

Some comments on psychoanalysis in the French university system

René Roussillon

1. My basic premise is that, in spite of all the difficulties, pressures and dilemmas with which it has had to contend, psychoanalysis is still in a somewhat better position in French universities than would appear to be the case elsewhere in Europe. In France, there are some 300 university lecturers, particularly in the various psychology departments, who base their teaching on psychoanalysis. Three universities -- strongholds, as it were, of clinical psychology teaching underpinned by psychoanalysis -- have an excellent reputation and are rated amongst the best in Europe in the way that psychologists are trained.

How, then, do French universities manage to hold out better than most other European universities (although even in France the situation is by no means an easy one and has constantly to be defended)?

2. One important qualification must, nevertheless, be made from the outset. In these universities, the majority of psychoanalyst-lecturers are to be found in the departments of clinical psychology -- not in the faculties of medicine, where their number has diminished considerably.

In the field of applied psychiatry, a distinction should be drawn between adult psychiatry -- where psychoanalysis is very much on the decline and indeed has all but disappeared -- and child and adolescent psychiatry, where it is still in a fairly strong position. This is probably due to the fact that medication is used less extensively and with less effect in the treatment of children; there is also, perhaps, the idea that, with children, psychological forms of treatment lead to more hopeful outcomes.

3. As to why psychoanalysis appears to be in a stronger position in France than in other European countries, I would argue that there are two main reasons for this, the second of which may have serious repercussions for the future of psychoanalysis itself.

* The first reason is essentially "political" in nature.

When the teaching of clinical psychology and psychopathology first came under threat, the psychoanalyst-lecturers in the various French universities joined forces and, in 2001, set up a study group, the SIUEERPP (*Séminaire Inter-Universitaire Européen d'Enseignement et de Recherches en Psychanalyse et Psychopathologie* [European Inter-University Study Group on Teaching and Research in Psychoanalysis and Psychopathology]). The founder and first president of that study group was P. Fedida (of the French Psychoanalytical Association), followed by P. Gori (*Espace analytique* [Analytical Space]). In addition to its various scientific functions, this study group came to be a kind of *de facto* trade union of psychoanalyst-lecturers nationwide. In this way, they were able to share their experience of what was going on in the various French universities and be informed of anything that threatened to jeopardize local training programmes. At present, the study group comprises some 262 teachers and researchers, including 64 professors, 25 senior lecturers who are also accredited research supervisors (in all, then, almost 90 research supervisors) and a further 96 senior lecturers spread over 28 different universities. Joint action has on several occasions been undertaken in order to give support

to universities in which diploma courses based on psychoanalytic frames of reference were coming under threat. The SIUEERPP has therefore acted as a pressure group, and some of its members participate in the various university decision-making committees. It has also studied the key question of assessment, not only as regards forms of treatment based on psychoanalysis, but also with respect to the quality of the research undertaken by psychoanalyst-lecturers and of their various publications.

In my view, that cohesive organization of psychoanalyst-lecturers is a major factor in the "resistance" that has attempted to counter the threats that might have jeopardized the presence of psychoanalysts in the university system. It means also that the pressures on psychoanalysis itself can be brought within the wider ambit of social movements relative to the status of university research, over and beyond issues involving the assessment of psychoanalysis as such. The "Save our clinical practice" movement -- which at first initiated actions aimed simply at protecting a certain kind of clinical training and practice -- joined forces with the "Appeal of all appeals" that highlighted a whole series of social issues.

* The second reason, in my opinion, has to do with the alliance between psychoanalysis on the one hand and clinical psychology and psychopathology on the other. If the significance of psychoanalysis is thought of as restricted to the standard form of psychoanalytic treatment, it soon becomes obvious that teaching psychoanalysis or any other kindred subject in a university context is of little consequence. Universities do not train psychoanalysts; they train clinical psychologists, some of whom -- but a small minority, all the same -- will become psychoanalysts after undergoing specific training in an Institute of psychoanalysis. Of the 45,000 psychologists at present in France, some 3000 or 4000 at most will become psychoanalysts -- and that figure might well be seen as somewhat exaggerated, in that it includes not only IPA-trained psychoanalysts (of whom there are less than 1000) but also those who belong to the various Lacanian societies, to no society at all or to the various societies involved in group and family psychoanalysis, etc.

