

Foreign Report

I. Contemporary Psychiatry in France

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The following report is not intended to be exhaustive or impartial. In order to accomplish such a task one would have to be an objective and detached visitor from abroad. I will nevertheless try to keep an islet of objectivity in at least conceding that I am actually subjective.

At the outset it appears necessary to recall a few points concerning legislation and administration in psychiatry. The equivalent in France of the 1959 Mental Health Act is a law of 30 June 1838 promulgated under Louis Philippe. A Joint Committee appointed by the Ministries of Health and Justice will probably replace it in the near future by one more up to date.

The second point is that we have no National Health Service but a combination of national (or local) medicine and a vast sector of private medicine with patients' expenses (including medical fees) being to a great extent (75 per cent) reimbursed by Social Security. While the heads of departments and their assistants receive a salary, junior staff may on the one hand get a moderate salary from a public hospital for a part-time job and on the other have a psychiatric and/or psychoanalytic practice. The figures are 4,500 to 5,000 psychiatrists for a population of 54 millions. This corresponds to about nine psychiatrists per 100,000 population. In the UK the proportion in 1981 was 5.35 (Brisset, personal communication).

The third point to be emphasized is that there is a sharp difference between general and psychiatric hospitals. The difference goes back to the middle of the 19th century when large asylums were built outside the towns, in order to preserve their population from lunatics and vice versa. As a rule, medical (and other) appointments have been subject to competitive examination in France, from the early 19th century. The first and the most celebrated in medicine was and still is the 'Internat des Hôpitaux de Paris', created by Bonaparte in 1802 and aimed at promoting (through further competitive examination) heads of departments (in medicine and surgery) and consultants.

In the mid-19th century, an 'Internat des Hôpitaux Psychiatriques de la Seine' was instituted, an examination less competitive than the 'Internat des Hôpitaux de Paris'. Registrars in this qualification were in charge of the *medical* care of in-patients of psychiatric hospitals. It was hardly a fascinating task and they were, naturally, much more interested in mental pathology. It should be added that, until the 1970s, heads of the psychiatric departments were usually selected among the Internes des Hôpitaux Psychiatriques, though through a far less competitive examination; they were paid much less than the Médecins des Hôpitaux de Paris and had no academic prospect whatsoever. I must add that

there has been for the last decade a third way of becoming a qualified psychiatrist without having been an Interne; there are three years of theoretical studies (Certificat D'Etudes Spéciales) and the applicant is required to write a thesis which is submitted to a 'Jury'. While this new way counterbalances the shortcomings of élitism and nepotism, it does not provide the future psychiatrist with clinical experience.

While medicine has acquired the status of an independent scientific discipline (initiated by the pioneering work of Pasteur and Claude Bernard), psychiatry, apart from a few purely empirical discoveries such as malaria-therapy for GPI, ECT and Insulin coma, remained a rather archaic and essentially descriptive discipline. Doctors in internal medicine failed to understand its vocabulary, while psychiatrists secluded themselves with their patients. They had no prospect of progress; their duty was to observe and to write clinical reports. They were not concerned with persons *per se*, but with processes. This discouraging state of affairs explains the current fascination of psychoanalysis which promises to reveal how disorders occur and how to treat them successfully.

This preamble is intended to show that, at least until 1968, the year of the great students' revolution, and in spite of the increasing popularity of psychoanalysis, psychiatry remained the '*parent pauvre*' of medicine, in fact linked with and subsidiary to neurology. There was in Paris only one Chair of Psychiatry, entitled 'Chaire des Maladies Mentales et de l'Encéphale', an ambiguous title indeed.

Yet as early as 1945, the famous Dr Henri Ey sought to unify the various currents of French psychiatry—the classical inherited from the clinicians of the 19th century, the psychoanalytic school, the phenomenological trend and the biological approach. He had no official function as a teacher, but he possessed encyclopaedic knowledge and was a warm and influential figure. He also led a successful struggle for the improvement of hospital conditions and for a sharp increase in the number of psychiatrists. (From 1500 in 1965, the number of psychiatrists increased to 1800 in 1970 and close to 4,500 in 1982, of whom 3,000 are at least partially in private practice.)

