Psychoanalysis as Discursive Activity

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The Foundations

•"In psychoanalysis there has existed from the very first an ***inseparable bond between cure and research***.

•Knowledge brought **therapeutic success**. It was impossible to treat a patient without learning something new; it was impossible to gain fresh insight without perceiving its beneficent results.

•Our analytic procedure is the only one in which this precious conjunction is assured. It is only by carrying on our analytic *pastoral work* that we can deepen our dawning ***comprehension*** of the human mind".

•(Freud 1927a)

Psychoanalytic Treatments

•"which lead to a favourable conclusion in a short time are of value in ministering to the therapeutist's self-esteem and substantiate the medical importance of psycho-analysis;

•but they remain for the most part insignificant as regards the advancement of scientific knowledge.

•Only in such cases do we succeed in descending into the deepest and most primitive strata of mental development and in gaining from there solutions for the problems of the later formations.

•And we feel afterwards that, strictly speaking, only an analysis which has penetrated so far deserves the name" (Freud 1918b).

Treatment versus Truth

•"I have told you that psycho-analysis began as a **method of treatment**; but I did not want to commend it to your interest as a method of treatment but on account of the **truths** it contains, on account of the information it gives us about what concerns human beings most of all — their own nature — and on account of the connections it discloses between the most different of their activities.

•As a method of treatment it is one among many, though, to be sure, ***primus inter pares***. If it was without therapeutic value it would not have been discovered, as it was, in connection with sick people and would not have gone on developing for more than thirty years“ (Freud 1933a).

A Causal Understanding of Therapy

•The analyst cannot be satisfied with **therapeutic success** alone. He wants to contribute to the development of psychic disorders and, above all, find out how they change in the course of therapy — or why they do not.

•The failures always represent the biggest challenges. The assertion that there is an **inseparable bond between cure and research** requires that both the determinants of genesis and change and those of failure in therapy be made the object of scientific investigation.

"The Therapy will...Destroy the Science"

•Is it (still) true that strict (impartial) rules of investigation and treatment produce the best scientific conditions for the reconstruction of the patient's earliest memories, and that uncovering the amnesia create the optimal conditions for therapy.

•Even Freud insisted on the creation of the most favorable circumstances for change in each individual analytic situation, i.e., he recognized the need for **patient-oriented flexibility** (1910d, p. 145).

•"a psycho-analysis is not an impartial scientific investigation, but a therapeutic measure. Its essence is not to prove anything, but merely to alter something" (Freud 1909b).

Long and deep or short and shallow ??

•Analyses which remain on familiar territory proceed more rapidly than those which break new ground. The analyst's mastery of his craft the meaningful communication of his knowledge, ability, and experience — must even lead to an **acceleration of therapy**.

•Analyses which lead to a favorable conclusion in a short time do not, however, count for much today, and are hardly calculated to raise the analyst's **professional prestige**.

•The tendency is rather to relate the quality of an analysis to its duration, although it is quite another matter whether the knowledge gained fulfills therapeutic and theoretical criteria.

Unlifting Repression?

•Does it suffices to make the repressed material conscious and to uncover the **resistances**?

•"Are we to leave it to the patient to deal alone with the resistances we have pointed out to him?

•Can we give him no other help in this besides the stimulus he gets from **transference** ?" (Freud 1919a)

Scientific Psychoanalysis

•The more **strictly rules** are laid down and the less their impact on therapy is investigated scientifically, the greater the danger of creating **orthodoxy**.

•It is obvious that orthodoxy cannot be reconciled with a scientific approach.

The Psychoanalyst's Contribution

•The analyst influences every phenomenon felt or observed in the analytic situation.

•other factors

= such as those determining the course and indeed the type of disease,
= the circumstances which led to its genesis,
= the events in the here-and-now which constantly precipitate and reinforce it.

•An **interactional model** is needed in order to depict the therapeutic process.

