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Banking On the Subject

The French Health Minister, Philippe Douste-Blazy, banks on the subject when he says, convincingly and with solemnity: “Mental suffering cannot be evaluated or measured.”

The Phrase

That sentence opened his talk at the recent “Forum des Psy” on February 5, 2005, and had been given at a press conference the previous day. The Minister banks on the importance of preserving the singularity of the speaking, suffering subject. It is also a position aimed at safeguarding the idea of the subject that the analytical experience finds at the heart of the symptom as that thing irreducible to meaning. Today, this conception of the subject must be defended on many fronts against scientific and evaluational inertia.

The Health Minister’s phrase does not state an obvious fact; not for the general public, or even for many professionals in the “therapy” world. It is quite possible that it is not evident either for a politician bombarded with figures and percentages as well as demands for profitability and efficiency. Yet it is that phrase that drew the most applause from the audience since this was a victory obtained thanks to a very broad and unfailingly intense movement brought to the attention of the French public by Jacques-Alain Miller. This movement has been sustained thanks to the collaboration of all who have supported the “Forum des Psy” since the famous episode last year concerning the Accoyer amendment.

Someone asked the Minister before he went to the Forum: “But do you really know what you are getting in to?” – he tells that story himself. The person who asked that question probably thought he was running a political risk, speaking to an audience *Le Monde* considered “turbulent.” It wasn’t much of a risk compared with the risk he took in defending the argument in favor of the subject that was the basis of his talk.

The Consequences

No, Philippe Douste-Blazy’s phrase was not at all obvious, any more than the consequences it will have if we follow it to its limits: as much for clinical psychoanalysis on a case-by-case basis as for everything that concerns the politics of the symptom, once the scope has been extended to mass phenomena of the subject today. One has to see that. . . . If, in fact, there is, in the subject’s suffering, something that cannot be evaluated or measured, then each time one wants to assess it, to quantify it, one will be suspected of trying to camouflage the subject’s most intimate truth. So it is with great reserve that one can read and manipulate figures, and there is always a price to pay: that of not hearing the truth in a case that cannot be totalized. If there is, in a subject’s suffering, something that cannot be evaluated or measured, then the myth of efficiency that sustains the new techno-scientific religion and its preachers of evaluation constitutes, in the end, a subtle deception and a real danger for any policy that purports being responsible for the subject. It is a blindfold for the clinician and that could be a siren song for foolhardy adherents to “sociomania” – a term coined by Philippe Sollers and recently emphasized by Jacques-Alain Miller.

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If there is, in a subject's suffering, something that cannot be evaluated or measured, then the "therapeutic prudence" invoked by Graciela Brodsky, the Delegate General of the World Association of Psychoanalysis, in her "Project for a declaration of principles in analytical practice." It is the prudence recommended by Sigmund Freud in the face of all *furor sanandi*, that he interpreted as a veritable religious fanaticism. And it is, in fact, a fanaticism not so easy to get free of, as one can see in the fact that we are having to deal with its "triumph" in today's mental health policies, those policies that act in the name of so-called efficiency in the disappearance of the symptom.

The Ethic

In Spain we are not – by far – protected from the control of "evaluation," guided by the ideal of efficacy. Its effects, in fact, can be felt in a more secret and subtle way than in France, but they influence all care and training systems, especially in the field of mental health. The argument of profitability is also at the forefront, for example, in the declarations made by Elena Salgado, Spain's Health Minister: "When we say we want to be efficient, we are not calling for the introduction of indiscriminate mechanisms of containment in health expenses, but we insist on setting up ethical norms. By this I mean it is not ethical to be inefficient, because then we would be dilapidating the resources that belong to everyone and are always limited." (Forum of *Cinco dias*, Madrid, 16 November 2004).

It is not easy to respond to such a petition of principles, so politically justifiable, even though one can say that it has to be expressed in a double negative. Inefficiency cannot, of course, be an ethical principle. But on the other hand, can efficiency be the main guide for political actions? When the "psychic suffering of the subject" is at issue, this principle could, paradoxically, lead to an absolutely inefficient result, to a return of the symptom in increasingly insidious forms. The fatality of clinical observations turns against statistical efficacy.

The ethical problem for psychoanalysis is to explain this "inefficiency" and the subject's part in it. It would not be out of place to evoke here the Aristotelian difference between "efficient cause" – ascribed by Lacan as the cause for the efficacy of magic – and the "material cause," that implies the subject's relation to the truth. But in any case, ethical exigencies consist in seeing to it that subjects can find their own relation to truth and assume their own responsibility, and that *they* do not disappear with truth as so often happens in "statistically cured" cases. On this point, the quantifiable of the efficient cause will always mask the truth as cause; a cause that is implied in political action as well as therapeutic practice. So it is in that sense that we take Philippe Douste-Blazy's phrase as a radical turning point in today's health policies, as banking on the subject beyond and against any quantifiable criteria of so-called efficacy.

Translated by B. W. Cann