

PAUL VERHAEGHE AND DOMINIEK HOENS
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PSYCHOANALYSIS IN TIMES OF SCIENCE

An Interview With Paul Verhaeghe

Dominiek Hoens (DH): My first question concerns you in your capacity as Chair of the Psychoanalysis Department at Ghent University.¹ This Department is rather exceptional because it falls under the Faculty of Psychology, which is uncommon. When psychoanalysis is taught or research is conducted at the university, this usually takes place in departments such as film, art, literature, or another human but non-psychological science. Thus within the European or North American context, what we have here is a rather unique situation. What is your experience of being Chair of the Psychoanalysis Department within the Faculty of Psychology?

Paul Verhaeghe (PV): It is a straddling position, which every now and then gets very painful, but it is a necessary position. Should I think of my own convenience and the convenience of the people who work for me, situating the Department in the Faculty of Arts and Philosophy would be easier, however nowadays something like that is no longer obvious either. The reason for this has to do with the current evolution, primarily of psychology and in a broader sense of the view of science. Everything has to be empirical, statistical, certainly within the so-called Beta-sciences – psychology has a Beta status. This actually means that a doctoral degree without an empirical-statistical component is not taken seriously. And that it literally does not count when it comes to remuneration, to scorekeeping. This means that young people who work with me actually have to work much harder if they are contemplating an academic career, because they are on a double track. On the one hand, that which is close to their heart and, on the other hand, those areas in which they have to score and which in no way resemble that which they are working on. It is painful to straddle those two tracks. Why is it necessary to straddle them? Why did I not try to move to a different faculty, assuming, that is, that it would have been possible? Well, I believe it is extremely important that we keep one foot firmly

1. I would like to thank Petra Van der Jeught and Reitske Meganck for their invaluable help in transcribing and editing the text.

planted in the clinic and teaching about it. You cannot forget that I teach four main subjects in four different years of study in Clinical Psychology. My two other colleagues, Filip Geerardyn and Stijn Vanheule, each have a couple more. In this way we have a real influence on the programme. If someone has graduated as a clinical psychologist here in Ghent, they have received a heavy dose of psychoanalysis, and that means that in this way we have an impact on practice. We would never have this impact in the Arts and Letters Department.

One last word about this: as far as that is concerned, the department has undergone an evolution. When I took over as Chair, the first generation – and I count myself among them – succeeded in reading nearly the complete works of Freud and Lacan. Previously this was not evident, as it demanded time, it demanded effort, and it demanded education. At the time I thought that the moment had come to do clinical research with this, and in this I was relatively naïve, though I was not the only one. At the time I sent a number of young people to Brussels to follow a course in statistics. To make a long story short: for good reasons, we can now say that this approach did not work in the field of clinical psychology. We now know that we cannot pronounce anything meaningful about the human subject and the individual by using statistics or sophisticated group research methods. We can even prove it from this point of view, so people do not have to accuse us of not being empirical or not being who knows what. We have enough knowledge at our disposal to provide answers. Over the last few years we have been veering off that track and we also know why. We are increasingly opting for qualitative research, for discourse analysis, for conceptual doctoral dissertations. But in doing so, that straddling position becomes even more difficult.

DH: You think it is important that psychoanalysis has a place within the Faculty of Psychology because in this way it can influence generations of students who otherwise would hear little or nothing about psychoanalysis. If the department were to function within literature or arts, then you would place yourself on the sidelines. My question is now this: is it beneficial for psychoanalysis to be situated within the Faculty of Psychology? You pointed out the difficulties, the difficulty of straddling, but are there also benefits attached to this?

PV: There certainly are a number of benefits attached to this. You still remember the text that Freud wrote on the question of lay-analysis, when he dreamt of the ideal training to become a psychoanalyst? I suspect that Freud cleared an important space for psychology; alongside literature studies, philosophy and medicine. We can certainly take a great deal from developmental psychology – this is the study of the development of a child's affective and cognitive functioning. People should more or less have an image of what conventional development is – with all the difficulties that come along with it – in order to know what is and is not possible. We experience this clearly at the postgraduate level, the third cycle in which students follow a course in psychoanalytic psychotherapy. Every year we have influx of a number of people with an 'atypical education', from philosophy to literature studies and history. We usually ask that they follow a few courses in psychology

as preparation. Afterwards these people are always very satisfied because they themselves find that they lack knowledge of developmental psychology and classical diagnostics. What we ask of them in terms of preparatory study is actually very limited, because the majority of psychology as it is currently conceived in most faculties is no longer very useful. It mainly has to do with neuropsychology, with an emphasis on cognition, and therefore is not very interesting clinically.

