

## The Precariousness Syndrome

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**While sociological and philosophical studies of social suffering are proliferating, the psychiatrist Jean Furtos casts a clinical eye on the relations between mental health and precariousness. He presents the syndrome of self-exclusion as a pathology of precariousness, consisting of a radical reduction in psychic functioning. This lesson is not limited to psychiatry or to the study of insecurity.**

Reviewed: Jean Furtos, *De la précarité à l'auto-exclusion*, Éditions rue d'Ulm, collection "La rue? Parlons-en!" 2009, 58 pp.

“Whatsoever disposes the human body, so as to render it capable of being affected in an increased number of ways, or of affecting external bodies in an increased number of ways, is useful to man; and is so, in proportion as the body is thereby rendered more capable of being affected or affecting other bodies in an increased number of ways; contrariwise, whatsoever renders the body less capable in this respect is hurtful to man, if it renders the body in this respect less capable. Q.E.D.” – Spinoza, IV, 38.

The essay by Jean Furtos, published by the Ecole Normale Supérieure in its collection on street life, came out of a lecture he gave during a series of meetings in which practitioners, actors, and researchers tried to make sense of life lived on the street, and to follow those who do so.

The subject of the lecture echoes many studies in recent years on the theme of social suffering. The 1990s saw the development of this thematic; it was a founding moment for a notion that had entered into the social sciences field with Pierre Bourdieu's *La Misère du Monde* (*The Weight of the World*) and the report of Antoine Lazarus, *Une souffrance qu'on ne*

*peut plus cacher* (suffering that can no longer be concealed), which put together welfare (RMI) recipients and the social workers responsible for their cases. This preoccupation has extended to the institutional and political management of the question of exclusion. Didier Fassin has described a “compassionate semantic configuration” to characterize the set of terms, provisions, and emotions around which the issue of exclusion was regulated in the 1990s. More recently, it is the philosophers who have investigated the effects of precariousness on the human psyche. Studies by Emmanuel Renault and Guillaume Le Blanc have stressed a deficit in recognition of an institutional kind (in the former’s work), and a deficit in the inscription of those who are insecure into the social norms (in the latter’s). In both cases, the foundations of a normal social life are removed from individuals due to the absence of supports – social, normative, psychological, and political – to which precariousness leads.

The interest of Furtos’s contribution to this work is related to the distance conferred by his dual position as both a psychiatrist and an institutional actor in issues of mental health and precariousness. Far from the sometimes excessive sophistication of philosophical research,<sup>1</sup> the psychiatrist is interested in the particular (but determining) effects of precariousness on the human psyche. When the person who has become fragile can no longer master his psychic functioning in all its complexity, precariousness produces a drastic reduction in the latter. This is demonstrated in two stages.

### **Words on Woes**

Poverty is an institutional notion linked to measurement. Stigmas are attached to it when destitution is compounded by the contempt of others. Nevertheless, poverty may engender cultural forms, for example its own myths and music. Historically, it is true that poverty was the compost for many innovations of an ideological, political, or aesthetic order. Robert Castel stresses in “Les marginaux dans l’histoire”<sup>2</sup> how much those who have not been able to find their places have been the heralds of alternative ways of life and of political organization, which are then often viewed as moral or social subversion by the societies of their time. From the *Life of Lazarillo de Tormes* to *Rameau’s Nephew*, marginal people have

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<sup>1</sup> See the inventory by François Dubet in the book by Emmanuel Renault in *La vie des idées*, <http://www.laviedesidees.fr/Theorie-de-la-souffrance-sociale.html>

<sup>2</sup> Article by Robert Castel recently republished in *La montée des incertitudes. Travail, protections, statut des individus*, (Paris : Seuil, 2009).

aroused a fascination that has not stopped questioning the functioning of society as a whole, not to mention the diffusion of popular music like jazz or rap. But being marginalized is distinct from being deprived, and from absolute destitution. We perceive the force of integration that poverty may contain precisely due to its difference from precariousness. “The difference between poverty and (pathological) precariousness appears through a generalized distrust.” (p. 11) that moves through three stages.

First there is “ordinary” (or original) precariousness, modeled on the precariousness of the baby who depends on someone else in order to survive. This precariousness gives rise to human relationships. When the physical responses are adequate (as tenuous as they may be: Bowlby stresses to what point the “*still face*” of the mother faced with the smile of her child may generate infantile depression), this precariousness summons up confidence. The second form of precariousness is that of the modern person whose existence does not rely on any stable and heteronymous foundation. It is part of “the grandeur and difficulty of modern people” (p. 13).

Finally, the third form of precariousness is the pathological one that is the source of the syndrome of self-exclusion. It is borne by worldwide financialized capitalism. Even if the author insists on the amorality of trade flows and exchanges, the transformation of temporality – “making everything urgent” – appears to be a process that destroys solidarities. Under the impact of this atomization, the individual loses what the author calls three kinds of trust:

- *The loss of confidence in oneself* that he associates with the pathologies of narcissism;
- *The loss of confidence in others* characteristic of security policies that produce otherness and a rejection of difference;
- *The loss of confidence in the future.*

In this analysis, precarious societies are societies obsessed by fear of loss. Here we find traces of Robert Castel’s critique of security inflation and the total aversion to risk that is deployed even in the most secure societies in history. The loss of security, as in Argentina in the 1990s, is the cause of psychic suffering of a social origin, of which Freud was already speaking in 1929 in *Civilization and its Discontents*, according to Furtos.