What has enabled psychoanalysis to maintain its present position is the importance that psychoanalytic teaching has in training clinical psychologists as such (i.e. not seen as "possible future psychoanalysts"). Psychoanalyst-lecturers are thus involved in applying psychoanalysis to thinking not only about the major issues of psychopathology and treatment which arise in clinical psychology, but also about group-related phenomena in therapeutic and training situations, about the psychical economics of family situations and family-oriented consultations, about the various forms of therapeutic mediation, etc. In short, every aspect of the actual practice of clinical psychology has been informed by psychoanalysis. This has helped to overcome the possibly awkward fact that it is mainly psychoanalysts who are responsible for training clinical psychologists. It would not be an overstatement to say that this has gradually given rise to a "psychoanalytic form of clinical psychology", i.e. a kind of clinical psychology based on modalities of clinical practice the foundations of which lie both in the metapsychology of psychoanalysis and in the various extensions of psychoanalytic practice. A great deal of thought has been devoted to the different kinds of "symbolizing and / or analysing situations", leading indeed to the broad outline of a general theory of symbolizing / analysing situations, the typical model of psychoanalytic treatment being only one of these (although still the standard reference). A general study of clinical practice, based on the model of psychoanalytic practice, is at present being undertaken; it is already being used as the basis upon which training of clinical psychologists may best be carried out.

The heart of the matter, in my view, is that, thanks to the developments which have taken place in the standard form of psychoanalytic practice, psychoanalysis as such has been able to survive to a not insignificant degree in the French university system. This is due also to the fact that these developments have been passed on by the great number of clinical psychologists who themselves have been trained by psychoanalysts.

Some thought will of course have to be given to what could be looked upon as a paradox: since psychoanalysis has its origins in the treatment of adult patients, adult psychoanalysis could have been expected to be at its most effective (because closer to its roots), yet it is precisely in this domain that it is on the decline -- whereas in other fields (child, group, family and borderline situations), in themselves on the fringes of the mainstream psychoanalytic societies, psychoanalysis is in rapid expansion both in clinical practice and in research studies. We must therefore think again about the overall policy that is prevalent in psychoanalytic societies, including those aspects of that policy which concern research and training.

4. The concept of "psycho-hub"

The fact that lecturers and researchers have come together in the study group undoubtedly makes for a significant show of strength, but it cannot be the only factor at work. The psychoanalytically-oriented view of clinical phenomena is under threat not only as regards its presence in university teaching but also in the various fields of clinical practice. Another innovative idea was therefore put forward: that it was necessary to bring together the various clinical research studies related to psychoanalytic thinking in what are called "psycho-hubs", i.e. networks that lie on the interface between the practice of psychoanalytic psychotherapy, including various kinds of psychological treatment based on psychoanalytic practice and ethics, and psychoanalysts working in university research centres, who could use their expertise in the methodology of clinical research to explore practical clinical issues in greater depth. One of the major weaknesses of psychoanalytically-oriented clinical practice lies in the fact that what is actually being carried out is often neither properly formalized nor adequately assessed. Faced with the bulldozer that is cognitive behavioural therapy -- assessed and even over-assessed (and perhaps overvalued), ultra-formalized, reduced to mere procedures -- all that clinical practice has hitherto had to offer were firm beliefs based on individual experience, a factor that bears little weight whenever official decisions have to be made as regards financing. One of the functions of these "hubs" is to carry out the work of assessment and formalization of the various treatments and psychotherapies that are practised in different clinical situations. Another of their functions is to lend support, via research studies, to clinical practitioners who are on the front line and, as such, under particular pressure. There is also the idea of observing how the manifestations of mental suffering evolve over time; to accomplish this, some kind of "Observatory" needs to be set up. If this is to have any significance, it must include observations of the new forms of psychotherapeutic practice to which that suffering has given rise. The size of these psycho-hubs (there is one based in each administrative region) enables multi-focused clinical research to be carried out; this means that monographs based on clinical explorations can be fleshed out by other data involving a significant number of participants.