DH: In your response, you mentioned that in the meantime you have arguments to claim that empiricism and especially the statistical approach are not useful for the type of research you want to do. Additionally there is almost a consensus that psychoanalysis should be the subject of criticism because it is clinically ineffective and/or because it is time-consuming and entirely unfounded scientifically. This kind of criticism is now generally accepted, but how does it work within a Faculty of Psychology?

PV: There are people working at the university who, during their career, have demonstrated that they have at their disposal a combination of intelligence and energy. There are a good many colleagues in other departments that are also confronted with a certain ambivalence. In the sense of: they know very well that the sort of research they do, offers little to actual psychological practice. You do not have to make it clear to anyone among the colleagues that research by means of questionnaires has little to no scientific value. A majority of doctoral dissertations are written on the basis of questionnaires, while it is known that questionnaires are not reliable; they are thus not only of no use in psychoanalysis. The so-called battle of whether or not they are scientific, whether or not they are evidence-based, is not so much waged within the university but outside the university and often in an extremely naive manner.

DH: In recent texts, particularly in your *Het einde van de psychotherapie (The End of Psychotherapy)*², you analyse and criticise recent developments that contemporary psychotherapy is undergoing, in which medicalisation, efficiency, cost-cutting and scholarship are the keywords. The word psychoanalysis is hardly to be found in these texts, if at all. Why is that? Is psychoanalysis included under the broad term 'psychotherapy', and therefore within the context of your argument it should not be discussed separately, or does it fall entirely outside the perspective of the book precisely because of its separate status?

PV: The central message indeed concerns what I will call a classical form of psychotherapy. I have nothing against psychotherapy, for I started out as a psychotherapist. I know that in France there is a fierce debate about the difference between psychotherapy and psychoanalysis. I can understand it, but it has to do with a certain interpretation of psychotherapy as a normalising and banalising practice.

2. Paul Verhaeghe, *Het einde van de psychotherapie* (Amsterdam: De Bezige Bij, 2009). Currently there is no translation available, but a paper presented in 2007 covers many of the topics developed in the book; see: <http://www.dcu.ie/health4life/conferences/2007/Paul%20Verhaeghe.shtml>.

That does not by definition have to be the interpretation of psychotherapy. My position is that the classical form of psychotherapy as it came to exist in the mid-1970s may well disappear very quickly. Thus the title of the book: 'The end of psychotherapy.' Included therein I also consider all psychodynamic psychotherapies and psychoanalysis on the whole. Why? Because economic reasoning is applied to it under the guise of scholarship. The game is completely rigged and I want to expose it for what it is. Psychotherapy is becoming less and less affordable, certainly in countries that have a third-party reimbursement agency, the famous healthcare systems, such as Great Britain and the Netherlands. There is more and more demand for psychotherapy and people do not wonder why that is. People simply want to limit the financial cost under the guise that they are offering the most efficient treatments. In other words: the quickest and cheapest. Of course no one says that. That is then investigated according to the so-called evidence-based model. This is dealt with thoroughly in the book with reference to very good studies which show that the methods used to measure its so-called effectiveness and so-called scholarly nature are only applied to less than ten percent of existing therapies. The other ninety percent cannot be investigated because the methods are simply inadequate. Thus there can be no pronouncement about more than ninety percent of the methods employed. That is the only correct scientific conclusion. But: people turn that conclusion around and say that only those ten percent that have been researched are scientific and evidence-based. The rest is for the rubbish bin. They are no longer reimbursed. When I published the book, my Dutch colleagues thought that it would not come to that, that I was exaggerating. Six months later in the Netherlands, psychoanalytic therapy was removed from health care services. They did not see it coming. And there will be more to follow. We are thus heading toward a model that in the meantime has a name in the Netherlands, namely DTC – Diagnostic Treatment Combination. We are not yet familiar with that here in Belgium, but it is also on its way. Mandatory treatment is linked to a diagnosis based on the DSM – which from a scientific standpoint is worth little or nothing. Which treatment? One that is evidence-based and that has to be conducted by the therapist, as otherwise it is not reimbursed. If this system takes root, ninety percent of psychotherapies will disappear from the market. People also speak in terms of a market. In this sense I wanted to demonstrate that very clearly in the book. To my painful surprise, even in the Netherlands it was dismissed by many people, with the comment: he is talking about the end of psychoanalysis and who is going to lose sleep over that? They do not realise that it is much more far-reaching. There is, for example, a review, a meta-analysis of studies into the effectiveness of treatment of youth and children, from which it appears that in all these studies, only two percent of treatment models work with the family. Ninety-eight percent of models only work with the child and in a behavioural fashion, while everyone with a little bit of common sense knows that problems with a child will have to do with the family. And yet this cannot be researched with such models. The result? All approaches to the family are considered irrelevant because they are not evidence-based. The question you asked me is the opposite of the comment that I have very regularly heard in the