In this precarious society, the fact of knowing that one can ask for help and that one can get by, even in difficult situations, is a sign of mental health. To be precarious in the good sense of the term is to be capable of asking for help.

However, “melancholization” – the fact of no longer believing in help - is the second modality of the precarious society. The syndrome of the survivor illustrates this second case: even salaried workers who have escaped a redundancy plan no longer believe in the future of their company or in their own. Even if they resist by their actions, they give up in their minds. A triple loss takes effect. In the most extreme cases, the syndrome of self-exclusion develops.

### **Self-exclusion: the Syndrome of Precariousness**

Considered as a dysfunction linked to psychic reasons that are person-specific, the syndrome of self-exclusion is “a form of self-alienation”:

In certain situations of exclusion, in order to survive, that is to say, to stand tall in his way, the human subject is capable of abandoning a portion of his freedom and becoming alienated from himself. This is a modern phenomenon that results from the emergence of the individual, this subject capable of considering himself as an entity independent of the human group. (p. 25)

On the clinical level, the syndrome of self-exclusion is very close to deficit schizophrenia, depression, and dementia, but should not be confused with these various pathologies. More precisely, “it is a narrow splitting of consciousness with denial, except that the ego is not just split in two – it is frozen” (p. 29). This syndrome manifests itself through three signs associated with disappearance. The first is bodily anesthesia. This is well-known phenomenon among the homeless, whose insensitivity to pain that would be described as intolerable in other environments (ulcers, gangrene, etc.), has often been stressed. Other signs may also be ascribed to a form of auto-anesthesia, but they involve blunted emotions and inhibited thought.

In addition to these signs of disappearance, the syndrome of self-exclusion manifests itself by *paradoxical* signs. First, there is the negative therapeutic relationship. The refusal of help that corresponds to the incapacity to receive it is one of the most difficult trials for those who intervene among persons in great social difficulty. After this paradoxical sign comes the active rupture of social ties, the abandonment of relationships. This abandoning of the world then leads the individual to be cut off from himself. This becoming-strange-to-oneself is characterized by signs as diverse as ceasing to clean up, negligence, and the loss of “healthy shame” in relations with others. All these signs are indications of the “disappearance of oneself, the freezing of the ego” (p. 34). This little book, like the other titles in this collection, has managed to keep the simplicity of the spoken style without conceding precision, and it is

able to apprehend the political dimension of pathologies of precariousness. Produced in an environment of overall psychic and social insecurity, the syndrome of self-exclusion is a specifically contemporary mode of social suffering. The exactitude of the clinical diagnosis offers a significant complement to the indispensable theoretical reflections on social suffering and on the psychic effects of precariousness.

For the actors who intervene among populations who are experiencing these great difficulties, this approach offers an interesting framework for understanding behaviors that otherwise would remain erratic, incoherent, irrational, and ultimately morally reprehensible. Thus, the “freezing of the ego” may prevent a precarious person from accepting help when it is offered. Similarly, the “relapses” that so often punctuate the processes of “reinsertion” are explained by the violence of thawing and the submersion of the individual by the emotional inflow that it provokes. Faced with an overflow of life, the individual has no other recourse than to cut off a part of himself and to destroy everything that he had patiently reconstructed.

### **The syndrome of self-exclusion as symptom**

On the basis of this diagnosis, the author undertakes to illuminate two processes at work in contemporary societies that occur well beyond the populations directly affected by the described syndrome. We recall that it emerged in an overall context of both a subsiding of temporality when people live constantly in urgency, and the increasing precariousness of social relations, which should not be reduced to growing socio-economic insecurity (even if those most insecure at the socio-economic level are the first victims of a growing precariousness of social ties). The first aspect concerns the capacity to apprehend, on the basis of its very archaic manifestations at the psycho-physiological level, withdrawal as the last possible strategy for those who no longer have leeway in the social world. What else is the symptom of self-exclusion, if not a rupture with the world, one that turns into a rupture with oneself? Whereas the most vulnerable populations, the targets of particular public programs, find few spaces (spatial and symbolic) to give a collective meaning to situations that are lived in an individual way, the highlighting of withdrawal as a form of resistance – with dramatic consequences – opens up perspectives on the analysis of behaviors among all assisted or cared-for populations. Non-recourse to benefits and rights – the importance of which is today recognized – appears as a less extreme mode of refusal by the individual of the help that he cannot bear receiving.

The second lesson, very general, that the reader takes away from this essay is that the syndrome of self-exclusion shows that the reaction expressed by a drastic reduction in psychic complexity when it becomes intolerable, is only the corollary of a modernity that has spatially dilated while ebbing in the temporal urgency lived by individuals. Here an analogy is possible with what Anthony Giddens<sup>3</sup> wrote about fundamentalism on the occasion of his reflections on radical modernity. As much at the individual level as at the macro-social level, the drastic reduction in the complexity of human ensembles appears as the price to pay for the dual process of spatial enlargement and temporal subsiding into apparently unlimited urgency – this dual process in which our civilization is engaged. In this sense, no matter its shortness, Jean Furtos' essay tackles a large-scale political issue.

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<sup>3</sup> Anthony Giddens, *Runaway World : How Globalization is Shaping our Lives* (New York: Routledge, 2003)