Creation and Maintenance of the Therapeutic Situation

•The analysts task is to structure the **therapeutic situation** in such a way that the patient has the best possible conditions for

•= solving his conflicts,
•= recognizing their unconscious roots,
•= ridding himself of his symptoms.

• The **patient's freedom** is not restricted, but rather enlarged, in that he is encouraged to take part in critical discussion.

Rules

•Every rule must be considered from the point of view of whether it assists or hinders **self-knowledge** and **problem solving**.

•All efforts at standardization may have, in addition to the desired effects, **unforeseen side effects** of a positive or a negative nature which may assist or hinder the therapeutic process.

Systematized Psycho(patho)logy of Conflict

•Psychoanalysis is based on
•a **systematized psycho(patho)logy of conflict.**

•It views human life from its first day onward under the aspect of the impact of conflict on the subject's personal well-being and interaction with others.

Theory of Therapy

•we have to supplement **explanatory clinical theory**,

•with a systematic approach to problem solving,

•i.e., a **theory of therapy**.

Patients Task in Therapy

•is to master conflicts, under **conditions more favorable** than those which acted as midwife at the birth of the conflicts concerned.

•"The ego always faces problems and seeks to find their solution". Accordingly, the processes in the ego can be designated as the attempted solution of problems; the ego of an individual is characterized by a number of specific methods of solution (Waelder 1936).

•A plausible model of therapy places emphasis on the **her-and-now mastering of old traumas** that have retained their psychodynamic effectiveness (Sampson and Weiss 1983)

Treatment Philosophy of Therapy

•The unfolding and structuring of transference are promoted by interpretations and take place within the special ***therapeutic relationship*** (working alliance).

•The patient has an increased degree of sensitivity as a result of earlier experience, and, on the basis of his unconscious expectations, initially takes particular note of everything that serves to foster repetition and create a perceptual identity (Freud 1900).

•The **new experiences** the patient has in the analytic situation enable him to achieve solutions to previously insoluble problems.

Mechanisms of Therapy

- The analyst assists the patient in gaining **self-knowledge**
- and overcoming **unconscious resistance** by providing helpful interventions
- - not only interpretations;
- in the process the patient may spontaneously achieve surprising **insights**.

Psychoanalytic Interpretations

•are ways of seeing things, are opinions that have to be consensually validated.

•They have a **lasting therapeutic effect** only if they stand up to the patient's critical examination or correspond at all to his "expectations," to his inner reality.

•**Experiential insights** are acquired in the course of the **working through**, which continues in the patient's daily life.

•The patient perceives **subjective changes**, but also alterations in his **behavior** and the disappearance of his **symptoms**.

Interpretation

•is part of a complex network of technical interventions.

•It has no value on its own, and neither do rules of treatment.

•The ability to go from **general knowledge** to the **individual case**, and vice versa, is a feature of psychoanalysis as well as of other practical disciplines.

Psychoanalysis - a *hermeneutic technology*

•the psychoanalytic method has a complicated relationship to theory.

•***Teleological actions*** and effectiveness:

•The rules of action embody technically and strategically useful knowledge, which can be criticized in reference to truth claims and can be improved through a feedback relation with the growth of empirical-theoretical knowledge.

•This knowledge is stored in the form of technologies and strategies.

•(Habermas 1985)

Goal-oriented Actions

•are not to be restricted to purposive rationality.

•

•Our emphasis on change as the aim of therapy does not imply fixed goals.

•The goals are shaped by the **patient's spontaneity**, by his **free associations**, and by his critical examination of the analyst's ideas.

•In this process new goals emerge as if of themselves, but are actually determined by the conditions which bring about various forms of **psychoanalytic processes**.

Questions

•1. How does the analyst view the connection between the assumed **structure** (as a theoretical proposition) and the patient's symptoms?

•2. Which internal changes (experienced by the patient) and which external changes indicate which **structural changes**?

•3. In light of the answers to both of these questions, can the selected **mode of therapy** be justified?

The dimensional model of psa therapies