Netherlands, but then not in the form of a question, but in the form of a statement. Namely, you are talking about the end of psychoanalysis, not about the end of psychotherapy. People are blind. They do not see what is going on. Indeed, we are thus going to be left with a form of psychotherapy against which France was protesting a while back. A banalising, normalising, symptom-eliminating treatment that should solve everything within 16 to 25 sessions. We are heading that way, but in my mind that is not psychotherapy.

DH: In the book to which you refer, you also devote attention in the first chapter to a broader cultural evolution, since May 1968. You also discuss medicalisation and decontextualisation, the fact that problems are removed from their context. They are made abstract and are reduced to behaviour or a disorder and stripped of the broader psychosocial and cultural context in which a certain behaviour, symptom or disturbance occurs. Another word for decontextualisation could be psychologisation. By that I mean, rather generally formulated, a number of problems that clearly have a social, societal, even political dimension are reduced to a psychological problem and an individual problem. My question in this regard is: has not psychoanalysis also played a certain role in this? One may recall the BBC documentary by Adam Curtis, *The Century of the Self*, in which he shows, albeit only for the North American situation, how psychoanalysis was used in the 1960s within the context of an appeal for emancipation and liberation. Soon thereafter, in the 1980s, this same group – which was socially critical with references to psychoanalysis – shifted from left to right. This from the idea that social criticism is difficult, that things change slowly. People arrived at the insight that you do not have to change society, but must change yourself. If you become neurotic because of society, then make sure that society cannot influence you to be neurotic. Try to work on yourself, on your self-development, independent from society. On the basis of the argument that Adam Curtis develops, one may suggest that also psychoanalysis – and thus not only pharmacological and behavioural approaches – has a share in a tendency to psychologisation and decontextualisation. From a Marxist angle, it is also accused of being bourgeois, a search for oneself, but not at all for the context in which neurosis and other symptoms arise. What do you think about this?

PV: I think this criticism is correct to a certain extent. It is also ingrained in the original thought of Freud. Just read Freud's clinical theory and in this connection look at its practice. Freud worked with the individual. He did pay attention to the family, to the Oedipal Complex. Nevertheless, it remained an individual model, a psychologised model of illness. It boils down to that. There soon were a number of people, even in Freud's day, who wanted to expand the model. The first was Alfred Adler, who wanted to do some things from the perspective of social psychology. Then Karen Horney approached psychoanalysis from a cultural perspective. A little later in America, intersubjective psychoanalysis arose with Jessica Benjamin and a number of other figures around her. There were always more or less important thinkers and clinicians in the margins who attempted to expand the model.

This is also true for the Lacanian model. If you combine the notion of the Other – *l'inconscient, c'est le discours de l'Autre* – with the idea of Foucault's theory of discourse, you have a solid basis on which to involve the social context as well. This happened far too little, of that I am fundamentally convinced. When it did happen, it was in a bourgeois way. And the leftist analysts? Well, I find it a pertinent comment that psychoanalysis did not move far enough in this direction ... While now this is inevitable.

DH: How did you arrive at this social question? Is it a sort of necessity that imposes itself from outside? Does it have to do with your clinic?

