



Call for Papers, Issue 1/2024. Psychoanalysis, Hospital, Society

Bringing together psychoanalysis, hospital, and society in *In Analysis* allows us to shed light on the historical relationships among these three institutions, whose successive transformations have occurred in parallel or intertwined ways, marked by feelings of love and hostility, desire and distrust, curiosity and discredit.

Bringing together these three institutions also means bringing together institutions that are particularly marked in their current context by crisis situations. This is not coincidental, considering that they deal with crises, whether they are psychological, existential, somatic, social, societal, economic, political, etc. This situation raises questions about the statuses, functions, and effectiveness of the meta frameworks that are supposed to address these crises and lead paths of transformation.

In this first issue of the year 2024, the goal will be twofold. First, to explore these complex interconnections by understanding how the crises specific to each of these three institutions can serve as an analytic function for the intrinsic crises within the other two institutions. Second, to examine the ways in which these crises are mutually related, possibly fitting together in potential ways. Thus, what can we learn from the crises in psychoanalytic institutions (the societies and schools where psychoanalysis is transmitted) and from the hospital crises about our societal and political moment? What do these crises teach us about the role of psychoanalysis and hospitals in our societies? What has enabled (or hindered) psychoanalysis to renew its place within hospital institutions, considering the evolving role

and functions of hospitals in our societies? Does psychoanalysis still exist within the hospital setting? What are the individual, group, institutional, theoretical, and ideological factors that influence psychoanalysts working in hospitals?

In the conference he delivered in September 1918 at the 5th International Psychoanalytic Congress held in Budapest, Freud declared: “One can foresee that one day social consciousness will awaken and remind the community that the poor have the same right to psychic assistance as the surgical aid already provided to them by life-saving surgery. Society will also recognize that public health is no less threatened by neuroses than by tuberculosis [...]. At that time, institutions and clinics will be established, led by qualified psychoanalysts [...]. We will then be compelled to adapt our technique to these new conditions.” (Freud, 1918) A century later, in what ways does the history of the relationship between psychoanalysis and institutions demonstrate the resources available to address the various forms of psychic suffering that may be experienced and expressed in the hospital setting? To what extent does this history also reveal the impasses created by the resistance of psychoanalysis to move away from the “pure gold of analysis” (*ibid.*) and to contemplate the arrangement of therapeutic approaches beyond the couch, incorporating “copper” (*ibid.*) from other methods? How have these aspects potentially contributed to discrediting the role of psychoanalysis in society? How does contemporary psychoanalysis meet institutional demands?

In this issue of *In Analysis*, we will explore in what ways and under what conditions psychoanalysis can contribute to a clinical reflection on individual, group, and institutional care within a hospital context marked by the dominance of a “standardization of care” model (Dejours, 2016), directly resulting from the argument of economic realism that has become the guiding principle of public policies, particularly in the medical and social sectors. Many procedures are currently being developed, which increasingly rely on formalities, supported notably by technicization, ritualization, and the administration of healthcare practices. Through this process, a subtle operation takes place, supported by a willingly – candidly, skillfully, consciously, or unconsciously – given submission of its agents (Dejours, 2016; Joule & Beauvois, 1987). This leads to a process of simplification, in parallel with a hyper-complication of procedures that no longer leave room for mentalization, in the sense that the complexity of the realities at stake no longer claims to “[fertilize] a new type of understanding and explanation” (Morin, 1977, p. 378).

In this context, far from considering the maximum levels of realities and causality present in an individual’s overall experience, what means do hospital professionals have to resist the temptation of reducing these complexities to simplistic structures that erase the most puzzling, and sometimes costly (psychologically, cognitively), aspects, thereby perpetuating ignorance and alliances of denial? There is a risk that such simplification, initially seen as pragmatic, may also become ideological. The adoption of these procedures is also driven by their ability to play a role in attempting to reduce anxiety, in the absence of proposing an alternative model of theoretical elaboration and healthcare practice.

Among the models of care that could be called upon, the movements of institutional psychotherapy, championed by the psychiatric field after the Second World War by desalienists such as François Tosquelles, Georges Daumezon, Lucien Bonnafé, Jean Oury, and others (Delion, 2005), and rejuvenated in the 1970s, have not, however, found resonance in the somatic field and have been experiencing a significant decline (sometimes

even disapproval) in the psychiatric setting in recent years. The strength of such a model lies in its ability to provide support for reflecting on the art and way a team can “humanly inhabit a space of care”, particularly when considering the ways in which the caregivers’ psychic apparatus is “put to use in this unparalleled human relationship” (Delion, 2014, p. 109 and 111). Otherwise, it is indeed on the battleground of the weakening of an ego (individual and group) deprived of the means of elaboration that support capacities for reflexivity and, consequently, criticism, that everyone’s inclination to contribute to unsatisfactory, even morally reprehensible procedures, is likely to flourish. The “psychist” is by no means immune to this danger, especially as the psychic and psychopathological suffering confronted at the hospital – even more so in a hospital lacking the necessary resources that underpin its mandate – exposes them to being overwhelmed by reality (both external and internal). This reality often exceeds individual and group elaboration capacities, and it turns the encounter with illness, suffering, and even death at the hospital into a potentially traumatic experience for each professional.

On these matters, we welcome contributions that provide:

- A reflection on the impact of changes in healthcare models, both in terms of structures and practices, on individuals (patients, professionals, the general population, etc.), in connection with institutional developments and societal changes influenced by the neoliberalization of the hospital.
- An analysis of the place and functions of the hospital in individuals and in society, particularly in connection with current developments in preventive medicine, integrative health, patient psychoeducation, family support, etc.: what do these developments potentially indicate about being open to other forms of symptom listening? Moreover, how do the shifts from illness to disorder, from suffering to mental health, from psychopathology to neuropathology, from discomfort to the right to well-being, reflect the evolving representations of the individual, suffering, and healthcare in our societies?
- A reflection on how psychoanalysis outside traditional settings can contribute to a renewed modeling of healthcare practices and systems, institutional frameworks, and meta frameworks arrangements.
- How psychoanalysis can become usable by individuals, groups, and institutions (in clinical settings, in the field of training, etc.) to support the importance of considering psychic singularity in patients’ healthcare journeys, alongside professionals in search of meaning, within a hospital and medical-social establishments facing, for some, a collapse of institutional meta frameworks.
- Critical perspectives on the history of ideas in psychoanalysis, in connection with the history of psychoanalytic institutions, examining their ability to engage with society on one hand, and with the hospital in contemporary society on the other hand.

Manuscripts are expected by October 1st, 2023.

References

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