence-based practice and the kind of “evidence” on which it relies. These distortion and elisions are multiple and multifaceted, so I will merely try to touch on some points that might be pursued.

One point seldom highlighted in these reviews is that very little of the research considered involves a comparison of the relative efficacy of two forms of treatment. It is not a question of being able to demonstrate that CBT “works better” than psychoanalysis. It is simply the fact that the bulk of the evidence considered concerns CBT since the nature of psychoanalytic treatment makes conformity to the demands of “controlled science” slightly more problematic. Yet this does not prevent the “absence of evidence for the efficacy of psychoanalysis” being conflated with “evidence for the absence of efficacy.”

A related point concerning the nature of the evidence considered is the attempt to ensure the quality of practice by emphasis on the quality of the evidence. Following the model of evidence-based medicine, this means that Randomized-Controlled Trials are almost exclusively considered. The emphasis on the quantification, measuring and control of variables that is integral to this experimental model just happens to privilege those treatments that aspire towards standardization of methods and outcomes themselves.

Here we need to be able to show how it is that CBT finds itself so well placed to profit from this kind of discourse. This is not just because CBT involves a standardized treatment that revolves around measurement but more profoundly because it is founded on a particular inversion of the relation between the clinic and the research laboratory. Rather than address the question of a science appropriate to the nature of clinical experience it has simply modeled its clinic on the procedures of quantitative science, a clinic of measuring and filling in forms, which let us not forget has certain effects.

We have already traced the role of standardization and evidence-based practice in permitting the shift of the locus of evaluation away from clinical judgement towards an external locus of regulation and control. It now becomes clear that the inversion operated by CBT between the clinic and the laboratory maps perfectly into this discourse, in that it is the researchers and the academics that now dictate what form the treatment will take. It also gives us an idea of what the development of clinical practice will be like if obliged to conform to the latest directives of a government research institute.

The rise of the Health Professionals Council in conjunction with NICE entails the superimposition of powers of statutory legislation onto the discourse of standardization of treatments, performance indicators and service delivery. It involves the statutory enforcement of a clinic of standardized practice, where your license to practice will depend on your ability to demonstrate your compliance with standards of competence determined and monitored by civil servants and auditors.

This amounts to the statutory extension of the logic of the institution into the sphere of public practice. The most alarming thing about this pincer movement in which psychoanalytic practice in this country is in danger of being strangled is that we very quickly arrive at a scenario where we find ourselves called to account for offering to patients a form of treatment that does not conform to current standards of best practice and is not validated by any of the current treatment manuals. How then are we going to respond?
Let us see what we can learn from rats. They play a curiously prominent role in the origins of both psychoanalysis and behavioral psychology. With psychoanalysis, I am referring, of course, to the case of Ernst Lanzer, the Rat Man. With regard to behaviorism, I refer not to the experimental rats, but to another case, a case from the same decade as the Ratman and which played a more seminal role as a case study in the development of behaviorism than the Rat Man did in psychoanalysis. This is the case of Albert, reported in 1920. The case is not one of a treatment, but rather an experiment. Experimenters placed a rat near this nine-month old boy, and he showed no fear. However, he was afraid of a hammer struck near his head on a steel bar, which caused a reaction of fear and violent panic. The experimenters then induced a fear of rats in Albert by banging the steel bar whenever he was placed near a rat, which they claimed demonstrated the role of conditioning as the cause of emotion. Note that the experimenters further hypothesized that the boy could be deconditioned as well (for example, they stated, by showing him the rat and stimulating his erogenous zones), but did not do that, leaving him with an animal phobia for months.

The experimenters here were John B. Watson and one of his students. Now, much attention has been directed in these Forums to B. F. Skinner, who rightly deserves it. In his ceaseless promotion and universalist expansion of the behaviorist paradigm to all domains of psychology as well as sociology, politics, education, and clinical practice, we might say—and I do so only with hesitation—that Skinner was the Lenin of behaviorism. Well, if Skinner was Lenin, it is Watson who was the Marx, Watson whose “Psychology as the Behaviorist Views It” is certainly the Manifesto of the movement. Well, comparing Freud and Watson here, we can see a different ethical impulse in place—Freud directing his attention to an elaboration of the truth of the Rat Man’s symptom and with some goal in mind of an alleviation of suffering, and Watson seeking merely to master knowledge and demonstrate something, with what we can only call remarkable cruelty in his treatment of Albert. We have Ernst’s obsessions alleviated by Freud, and Albert’s phobias induced by Watson. And it is here that we also see one of the great ironies of the psy debate today as it is typically construed, Freud’s psychoanalysis a veritable empirical practice (directed in so many ways to the particularity of the symptom of the Rat Man), while it is Watson’s behaviorism that is in fact the speculative practice.

