The Psychoanalyst without the couch*

Alexander Moser, Zurich

Introduction

Psychoanalysis is known as a therapy, a scientific investigation method and a general theory of the functioning of the human mind. Therefore there are many possibilities to use psychoanalytic knowledge outside of the therapeutic situation. As Freud stated psychoanalysis is not a pair of spectacles one puts aside when one is going out of the consulting room.

The title of my conference is the title of a well known French book, published twenty years ago by the authors such as Racamier, Diatkine, Lebovici and Paumelle, all well known Psychoanalysts in Paris. The theme of the book is based on a formulation of Sigmund Freud of 1916 when he stated that we need a generation of psychiatrists who have gone through a preparative formation of psychoanalysis to the understanding of psychosis, but also the contribution to the comprehension of the dynamic interaction between the

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2) Lebovici has been president of the IPA from 1975-1977 and is today honorary Vice president of this association, Diatkine and Lebovici have built up as psychiatrists in the 15th district of Paris a sociopsychiatric organization, which has become a world known model.

This model is characterized specially by the principle of sectorisation and a big number of extrahospital services.
patient and the institution and between the members of the institution. I will try to illustrate the application of psychoanalysis to these problems with short examples.

An important example is the notion of the so called splitting projection, which one can observe particularly frequently among psychiatric patients: but as Didier Anzieu, another famous French analyst, has shown, it is seen in large groups too. And I should add that some borderline patients act in the same way. The patient pushes a member of the nursing team or a doctor into the role of the absolutely good one and another team member into the role of the absolutely bad one. The two people begin, in discussions about the patient, to adopt contrary viewpoints and start struggling together. Parts of the group are involved in this struggle and therefore in the end, conflict in the group deepens and nobody sees any more that the group as a whole acts out in a sort of psychodrama a major conflict of the patient.

Another frequent problem is the repressive sadomasochistic styles of relationship between the members of an institution. One can observe this aspect e.g. in the way that information is handled. Information and knowledge of all kinds are collected on different levels of the institution as if they were gold on which one is sitting. This gold is given away only in very small portions, and only when some pressure is applied. The whole procedure, which reminds us of the way small children behave during toilet training, is used, to exert and reinforce hierarchical structure and to exert power. We have here really a very important unconscious psychological mechanism which is hindering on all levels the free flow of information.

A particularly dangerous form of sadomasochistic relationship is the "passive-aggressive helplessness" of the patient in relation to the members of the nursing team and the same "passive-aggressive helplessness" of the nursing team in relation to the patient. The same is true in the relationship between nurses and doctors and doctors and patients.

To illustrate particularly such sadomasochistic traits in the behaviour of members of the staff of an institution, Racamier gives the following sarcastic
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recipe for doctors who want to have the nursing team in maximal dependency. Never share your power or your jealousy guarded information and knowledge. Maintain always privileged and disadvantaged relations. Create princes and scapegoats everywhere you can. Change abruptly your concepts and combine a climate of rivalry for the favours of the doctors under the persisting sense of uncertainty. Show yourself in the institution in a general inconsistent way. Change your attitude authoritarian acts and seduce at the same time with generous protectionism. Everything which creates uncertainty reinforces the dependency needs of the nursing team in the relationship with doctors. Finally, everybody wants to be treated and cared for by the doctors, possibly in the form of personal psychiatric counselling. These few examples illustrate the very interesting work of the authors, working as analysts outside of the consulting room.

Now I want to make some remarks concerning several fundamental problems rising when the psychoanalyst leaves chair and couch behind.

In classical psychoanalysis, which serves always as a necessary guideline, the central aims are very clear: one has to abolish unconscious obstacles, which block the possibilities of perception and action (e.g. if a hysteric cannot perceive his own sexual wishes and fantasies or if a phobic is not able, for unknown, unexplained, finally unconscious reasons, to use a car, a train or a plain). By trying to abolish, to take away the unconscious obstacles the psychoanalyst works per vi di levare, say by a method which takes away something. Freud (G.W. VI7) has used this formulation per vi di levare in reference to a formulation of Leonardo da Vinci who has described in such a way the working method of the sculptor.

In painting one can observe a contrary method of work. The painter adds something to a blank canvas, he works per vi di porre, as Leonardo da Vinci said. A psychotherapist works in such a way too in counselling, giving advice or suggestions. He adds something new.

The look of the classical analyst is directed totally at the unconscious moti-
vation he wants to make conscious, which is the task that he has chosen. In epistemology one could say that in a reductionistic view he has set, choosing the psychoanalytic method, the unconscious motivation as the operant, the decisive factor; all other motivations then have to be considered as accidental factors.

This situation is fundamentally contradictory to the one we can find in sociology e.g., where the operant factor is seen as being outside of the individual person, in the system; here, unconscious individual motivation is considered as an accidental factor. The two methodically totally different approaches, psychoanalysis on the one hand and sociology on the other, with two different aims, have automatically different possibilities of recognition and knowledge, as they have different limits to their possibilities. The results have a "complementaristic" character, but they cannot automatically be unified in one new, whole third theory.