PV: It explicitly has to do with the clinic and it has to do with the development I have seen in universities. At a certain moment I had the insight that I could not consider the two as separate issues. Let us begin with developments in the clinic. I have a fairly limited practice because I work full time at the university. Because it is fairly limited, I am rather selective in the people that I take on, in the sense that I opt for as much diversity as possible. I want to have an idea of what is happening 'out there' – I call it that for the sake of convenience. I have a clientele that could just as well turn to a mental health care centre. To express it more clearly: no training analyses – I do not receive any students. A number of people who come to me do not even know that I am a professor. They are referred by general practitioners and the like. That may sound pretentious, but on the basis of the limited group of people that I see, I profess to have an image of what has been happening in psychiatry and psychological services during the last ten or fifteen years. Certain colleagues limit their clientele to a rather small target group, the well-to-do bourgeoisie, who furthermore usually have a higher education. This is not exactly my clientele. What have I established therein? Approximately 15 years ago I began to sense that my way of working, my traditional, psychoanalytic way of working no longer fit. I can even identify this very concretely. When you are working analytically, you have the so-called preliminary conversations. That means that you postpone the moment when you have someone lying on the sofa, on the couch. You have to have an indication of when to begin, a point where you can say: now is the time that I can put someone on the couch. With a number of people this point was never reached because the problem for which they came was of such a nature that putting them on the couch would have had a contra-therapeutic or contra-analytic effect. Then I ask myself why this is the case. What problem am I dealing with here? Which diagnosis, with all the nuances of the word diagnosis, which diagnostic structure is facing me? The first answer that I could defend, that I could do something with and which I still defend, was an old Freudian category, *Aktualpathologie*. Here I found a description in part of a number of symptoms present among these people, primarily panic attacks and somatisation, in combination with an inadequate potential to symbolise, to work through something, to put something into words. This entailed that our most important instrument, namely free association, was disabled. You then have to deal with, as it were, meaningless symptoms, panic attacks, and you had people that could not express it – whatever 'it' may be. That is

why I continued working face-to-face with this group and very consciously sought other ways to deal with them. To make a long story short, as concerns the method of treatment, with this group you have to, so to say, do the opposite as with the other group. The classic group of psychoneurosis suffer from an excess of meaning, an excess of history, an excess of the imaginary, and this you have to deconstruct. With the new group there is a lack on all these levels. They do not trust the other. If there is transference, it is negative transference. They hardly have the potential for symbolising. They hardly have a history. They have a history, but they cannot verbalise that history. You have to provide them as it were the instruments and in particular develop a relationship with them by which they can work through a number of things. That means that I indeed work psychoanalytically, but in the opposite direction. To return to the social aspect, I ask myself why the radical shift? Why is it that we see classical hysteria and obsessional neurosis far less than before? Then we arrive at your question about the risk of psychologisation, the risk of decontextualisation. The most obvious answer is found in psychology and to some extent in contemporary attachment theory, which is more or less psychoanalytic, although it is becoming increasingly cognitive. The answer there is the reference to the mother, the processes of reflection that occur between mother and child – mirroring. Although with this you all too quickly end up in a psychologising model, in a decontextualising model and in the mother-blaming model, because it is the fault of the mother. Consequently, we have to widen our scope: if it is indeed the case that mothers no longer function as they used to function, then that must have to do with a different social context. Then you have to try – and this is very difficult for a classically trained analyst/psychologist – to obtain some insight into those social factors. Furthermore, you have to try to form an image without lapsing back into all-too-easy solutions. I was therefore very aware at the moment that I abandoned the idea of mother-blaming, which I did very quickly, that there was another danger, that of conservatism. It is said that things go wrong in society: sundry disorders with children, divorces, drug use, dropping out of school. Before you know it, you see Theodore Dalrymple as an ally. Whereas changes on the level of psychic functioning – increased individualisation, selfishness, numerous social anxieties, and so on – are the effect of a neo-liberal economy and not at all of a welfare state, as Dalrymple claims. A neo-liberal economy in combination with a digitalised meritocracy. Everyone has to score points, yet it is digital, it has to be within imposed categories. Some time ago I heard the most painful example of this. The most common term of abuse used these days on the playground at primary school is ‘loser’. Isn’t that terrible? It has to do with children eight, nine years old. If they call each other loser, what does that say about the model of our society? Can I do something with this psychoanalytically? Yes, psychoanalysis always works on the tension between individual and society on the level of enjoyment and desire. If you want to summarise the core of Freud’s theory, this is what it is about. There is the individual, there is society, and society ensures certain rules when it comes to pleasure and desire. The individual resists them, but at the same time also needs them. But the social model in which we are now living is exactly the opposite of the

model in Freud's time. In his day, all emphasis was on desire. Pleasure was for the afterlife, by way of speaking. These days the accent is on pleasure. We should enjoy ourselves immensely; pleasure has become a commodity, on credit if need be, but in any case pleasure is everywhere. Desire has been killed.