But with regard to the clinic and the practice of therapy, Watson had modest impact and Skinner’s impact was mostly felt in the practice of behavioral modification in educational or institutional settings. It is in fact Joseph Wolpe who brought behaviorism into the clinic. Wolpe developed the practice now known as systematic desensitization, first constructed with regard to phobias, in which a patient is taught how to alleviate anxiety through deep-muscle relaxation and subsequently to apply that anxiolytic state to imagined thoughts closer and closer to the feared object. The real genius of Wolpe was to generalize this model, to reconfigure the vast array of human suffering into phobias and in doing so generalize this practice to a variety of forms of human suffering. This—along with Skinner’s behavioral modification—is the basis for much of behaviorist practice in the United States today.

The interesting thing is that many in American academic psychology will in fact claim that behaviorism is dead, and that academic psychology has rejected the fundamental behaviorist premise that all behavior is
a function of learning, claiming that they are beyond that (and, thus, beyond association with the more unsavory aspects of Watson – such as his racially-motivated beatings – and Skinner – the baby boxes among other things). Psychology proclaims that cognitive and perceptual structuration of reality play a more significant role than the behaviorists recognize, that there are genetically programmed behaviors as well. I do not think we ought to be deceived, however, by this stated rejection of behaviorism. I think that this is a case where so much of the behaviorist tradition has become so generally accepted (for example, the fundamental notion of reflex) that it has become part of the theoretical background and is no longer recognized as behaviorist as such, and it is here that I believe we can look at theories such as social learning theory or other developments in social psychology as not fundamentally new theories as such but mere modifications of behaviorism. Take the latter and the work of someone like Robert Cialdini, whose analyses of mating rituals, advertising, business practice and an expansive array of social phenomena demonstrate through the general principle of compliance management nothing more or less than what Watson did with poor Albert.

But then, there is cognitive psychotherapy, certainly at first glance a truly different theory and practice. Indeed, it is truly cognitive therapy that dominates CBT as practiced in the US. Unlike behaviorism, which developed out of academic psychology, cognitive psychotherapy – which came along much later, in the 60s – developed outside of the academy, and not in response to academic psychology, but to American practices in psychoanalysis. Both Aaron Beck and Albert Ellis were psychoanalysts and spoke of their frustration with the then existing practices in psychoanalysis as motivation for the development of practices that they saw as speedier, thus more efficient, and perhaps more effective as well. Certainly both of these practices at least appear on the surface as somewhat closer to psychoanalysis with, say, the critical notion of automatic thoughts put forth as a kind of substitute for the unconscious, a compatibility made much of today in those researchers who claim to have identified the common factors in all psychotherapeutics or those who promote an integration of cognitive therapy into psychoanalysis now seen at times in the American Psychoanalytic Association.

Beck’s work derived from his confrontation in his clinical practice with patients identified as depressed and the contradictions he felt between how he had been trained to work with these patients psychoanalytically and his own clinical experience. He replaced an emphasis of his earlier practice on the patient’s wishes he saw implicated in the suffering with a view of depression as a series of cognitive distortions that need to be replaced with different cognitive structures, ones which would subsequently alleviate the suffering. Now, this treatment has also been generalized for many different psychiatric diagnoses.

One critical question, however, relates to this notion of CBT, of cognitive-behavioral therapy, namely – how have cognitive psychotherapy and behavioral psychotherapy, with apparently radically different beliefs and practices, ended up being lumped together? Certainly, my sense is that Beck and his daughter Judith Beck look at their treatment as cognitive therapy only, and the radical behaviorist paradigm does not intersect with the cognitive one. Many practitioners do not necessarily see them together, though of course in the US today, many therapists describe their practice as eclectic in orientation, which can mean anything from a rigorous selection of different techniques for different patients to lack of focus within the treatment for any patient. But, regardless, there they are – cognitive therapy and behavioral therapy – , linked, as if this is a natural alliance.

