

Being a Clinical Psychologist Without Recognition from One's Peers: Is It Possible Not to Practice Psychoanalysis?

Reflections on clinical practice and Freudian transmission by a French psychologist in Spain

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The question of the transmission of psychoanalysis preoccupied Freud until the end of his life. After his death, it continued to run through the history and institutions of psychoanalysis. It also concerned Lacan, who was confronted with it personally at each of his institutional ruptures.

Thus, in 1953, within the SPP², of which Lacan had just been elected president, a conflict opposed him, D. Lagache, F. Dolto, and a few other analysts to S. Nacht. The disagreement concerned several points, among them the training of analysts. S. Nacht defended a position that respected strict criteria of analytic practice—particularly concerning the duration of sessions—and sought to conform to the criteria of the IPA³. At the end of this conflict, Lacan was excluded from the SPP, one of the reasons being his practices judged non-conventional, notably sessions of variable duration. Lacan then followed D. Lagache into the school Lagache founded: the SFP⁴.

In the years that followed, the SFP, more open than the SPP to the question of lay analysis, attempted to integrate into the IPA. But the process stalled, and in 1963 the conflict between Lacan and the IPA was repeated. The IPA agreed to integrate the SFP only on the exclusive condition that Lacan be removed from his functions as a training analyst—thus from his role as a trainer, that is, as a transmitter of psychoanalysis.

Faced with the refusal to dismiss Lacan, the SFP remained unrecognized by the IPA and was dissolved some time later. Lacan founded his own school, the ECF⁵, which he dissolved

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² SPP : Société Psychanalytique de Paris.

³ IPA : International Psychoanalytic Association (founded by Freud and Ferenczi).

⁴ SFP : Société Française de Psychanalyse.

⁵ ECF : Ecole Freudienne de Paris

shortly before his death in 1980. During the years of the ECF, he continued to work on the question of the transmission of psychoanalysis, notably through the procedure of the *pass*. Here, however, we will retain above all the formula that became famous from his 1967 text⁶, in which he introduces the term “authorization,” a term that goes beyond transmission alone and opens a new perspective on this problematic. We shall return to it.

I. To Be or Not to Be a Psychologist... Migration, Recognition, and Authorization

While preparing this presentation, I realized that in the course of my clinical trajectory—that is, after having received university training in psychology, and while having practiced in institutions for several years—my relationship to Freudian listening was put back into play through an administrative experience in which the recognition of my peers was tested—albeit in the form of a lack of recognition.

I would like to mention this bureaucratic experience that occurred upon my arrival in Spain because it concerns precisely the question of recognition, and because it unexpectedly reactivated the question of my authorization to practice psychoanalysis—and thus that of its transmission.

At bottom, the question raised by these encounters could be formulated as: *what allows a clinician to authorize himself to listen as a psychoanalyst?*

I am a clinical psychologist, trained at university in France. My curriculum in clinical psychology is that of psychoanalysis. My teachers referred to Freud, Lacan, or Winnicott. However, I never defined myself as a psychoanalyst. The diploma delivered to me by the university was that of clinical psychologist, and this signifier was sufficient for me, as it referred to a psychoanalytic training transmitted within the public curriculum.

Upon arriving in Barcelona, in order to be able to work, I applied for the *reconocimiento* of my European diploma as a clinical psychologist. This turned out to be a semi-failure. I believed that the years of chaotic reforms undertaken by Europe to harmonize European universities had rid us of the issue of administrative equivalences—but not at all! Years later, something once again failed in recognition.

Indeed, at the end of this procedure, I was recognized here as a psychologist, but not as a “clinical psychologist,” nor as a *psicólogo general sanitario*.

This “crippled” recognition had certain consequences: not being a *psicólogo general sanitario*, I was informed by the College of Psychologists that I was prohibited from making diagnoses, administering tests... or treating.

These acts were reserved for clinical psychologists and *psicólogos general sanitarios*. However, nothing prevented me from setting up a private practice and receiving patients as a psychologist—but not as a clinician.

This created a curious situation: my new status prohibited me from doing things that I did not do, but that nonetheless fell within my training and competence (tests and diagnoses), while it also seemed to prevent me from doing something whose contours are far more difficult to define and which deserves extensive theoretical debate: treating.