DH: Perhaps this is stating it too simply: would you describe your current practice as an attempt at symbolisation where there is no symbolisation, and as an attempt to establish desire where there is no desire?

PV: I would put it even more fundamentally. In the first place, with many of those people, it is the explicit intention to establish a supporting relationship. Because they absolutely do not have one. A supporting relationship in which they trust the other and can accept or refuse things from the other. A supporting relationship makes two things possible. Refusing without that being deadly, without it destroying the relationship, or accepting something. If that is not there, then it is about merging or aggression. I am putting it in black and white terms right now, but with a number of people this is what it is like within the famous borderline spectrum. The first intention is, both analytically as therapeutically, as the two definitely do not need to be in contradiction to one another, establishing a supporting relationship.

DH: What is then the implicit promise of psychotherapy or psychoanalysis as you consider them possible and also necessary in this day and age. How would you describe its finality, in particular for patients that you describe and for your manner of working with them?

PV: Remarkably enough — if I describe it very generally — that is the same as with the other group, actually. How do we understand pathologies — if we can already use that word? From an analytic perspective pathology does not mean that a subject does not live up to certain norms — in the sense that it would have no anxiety, a perfect sex life, etc. We assume that there is a problem from the moment that the little free choice that the person already has is entirely gone. Finality is getting someone to the point of again accepting free choice. That goes for both groups. Only the method will be different.

DH: Psychoanalysis allows you to understand and analyse a number of phenomena, but beyond that do you see a specific role reserved for psychoanalysis within that specific area? This could be an intervening role, or may simply be that the mere existence of something like psychoanalysis having an effect, I would not want to directly use the term beneficial, but still a perceptible effect on society. What is your take on this?

PV: When you look at it historically, analysis has always had the fly in the ointment effect. During the brief period when it was culturally dominant in America it was a huge disaster. If we want to play a role socially then it will rather be from a critical position in the margin from where a number of things can be questioned. For example, I think it is very important that we — and by that I mean the people in this

department — are present in the university, that we can raise a critical voice there. It might sound rather conceited, but remove this department from the faculty and the critical voice is gone — and I am not sure that it would be replaced by another critical voice.

DH: When you work with people whose subjectivity and freedom have apparently been erased or driven away into what is for them an inaccessible, remote corner, do you then not run the danger that you are only involved in a process by which you, in a certain way, arm these people — as they say — and provide them with a certain choice and possibility of choice? But also, and especially, that you enable these people to adapt to a socio-economic context and ideology that is very tightly interwoven with numerous psychological problems?

PV: The risk is there. For several among them, steps taken in this direction are an improvement. One can hardly imagine the combination of inner emptiness and anxiety that some people have. For them it is an improvement if a certain form of normalisation arises. In any event, our job will never be — and I think every analyst would confirm this — to guide someone in this direction. When someone opts to get involved in the dominant discourse, in order to become normalised therein, then I am not going to stop them. I would not be able to, but it is also not my job. For me, the issue is that there is in fact a form of choice, and that it is thus not about being subjected to it. Due to the fact that our ethical position is one on the grounds of which we do not want to impose things on the other, but do want to help offer the possibility of delineating a certain path, we cannot make any clear statement about it.

DH: Concerning the unconscious: does the notion of the unconscious play a role in new pathologies, new forms of identity and subjectivity, or not?

PV: It is different. If we examine this conceptually, you have what Freud called the system unconscious, the nucleus, and you have the repressed unconscious. In the nucleus of the unconscious he includes the libidinal, the constitutional and also the traumatic. It is for this reason that these two things can never be articulated definitively. There is no definitive symbolisation for them. Repressed unconscious, dynamic unconscious as it is also referred to, can be reconstructed and articulated. Neurosis is the pathology of repressed unconscious. It is for this reason that the classical methodology — free association — works on it. We are now confronted much more often with nucleus of the unconscious, the traumatic, the libidinal, and this is why there are pathologies of pleasure and anxiety. This is the reason why treatment rather focuses on helping to construct a number of symbolisations. With classical neurosis that is precisely the opposite: there are far too many around and this has to be dismantled.