In some ways I think this is quite true. One dimension of this is the issue of control – the management of cognitive beliefs and of behaviors. This is the Taylorist dimension of contemporary psychotherapy practices – an extension of the ideology of management and control into the psyche itself (a true characteristic of postmodernism) – not unrelated to Lacan’s musings on the role of psychology in the service of the
Master, nor I would venture to Watson’s choice of career path in advertising after he was kicked out of the academy.

Now, we can extend this notion a bit further and note that within the practice of CBT itself – in any of its guises – we see a powerful and veritable pseudo-rectification in play. But, unlike rectification in psychoanalysis where the symptom in all its singularity is brought on the stage, CBT promotes a practice in which a symptom is named as a general symptom – depression, phobia, and so forth – a general nomination – in contrast to the oracular process of rectification in psychoanalysis with the indeterminateness that subjectifies the analysand. This general nomination concretizes the suffering in a name brought forward by the clinician as Master, or the name-dispensing Father. But, further, unlike psychoanalysis in which the subject ultimately will handle the symptom in one way or another, the whole point of this nomination in CBT is to create something to eliminate in the treatment, a disposable symptom (so American as well!).

On his way to Clark University, Freud famously described his only trip to the United States as bringing the plague to America. Freud, however, miscalculated. Americans did not accept psychoanalysis as psychoanalysis, but as Freudianism, a practice modeled after Freud’s ego, or Freud’s desire as Lacan argues in Seminar XVII. Describing himself to the American psychiatrist Abram Kardiner, Freud once said that he was a bad analyst: he was impatient, too interested in playing the Father, and more interested in theory than practice. It is an interesting exercise to view the history of American psychoanalysis in similar terms, and it has always seemed to me that those traits of Freud’s which form the basis for Freudianism in all its forms from ego-psychology to neuro-psychoanalysis to relational psychoanalysis resonated more strongly in the United States than psychoanalysis itself. America proved itself quite resistant to this plague Freud imagined, but its adoption of Freudianism truly plagued the history of psychoanalysis in the United States, leading to its internally programmed self-destruction and granting space in the psy field now for the truly American plague – CBT – to grow and prosper and now spread, we see, to Europe and throughout the world. And, as students of biology know, it is the rats that are the vectors, the carriers, of the plague.
In Paris, I used the term “struggle”– I spoke in terms of struggle. That is because in France, CBT (Cognitive Behavioral Therapy) is not yet a dominant model, far from that. In our milieu it is something that we have only just discovered and which is not prevalent in hospitals or care-institutions. It has only come to our attention through the recent Accoyer-amendment and the Inserm study, which emerged from the outside, as something new and surprising. We did not see CBT surface from clinical practice. Perhaps we were inattentive, because, there certainly was some kind of literature written on it in the last ten years. But it was not present in everyday practice. As soon as we realized it was something new we began to be interested in it. And I believe it is because we discovered it in this surprising way in France, that you are meeting today at this Forum in London, to discuss the rise of CBT.

I do not think that you would have held such a meeting before, here in England, or in the Freudian Field. I believe that our surprise, or ignorance, our indignation and the ethical uprising in France, had some consequences for you. It made you question what is much more commonplace here. For this reason, I do not believe that the struggle we have initiated in France can be transposed here. We are not synchronized. You are faced with it here where, I feel, although I may be mistaken, CBT is already the dominant model of talk-therapy. A new field called talk-therapy has been created, and in this talk-therapy field the dominant model is CBT rather than psychoanalysis. Does that describe the phenomenon?

In France, and I think it is the same here, CBT is a development led by bureaucracy; it is led by state-bureaucracy and by insurance-bureaucracy, and the “psys” feel the pressure of all these bureaucracies. It is a new aspect of the last, let’s say, 10 years: the fact that “psys” have become a political and an economical factor. Twenty years ago we spoke as private practitioners who may also have a role in the institution. But the core practice was private and motivated by individual patients asking for treatment. Whereas now we are in a completely new world. “Psys” are an important economical factor of the whole health system, which furthermore is driving up the financial deficit in all modern democracies.

That means that we have a new Other in the field, one we did not have before, who is asking for treatments that are more speedy, less costly, entirely predictable and whose end-point and duration can be anticipated. With this, we are facing a new kind of demand. Before, we had an individual asking us for treatment. Now we have a collective, generalized Other who makes demands. How should we treat that? How to treat the financial Other, or the bureaucratic Other, who is demanding and commanding, and who does not give up but gives us orders? I would say it is a new kind of patient! How should we treat this new patient? From this point of view the word “struggle” is not the best way to engage with this patient. “Struggle” could be counter-productive and perhaps we should not call it a “struggle.” It may be that we have to accept the basis of the demand in order to do some judo with it; to demonstrate, perhaps, that CBT is not so effective or speedy or less costly as it seems. That is my suggestion.