⁶ Lacan, J. (1995). “Proposition of 9 October 1967 on the Psychoanalyst of the School”, transl. Russell Grigg, *Analysis*, 6, pp. 1-13.

This point seemed more problematic. Since I could receive people for psychological interviews, I wanted to know what would happen if, through these interviews, my patients improved. Would that constitute treatment? And should it then be considered that I had engaged in an illegitimate exercise of the competence of a clinical psychologist or a *psicólogo general sanitario*? And in that case, should I inform my patient of the consequences of their potential improvement for my professional position? And should it be inferred that, in order to resolve this situation, it would now depend on the patient renouncing their improvement, either by ending the treatment or by ceasing to appear “treated”?

My interlocutor could not answer.

What is picturesque is that, in hindsight, I realized this was not the first time I had witnessed something of this sort. When I worked in an addiction treatment center in Marseille, during a particularly colorful administrative reform, an official came to inform the team that the psychologists at the center would no longer be allowed to conduct psychotherapeutic interviews.

In order to comply with the protocol and continue working, we continued to conduct interviews—now labeled *clinical*.

These fiascos of recognition had at least the merit of making things clearer: since listening in this way was not the object of baroque administrative jousts in these settings, I could hardly see how I could refrain from listening in the way I had learned—and in the way that had been recognized.

II. The University and the Transmission of Psychoanalysis

At university, one of the first times a teacher spoke to us about psychoanalysis was to mention a patient who, while recounting a dream to Freud, said about one of its characters: “*don’t imagine that it’s my mother!*”

And Freud noted: “*it is therefore his mother.*”

Hearing this was both disturbing and mysterious. One wondered whether “*it was serious,*” while at the same time it was impossible not to perceive that there was something deeper at work.

Another moment, drawn from Lacan’s clinic, produces a similar effect. A patient comes to consult

him for an analysis. At the end of the session, Lacan asks when he can come.

The patient, after making a long inventory of his very busy week, finally says—after much contortion—that he could make himself available “*every day except Thursday,*” to which Lacan replies: “*Very well, then—see you next Thursday, my dear*.”⁷

These two examples illuminate the hypocrisy of conventions and the manifest resistance of the subject to his own discourse. Respecting convention, believing what is manifestly said, already amounts to participating in the patient’s resistance.

⁷ Allouch, J. (1998) *Allo Lacan ? Certainement pas*, EPEL, Paris 1998.

However, if, as the argument of these meetings states, “*psychoanalysis is not properly learned at university, nor in books, nor at conferences,*” and if conferences and books can indeed rigidify it into a scientific theory—one may think of the writings of G. Roheim, of S. Nacht’s position, or of A. Didier-Weill’s book on how the death drive can be inserted into theory⁸—one should not conclude that its teaching is therefore impossible.

For the practitioner to be able to practice analysis, it is necessary that he have been introduced to this knowledge by a community of *practitioners* of that knowledge.

If analytic transmission is indeed an experience of solitude and singularity, it nonetheless seems to me that, in order to be acquired, it requires shared recognition. Moreover, if, as L. Izcovich emphasizes, no school can “*serve as a substitute for analytic experience,*” nor even be “*a place that attests to a guarantee,*” a school can nevertheless “*support the desire of analysts so as to prevent analytic experience from being reduced to a therapeutic practice*”⁹.

III. Recognition: A Condition of Authorization

The question of authorization exceeds that of transmission. The two are linked, but they are not the same thing.

In his 1967 proposition, Lacan introduces his formula: “*the psychoanalyst authorizes himself only from himself*”¹⁰, which he will complete years later with “*...and from a few others.*”

Lacan thus seems, at first, to untie the question of authorization from that of recognition, before reversing the proposition: to understand that without recognition (but which one?), authorization is empty or fantasized (one might be tempted to say “foreclosed”).

That “*the psychoanalyst authorizes himself only from himself and from a few others*” thus seems to make us hear the question of transmission differently and leads us to ask *what is required for a subject to authorize himself.*

Recognition is a complex process that goes beyond diploma certification, and many clinicians consider that it is to Freud, to their analysts, to exchanges with colleagues, to professional encounters, to conferences held by analytic institutions, to books, and to the patients who entrusted them with listening, that they owe their profession more than to administrative accreditations.