Many factors influenced young French psychiatrists in the 1950s and 1960s; among them, two are noteworthy. The first was the discovery of psychotropic drugs. While universally the question then asked was whether these drugs were effective, in France the issue included a philosophical dimension. I find it necessary to stress this point because a chief feature of French psychiatry is the utmost importance attributed to ideas. While Anglo-American psychiatrists avoid dealing with classical philosophical problems such as

monism vs dualism, and Germans succeed in making them even more complex, every Frenchman is convinced that he has the solution. To a good proportion of my colleagues, especially those with an analytic training, the mere suggestion that psychosis may have something to do with brain functioning sounds barbaric. In this they follow several masters. To some extent Freud, but more some of his followers have built up an idealistic view of the psyche. One figure, not a psychiatrist, who exerted a great influence upon young French psychiatrists in the 1950s and 60s was Michel Foucault, the well-known philosopher. I have mentioned the French craving for philosophical ideas: what Foucault actually introduced was political 'engagement'. Unrest in younger psychiatrists led to enthusiasm for over simplifications and to the various streams of anti-psychiatry, including those of R. Laing and Franco Basaglia. Down with the family, down with a society which uses biological treatment as a weapon of oppression! Confusion has followed: ECT is feared as if it were the equivalent of electric torture, drugs including antidepressants are dubbed 'chemical strait-jackets', psychiatrists are suspected of having no goal other than to establish 'medical power'.

These extreme attitudes are slowly receding, but the Italian experiment of abolishing mental hospitals remains a strong temptation. The Minister of Health, Mr Jack Ralite, stated recently that the solution for French psychiatry lies in promoting '*le secteur*'. This and the extension of lay psychoanalysis are the most important aspects of contemporary French psychiatry, and I shall now comment on each of them.

The *secteur* refers to the fact that France is being divided into catchment areas of 70,000 inhabitants each, served by a team of psychiatrists, psychologists, psychiatric nurses, psychiatric social workers and various other therapists. The psychiatric hospital is no longer the key centre; it is or will be replaced by such developments as out-patient mental health clinics, day hospitals, night hospitals and hostels.

It is quite obvious that when a *secteur* works well, the life of the discharged in-patient is improved. Nevertheless, the programme is ambitious and costly in both manpower and money. Its efficacy is questionable as far as assistance to new patients is concerned. Links with psychiatrists in private practice and GPs are poor or non-existent. Cases exist where no means are available to deal with clinical emergency. In other cases, one wonders whether there is a reasonable limit to interference with the private lives of people living in the *secteur*.

At this point, I should note that there is one 'intersector juveno-infantile' for every three adult *secteurs*. It may thus happen that the *juveno-infantile* team, having discovered a case of childhood autism, will attempt to impose psychotherapy on the mother. This is to say that the ethos of the film, 'Family Life', which I myself considered poor and rhetorical, still has a great impact on the thought of quite a few French psychiatrists.

In my opinion, the emphasis on *le secteur* is only another example of the magic power of words in France. We have been enthusiastic about multidisciplinary teams and also about casework. Later came 'l'écoute' (listening to), as if it were a novelty, and the 'psychothérapie institutionnelle'. I have never quite understood what the latter actually refers to: it is supposed to unite the therapists and the patient so that each has equal rights.

The above-mentioned developments: antimedical attitudes, the craving for philosophical analysis and passion for words, were intensified by the eminent French psychoanalyst, Jacques Lacan (he died a year ago), who founded a third Freudian school (two existed before and a fourth was to appear later). He was mainly popular among non-medical trainers and especially among students of the renowned 'Ecole Normale Supérieure' and psychologists and sociologists produced in great number by French Universities for whom the prospects of a job are very poor. We have thus ended up with a large collection of lay psychoanalysts.

Finally, there is undoubtedly a great interest among the public for the various 'body therapies' and for 'sexology'. Seminars presenting themselves as postgraduate courses are run by 'sexologists'. The concept of a kind of constitutional right to orgasm is penetrating less sophisticated minds.

May I remind the reader once more that all this is but a sketchy attempt to portray contemporary French psychiatry. I should add that among its ranks are sound clinicians, first-class psychopharmacologists, researchers in the field of psychophysiology, and devoted, lucid psychotherapists. But we do lack unity. There was a hope during the 1960s and 70s that we were heading towards the formation of one representative body for all psychiatrists—a sort of Royal College. Instead, we have three principal societies: Syndicat des Psychiatres Français, Syndicat des Psychiatres Hospitaliers and Syndicat des Psychiatres d'Exercice Privé, and two less important ones. There is thus no joint journal; each society has its own. Other journals are linked to scientific societies such as the *Société Médico-Psychologique* and *L'Evolution Psychiatrique*. The long-established *Annales Médico-Psychologiques* represents a classical approach. *L'Evolution Psychiatrique* is devoted to philosophical and psychoanalytic topics; there is also a *Revue Française de Psychoanalyse*. Finally, *L'Encéphale* deals with biological subjects.

I wonder whether I have not been disloyal to my country in stating my opinion so crudely. I must admit that I have been deeply impressed by the frankness of the College's Report on ECT. The views I express cannot of course be compared with the objectivity of that report. I am only describing in English what I have been writing about in French for the last twenty years. If this paper happens to be read by one of my compatriots whose opinions differ radically from mine, I shall be happy to know that the Editors will let him express his views.