And it depends on how far you have got to here in Britain. In France, for the time being, this Other is still small. It does not have a very powerful voice at the moment. But this can change in two or three years. In a way, I am here to understand what our future could look like, because you may turn out to be our future.
For a long time we have hoped that France would be your future in psychoanalysis. Instead, now it seems possible that we are going to discover your kind of problem in France.

I am not sure that the United States are more “advanced” than Britain in this respect. Three years ago, an article in the Washington Post said that CBT is more popular in Britain than in the United States, and that in Britain it is the “first line of treatment.” What may be more developed in the United States is the pressure the individualistic judicial interest groups exert; “we have rights, respect our rights;” to them psychoanalysis appears to be disrespectful of judicial rights.

My opinion with regard to evaluation is that it is a lost cause. I mean, it is so costly and not possible to implement. The data that you get through evaluation cannot be processed, it just accumulates and at the end cannot be used. Underlying it, is an attempt to get a transparent subject supposed to know. A total subject supposed to know, for me, is a very strange phenomenon. How is it possible, after all that has gone before? How can you have a total subject supposed to know at the same time as “God is dead,” and general relativism, which the new Pope deplored? As a matter of fact, we see in our society a new ideal of total knowledge; a new ideal of a general quantification of everything human. It is rather like God reborn, an intellectual God reborn, or born again, if I may say so, and I believe it is going to fail by its own logic. Although it may take some years to fail, and I do not know if the time to fail is going to be the same in the United States and in Europe. Apparently 20% of all the cost of health is in evaluation. Someone gave this figure recently in the New York Times. It is difficult to believe it is going to go on like that forever. But for the time being, it is a world conception, a new Weltanschauung which is very contradictory to our way.

Why did psychoanalysis develop outside state regulation, and why did it want to develop like that? It could be that for a long time it was not a mass concern; it was not a mass practice, but a niche practice. It was able to develop in this way because psychoanalysis’ desire is to question all beliefs, all ends, all notions of benefit, and even the very notion of reality. This means that the psychoanalytic session takes place in a different space; be it in an imaginary space or a symbolic space, that is not important, but it is not the common space of ordinary communication. So, it was essential to the analytic practice not to be regulated from the outside. It was even a question how it could be regulated from the inside, mainly for those psychoanalysts who thought they could not share their values, their methods and their results with other practitioners.

Thus, it is for structural reasons that there is this savage, unruly aspect of psychoanalysis. While Freud tried to civilize it in his time, Lacan critiqued it and tried to develop it into something outside of common values, outside the “common wealth,” outside the things “you know” and all those structures of universality that are so anonymous. And we have to accept that at this moment this kind of anomalous growth is considered intolerable. It is insufferable for the level of state control that you have in the US and that is now operating not only in every European nation but in Europe as such.

For us in France, who are used to state control for many centuries, England was a country where you had much more leeway, where you were not subjected to the same kind of state control as on the continent; this was because of your aristocratic heritage that you had so far maintained. This, I was told, is disappearing everyday here. I was saddened when I learned that there is now a question of a national identity card in England. Although it may not be implemented immediately, as I was informed today at lunch, it shows that state control now also comes to the English, at least much more than before.

Being confronted with CBT, we are faced with new phenomena. Is CBT just the use of suggestion that we know from long ago, which we had in the 19th and at the beginning of the 20th century, only in a new edition? I fear it is not a new edition of suggestion, because it is a kind of horrible side product of psychoanalysis itself. That’s the new thing. It is in some way post-analytical, post-Freudian.
When you read the recent interviews with A.B. in the *New York Times* and the *Washington Post*, you find that he is, or was, a psychoanalyst and he got bored. He could not listen to people saying the same thing over and over anymore. And that for 50 minutes, I suppose. He became bored with the analytic practice and found work with patients exhausting, because the goal seemed so unclear. That’s the way Mr. B. remembers his practice. The idea is that if you sit back and listen and say “hm, hm,” somehow, eventually a secret would come out. But you would also get exhausted by the helplessness of it all. That is his description as an analyst of how he got dissatisfied. And not only did he get worse, or ill, but for him his patients got worse, too. As he says, “The more I let my patients free associate during the session, the worse they feel.” Well, it is a well-known fact of the practice that you have the crystallization of symptoms.