DH: To approach it with another category, in Lacan you have the concept of the subject; the subject is the subject of a signifier, and this represents the subject for another signifier. With these new pathologies it apparently makes little sense to speak of a subject?

PV: Dividedness is the central issue. Look at the succession of topologies: with Freud there is conscious, preconscious, unconscious and with Lacan the split subject with identification, alienation and separation. Gradually you see that, with Lacan, emphasis lies increasingly on the aspect of dividedness and less on the alienating and separating aspects. In my opinion, that is also an indication that Lacan realised that something was changing. The contemporary subject is especially divided, less on the side of alienation and separation. The central issue is the fissure.

DH: In connection with the whole question about new pathologies, the new *ma-laise*, new forms of subjectivity, within a stricter Lacanian approach, these are often related to “the late Lacan” in the sense of Lacan beyond the Oedipal Complex, Lacan of the *sinthome* and *jouissance*. Does this not mean, from a purely theoretical standpoint, that desire, Oedipal Complex, or unconscious are no longer useful categories?

PV: In Lacan’s final theory about the Oedipal Complex, he describes it as a necessary social structure. But he also indicates that it need not by definition be this particular social structure. There does have to be a social structure as protection against pleasure, protection in the sense of a limitation. This is a very different vision than in his seventh seminar where he describes pleasure as transgression of the law. Though the one does not exclude the other. This final theory is indeed a deep reflection on what was present in the nucleus of the seminar on ethics. Now I have forgotten your question.

DH: I could formulate it in another way. Psychoanalytic and also Lacanian theory in its classical form is a theory of neurosis, a theory of the unconscious, a theory of castration, of desire. At a certain point – this is a certain way of reading Lacan, sometimes the break is located in seminar 17 or seminar 20 – Lacan would have changed this starting point, and even abandoned it in favour of a different theory. I am thinking of the term that is disseminated by Jacques-Alain Miller: ordinary psychosis, *psychose ordinaire*. This points out that classical neurosis – hysteria and obsessive neurosis – still occur, as you already mentioned, but less than before. It has to do with another issue. Following this line of reasoning, the foundation upon which psychoanalysis rests, both historically and in principle – the theory of the unconscious, of desire – would no longer be applicable. Little can be done with these categories, one could think, because they are no longer adequate to think about new forms of subjectivity or relationships to pleasure.

PV: I would formulate it differently. Post-Lacanian indeed came to understand this with the term ‘ordinary psychosis’ – I do not like this, for two reasons. This has little if anything to do with psychosis in the classical Lacanian sense. Furthermore it brings about even greater confusion and a breakdown of communication with non-psychoanalytically trained colleagues in the discipline. There is indeed not the least doubt that we can no longer simply apply the theories of Freud and the early Lacan as they are, for the very simple reason that neurosis is different because society has changed. Even identity has changed, of this I am also convinced; we just

spoke of this earlier. This is not to say that we cannot continue to use a number of determinants present in classical theory. The theory of anxiety, the theory of pleasure, the one about desire. It is just that they are modulated differently now. It is the big Other that has changed. We perceive a number of changes to it. On the basis of the earlier theory, we can understand and describe current empiricism (I am not afraid of the word empiricism, it is current methodology that is wrong) in a different way. Ultimately, Freud's theory is an interpretation of Victorian society. This is gone. We now have a postmodern, neo-liberal society. Well, our theory recognises a number of structures in it. And a number of fundamental matters such as Eros, Thanatos, anxiety, pleasure, gender, castration, also have a place in it; but no longer as in the Victorian age.

DH: This connects immediately to what you remarked about the change in identity – namely in the first chapter of *The End of Psychotherapy*. There is a danger of a conservative plea, a danger that your analysis plays directly into the wrong hands.

