Psychoanalysis <> Mental Health¹

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To speak is to take a risk. Because to speak is always to assume a position. Of course the subject can choose not to speak. Or to have somebody else speak for him.

But the choice of psychoanalysis is a radical one. It maintains that one is *always* responsible for one's position as a subject. If this were not the case, in the name of what would one receive someone and agree to intervene in relation to his or her suffering? The notion of subjective responsibility is central to psychoanalysis.

"All around the world, thousands of psychoanalysts work in institutions that operate under the label of Mental Health. However, when an analyst occupies the place of the Mental Health worker, he is engaged in a constant and necessary debate about that concept *since* there is an antinomy between the notion of Mental Health and psychoanalysis". Psychoanalysis does not merely denounce this antinomy; it tries to work it through and to work through it.

We know that the so-called Mental Health did not always belong to the medical discourse. It was first dealt with by the religious and moral discourses. But science is the religion of this era. It has been extensively documented how there are no scientific criteria in the strong sense of the term able to define Mental Health as a concept. The reduction of psychiatry to psychopharmacology, promoted within the logic of the capitalist discourse proves to have become a political and social issue. "What is at the forefront today is the political and economical management of Mental Health, while the clinical and epistemological debate about how people suffer, about psychical causality and about the function that the symptom has for each particular subject, is a debate that has been shut off".

One aspect of this is how our lives are medicalised, not only in the sense of the subject being reduced to being a consumer, but also in that the human condition as a whole is transformed into an illness. That we are all mentally ill (effectively or potentially), means that we can all be classified, labeled, evaluated, and eventually treated for what have become generalized 'disorders' of all kinds. E.g.: grief due to the loss of a loved one is diagnosed

¹ Presented at an APPI conference in 2011.

as pathological after two weeks in the proposed forthcoming DSM, and medication is advised.

The subject as conceived by Lacanian psychoanalysis is precisely what escapes, what cannot be measured or prevented. It is represented by a lack. There is an effort in science to reduce the emergence of the subjective, the source of error ever present in experimentation. This is why in any experiment, research or clinical situation the main question is -for an analystthat of the position of the clinician, researcher or scientist; his position meaning his unconscious ideals, prejudices, desires (which in the field of Mental Health is often a certain conception of "normality", imposed on the patient under the form of authoritarian suggestion). So, science attempts to reduce this subjective fault to zero, while the subject is precisely that which sustains this lack. It is because of this that it can be said that Freud invented psychoanalysis by discovering the subject in that source of error via the slips of the tongue and the dreams (where the act cannot be attributed to the ego or the conscious self, where 'something is thought of without anybody thinking of it'). And this is also why the question about how and why someone occupies the position of sustaining that lack without trying to fix it, namely, the question of becoming an analyst, is central to psychoanalysis.

Beyond psychopharmacology, as Jacques-Alain Miller puts it, what most practices included in the field of Mental Health have in common, is that they seek harmony, especially the harmony between the mental and the physical. "But psychoanalysis adds, to the mental and the physical, unconscious thought, a thought which is neither mental nor physical, but which has the capacity to disorder them".

This is the fundamental departure point for psychoanalysis: that something – structurally- does not work. Each human being has to deal with that which is impossible (sexuality and death) based on the fact that he is a speaking being. A psychoanalyst, if he is one, that is, if he has been sufficiently analyzed, is somebody who will listen and intervene in such a way that the subject can emerge there where he has been silenced, or repressed, or reduced to being an object, or put to sleep. Henri Laborit, who discovered chlorpromazine once said: "Why are we glad to have psychotropic medication? Because the society we live in is unbearable. People can't sleep, they are anguished, they need to be tranquilized". Freud discovered that there is something in the human being that does not work for the person's own good, for his well-being, something that cannot be tranquilized and to which one holds on.

"Where Mental Health is put at the service of public order, psychoanalysis tries to work out a place for each one's own 'craziness'. Where Mental Health

tries to standardise desire to put the subject in step with the common ideals, psychoanalysis supports the right to the 'not like everyone else'. Where Mental Health carries a trace of charity, psychoanalysis, according to Lacan, 'decharitises' and relieves the subject from the will of 'the Other who would know what is good for him. In effect, rather than vowing to put up with the world's misery, the analyst comes to incarnate the cause of desire for the subject of the unconscious."

As always, it is he who listens who decides the meaning of what is said. But for he who speaks, the act of speech always constitutes, potentially, a possibility to assume one's own singular truth, something that, more often than not, one does not what to know anything about.

References:

- Jacques-Alain Miller "Mental Health and Public Order"
- Caroz, Gil and others, Preparatory texts for PIPOL V "Does Mental Health Exist?", Brussels, July 2011.