If we are to understand this phenomenon, we have to understand CBT not only from the point of view of psychoanalysis, but as a by-product of psychoanalysis and, I would say, as a by-product of American psychoanalysis. Because, when you read about CBT, you can see that it is made up of common sensical statements, which shows that it is referring itself to the extreme standardization of the analytic practice in America. There is this idea of some kind of pure neutrality of the analyst, and this “purity” is what, through CBT, they have tried to correct in some way, in order to re-humanize the analytic process. Therefore, if we are to continue this study, we have to study it as a type of by-product of psychoanalysis, not of Freudian psychoanalysis but of the American or English kind of psychoanalysis, which in France we saw appear as something coming from the outside. We do not feel that it is born from our practice. That is the first point.

The second point is this: The basis for the CBT point of view is their idea of language. They do not theorize what language is for them, but I consider it to be a theory of language, namely a theory of description. They believe fundamentally that language is unambiguous, or at least that language may easily be used in an unequivocal fashion and that it can be explicit. That is why they believe it is possible to have a prior agreement, between patient and therapist, on what the trouble is and how to cure it. It is thought, in CBT, that you can agree on a therapy and that the patient can agree on a prior description of the trauma. This way they agree on the result, which is, consequently, the suppression of the previously described problem. They assume that if you take a black box and get inside it — the black box being the treatment, the process of the treatment — you can get inside the described trouble and then have an outcome, that you can perceive the described trouble and agree that it has disappeared. In this logic, the treatment itself has no influence on the description of the trouble, which remains a constant that is not dependent on the process. They built a process that has no influence on the description of the trouble and the description of the trouble itself is a creation, as Thomas Svolos has shown earlier.

But the description of the trouble is a creation. The trouble, as it is described, is, I would say, a phobiasation. Phobia is here the general model of mental problems, a fear of all mental life. We have here the idea that what is insufferable translates into fear and into distance. A general trouble is always turned into avoidance, so that the mental problem is avoidance. We could say that the universal model of CBT is avoidance; it corresponds to the idea that something triggers consequences, that you can act on the triggering mechanism and that it can be modified. This is just an outline. Perhaps we could show, in practice, why this model is not justified. I think it can be conclusively shown. The starting point of the evidence-based hypothesis is the idea that what was before is the same as what is after, so you can show something has disappeared. It is an idea of language as enabling one to give an unambiguous description of something, which is already a nullification of treatment, as we saw. Whereas we consider that the very concept of reality for each subject/patient is modified by the treatment. Ours is therefore a self-contained theory, something that unifies the essential point of the treatment.

The attitude we adopt towards this Other and whether we refer to it as struggle or criticism, or whatever,
will depend on the attitude of our civilization at this moment. Will people accept this level of state-control and regulation? Will people desire to be considered like machines? Or are they going to reject it, a factor we cannot guarantee. In principle we cannot have much effect. It is a question, as Thomas Svolos said, of an ethical response. For me, the model of language of CBT is exactly the same as the user manual for an apparatus; when you buy an appliance you have an unequivocal instruction of how to switch it on and off. That is the model or concept of language used in CBT. Maybe people are going to consider that a machine is a superior state of humanity. And if this happens, I do not think we can do much.

What is the most surprising fact for me is that the religious establishments, the churches in the modern democracy, have gone along with this assessment! It seems to me that before, there was a humanistic rejection of mechanism, by, what was referred to as, the house of souls. We had allies then. Even though Freud was considered demonic, it was still obvious, for Lacan, that there was an alliance between religion and psychoanalysis against mechanism and science. You could feel that very clearly in the 50s. While what is equally noticeable now is that you do not have that. Nowadays religion does not compete with science. They leave the earth to science and quantification, without hesitation. They just add one thing: that the essential idea is the defense of life; the defense of life and the other world. Simultaneously they accept quantification to an extreme degree, and this is the big change. It produced a change in the relation of forces, due to the change of the religious line. You see, in our struggle against CBT, to re-humanize religion is an ambition we have to talk about.

*Text transcribed by Natalie Wulfing and edited by Bogdan Wolf and Natalie Wulfing*