PV: My analysis prevents classical, conservative solutions from being advanced – at least that is my explicit intent, to run counter to the obvious explanation, that May 1968, or a loss of standards and values are to blame. In my opinion this is not the case, when you see what we are witnessing in terms of experiencing anxiety, in terms of so-called autistic disorders, in terms of so-called personality disorders. Such matters can all be traced back to the neo-liberal model because it organises social relationships in a very coercive manner. Social relationships are the network in which an identity is formed, also from a Lacanian perspective – think of the process of becoming a subject and the significance of the Other; think about discourse theory. So you can see very well how current identity disorders – I will briefly use the banal category of The Diagnostic and Statistical Manual of Mental Disorders (DSM): anti-social personality disorder, dependent personality disorder, borderline personality disorder – are enlargements of what is imposed by neo-liberal society and what the effects of this are. This has nothing to do with May 1968. There are even some people who claim that what we are now experiencing is to blame on the Enlightenment. I very consciously wrote an article about this in the newspaper in response to the book by Philipp Blom where I suggest that we have precisely too little Enlightenment, as it is becoming a darker shade of brown out there.³ These are the wrong explanations. It is rather easy to demonstrate – at least, this is my conviction – what these things have to do with. It has to do with a period of approximately 25 years; it does not go back further than that. It started in the 1980s.

DH: After a conference someone once remarked that it is indeed unfortunate that in the contemporary psychoanalytic movement there are no major figures, no big names anymore to give direction to a certain research, a certain practice, as Freud and Lacan did. What to you think about lamentations such as this?

3. Philipp Blom, *A Wicked Company: The Forgotten Radicalism of the European Enlightenment* (New York: Basic Books, 2010). Verhaeghe's review appeared in the Flemish newspaper *De Morgen*, 8 Dec. 2010.

PV: It is a dangerous lamentation. The appeal to the primeval father. The anxiety on the basis of which an attempt is made to establish a symbolic authority in an imaginary way. Before you know it you have a figure that is very autocratic, very authoritarian. You then have a primeval father and his sins are handed down to the son and grandson and the great-grandson, where the daughters may be involved 'pour la beauté de la chose'. Just look at the history of psychoanalysis and wonder whether we should hope that some figure like this arises?

DH: In connection with this it is also my experience that many people show up at conferences of psychoanalytic associations, but relatively few young people. These gatherings seem like a ritual that is repeated for people who have been participating in the ritual for years, but apparently does not directly appeal to the younger generations. Is this also your experience?

PV: This is an additional argument to keep psychoanalysis in the universities, as this enables contact with younger people. The Belgian School of Psychoanalysis (BSP) hardly even has a foot inside the universities and this remains limited to the Higher Institute of Philosophy in Louvain. As a consequence, the BSP has a limited influx. Remove the Department of Psychoanalysis from this university and in 20 years the local Lacanian movement is also a collection of people older than fifty. I suspect that the situation in France in this regard is not much different than elsewhere.

DH: Is this why you often appear in the media? You are often asked to give your view or expert opinion. This makes me think of the discussion between Jacques-Alain Miller and Slavoj Žižek. Miller did think that psychoanalysis should continue to play a prominent role and should show what it stands for. Žižek thought that psychoanalysis did not have to do this immediately and even advised it not to do this because then you get caught within the format, the parameters, the coordinates in which the discussion can take place – sometimes literally within the time allotted to you.⁴

PV: They are both right. The risk that you get forced into a format is enormous, but you have some control over that. The social impact of a position as a professor is extremely important. The press has nearly been silenced; we no longer have a free press. We have a commercial press, which is not the same as a free press. Therefore I certainly find it important that I can make my voice be heard there and this will always be a critical, psychoanalytic voice. At the same time, there is the risk of The Analyst from long ago – but we are not going to relapse into that – who spouts his opinion about everything. It used to be that on French television, there could not be a debate without involving a psychoanalyst who always had the final word and simply closed the debate with some overblown phrases, as there was nothing to say against his arguments. That is not my style; I do not like that. I think that Deutung (interpretation) is the job of psychoanalysis within the field of the media – that is one of Freud's lovely words. Pointing something out. People have to look

4. See Slavoj Žižek, *The Parallax View* (Cambridge (Mass.): London: MIT Press, 2006) 259-61.

for answers themselves, but interpreting something opens the possibility to do this. These days everything is covered up and plastered over; this is the lovely conclusion of Lacan who says that the unconscious always again closes itself; we have to try to keep it open. In the few moments that it remains open, something can happen, something can move. That is also the function of an interpretation: putting your finger on something. It does work now and again, you know.