The history of psychoanalysis itself bears witness to this: it suffices to consider the decisive role played by clinicians and theorists who became indispensable to the discipline—and who were nevertheless neither psychologists nor psychiatrists. One thinks of M. Klein, M. Bonaparte, Lou Andreas-Salomé, O. Mannoni, C. Castoriadis, M. Safouan, R. Chemama, or J.-B. Pontalis.

In this respect, time seems to have confirmed D. Lagache in his intuition that it was not desirable to condition the practice of psychoanalysis solely on medecines¹¹.

⁸ Didier-Weill, A. (2004) *Les Mémoires de Satan : essai sur la façon de bien faire le Mal et de mal faire le Bien*. Flammarion, Paris, 2004.

⁹ Izcovich, L. (2005). La formation de l'analyste. *Champ lacanien*, 2(1), 47-54.
<https://shs.cairn.info/revue-champ-lacanien-2005-1-page-47?lang=fr>

¹⁰ Lacan, J. (1995). “*Proposition of 9 October 1967 on the Psychoanalyst of the School*” (already mentioned)

¹¹ He thus returns to the question of “lay analysis”.

Freud, S. (1926). *The Question of Lay Analysis: Conversations with an Impartial Person*. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 20, pp. 177–250), translated by James Strachey, London: The Hogarth Press and the Institute of Psycho-Analysis.

IV. An Ethics of Not-Knowing: Between Socrates and Freud

Teaching presupposes the transmission of knowledge. This is how university education functions: one dispenses knowledge that one has to another who asks for it.

But it is interesting to note that knowledge does not concern transmission alone; it is also at work in the mechanics of transference. It is by supposing a knowledge about his suffering that the patient initiates transference.

The subject-supposed-to-know operates according to the same dynamic as desire, and the mechanics of love are the same as those of suffering: I admire this therapist—I desire him, I desire to be him, I desire that he prefer me—all versions of *“I desire that he dispense to me his knowledge of my suffering.”* In short, I transfer because I have lodged in him the object of knowledge of my suffering (the therapeutic version), or because he possesses the object cause of my jouissance (the side of desire).

Lacan outlines certain contours of the relation between knowledge and transference in the 1967 proposition. Far from belonging to any form of intersubjectivity or empathy, transference is asymmetrical, and the demand for care is already the subject’s demand.

The analyst has something in common with Socrates. Freud already identified the danger of the attraction of knowledge: it is often a stopgap for the Real. Put differently, the problem is often the answer rather than the question—a point that resonates with Lacan’s warning to analysts: *“if you have understood, it is surely because you are mistaken.”*

In this sense, market discourse is almost the antidote to analytic discourse, insofar as it offers an object that corresponds to the demand, whereas the transference process leads to its reverse: namely, the fact that there is no object of the demand—that is, none that can fill the lack.

This does not mean, however, that the analyst does not know what he is doing. There is indeed knowledge, but it is a know-how, a know-how-to-listen, a certain gesture of presence to the demand.

If the only thing Socrates holds to be certain is that he does not know, then psychoanalysis finds an affinity there, insofar as it can, without absencing itself, establish an ethics of not-knowing. It may be wise not to respond (to understand) too quickly, because this creates a space in which what is being asked can be heard within the labyrinths of discourse.

Conclusion: Subjective Authorization, a Style of Listening

When recognition has taken place through the Other—insofar as it corresponds to the instance of recognition of desire in the practitioner—it is difficult to undo it from the place of another other.

That *“the analyst authorizes himself from himself... and from a few others”* may perhaps be heard in this way: the one who has “authorized himself” is saying nothing other than that he assumes his choice because he has been recognized and authenticated by a few others.

The formula stating that the psychoanalyst authorizes himself only from himself may be imperfect, and in a Lacanian writing one might be tempted to note:

The recognition of desire participates in transmission such that *“the psychoanalyst ~~only~~ authorizes himself (from himself).”*

In the end, perhaps psychoanalysis *is transferred* more than it is transmitted.