If in a classical analytic situation with chair and couch, analyst and analysee deviate from this main-looking direction and put at the same time other motivations as operant than the unconscious individual ones; they make a movement from the inside to the outside in the sense of one of the most basic mechanism of defense: the projection.

The danger exists, that even after the end of such an analytic paranoid tendencies persist. Clinically such people for example can show a strong tendency to find a solution for all sort of problems in determining scapegoats and eliminating those. In a very instructive film, made by Jungian analysts, with the title: "Matter of Heart", which shows many historical interviews, with C.G. Jung too, this world known analyst describes in a fascinating way a therapy of one of his women patients. In a distinct moment of Jung's description of the case, the observer can feel himself the fantastic relief this patient must have had when Jung explained to her with the whole brilliance of his authority, that the nucleus of her problem is situated in the collective unconscious—so at least partly outside and not inside of herself.

You know all kind of fashionable variations of psychoanalysis, seducing
people with the slogan: "What has one made with you poor child." The reason for all evil is placed by these theories mainly outside in somebody else, eventually in a real so called bad mother.

Such concepts provide a seductive superficial, projective relief, an obstacle for real psychoanalytical work, because the aim of psychoanalysis is to focus the inner unconscious partial causes, and to dissolve them as much as possible. I can possibly formulate the problem more precisely, making a jump to a science far away from psychoanalysis, where a similar problem has been formulated in a mathematical formula known as the uncertainty principle of Heisenberg, a German Quantum physicist. The formula says that the product of the standard deviation in the measurement of the iocus and the impulse of an elementary particle is constant. That means, if we want to determine with the maximum of accuracy one of the two factors we cannot measure at the same time the other with a comparable accuracy.

Back to psychoanalysis. If one considers beside the unconscious factors other factors as operant too, the determination of the unconscious configuration becomes blurred, because the inclusion of external factors reinforces resistances in the form of projection.

I want to explain this fact with a clinical example. An internist sent a patient suffering from an ulcer duodenal and subdepressive symptoms to me. The patient was a middle aged handworker, small, thin, pale, with very feministic traits. He complained very angrily and with excitement about a Turkish neighbour, a shoemaker, a muscular giant man, who crushed him totally with his rhythmic knocking of get some help from the authorities but he acted in such an inappropriate way that all his complaints had been refused. And now the patient was not only nervous, ill and depressed but he had more and more struggles with his young, successful and attractive wife, who dominated him completely. If I had adopted the opinion of the patient that the noise was the operant factor of his symptoms, we would have been surely able to stop this noise rapidly because the juristic situation was very simple and clear. But I have focussed on the unconscious inner problems of the patient,
that means say the unconscious latent passive homosexual structure with all
his passive wishes of being spoilt in many ways. We worked out these wishes
and fantasies in a large number of examples. There was mainly the wish
and the anxieties to be treated by a "real man" as the Turk, in a passive
way, remembering him as an idealised absent father. Exactly as this Turk
worked on his leather shoes, I should work on him with my interventions
in the psychotherapy, so that he would become finally a real man too, able
to cope with his dominant wife, and able to rival other men, who flirted
with his wife and to have eventually a child, still missing at this point of
time, and all of this without being anxious to have cut his head immediately
when he tries to be a little more courageous. Without getting any advice from
me in the matter of the noise, the patient made a new more powerful interven-
tion to the police and the Turkishman had to install additional insulation.
The rest of the noise the patient supported without any problems.

This example shows how people are able to cope better with what Freud
has called the common external misery, when they have been relieved from
their inner unconscious, neurotic misery.

I want to resume now the spectrum of possibilities to use psychoanalytical
knowledge for the understanding of human problems—problems, which, with-
out a psychoanalytic view, have to be considered as accidental, incompre-
hsible, crazy, unbelievable etc.

At the one end of the spectrum we have the classical analysis with chair
and couch, with the method of via di levare, the method of the sculptor.
At the other end we have the application of psychoanalytical views outside
of the therapeutical situation in the socio-cultural sphere. Here the psychoan-
alysis has to be completed necessarily by other sciences. Between these two
poles we have the newer concepts, developed during the last decades, serving
not only to make unconscious conflicts conscious but to treat structural defects
and developmental deficits.

Here in the middle field we can find the different forms of psychoanalytical
psychotherapies and the application of psychoanalytical views in institutions
etc. It is unavoidable to observe that, considering all viewpoints we have discussed until now, there are considerable difficulties for the formation in psychoanalysis. It is relatively simple to develop a psychoanalytical attitude in a psychoanalysis with 4 or 5 sessions a week and one hour of supervision a week.

The situation is much more complicated in all sort of psychoanalytically inspired psychotherapies, which could be at times a kind of condensed part-analysis. One has to judge again and again how much of modification of the classical attitude is necessary and adequate. The "sculptor" has to act very often as a "painter" at the same time and his work is a sort of "sculptor-painting".

In most parts of the world, psychoanalysis is learned as a second profession by people who work already with psychotherapeutic methods. Without having had the opportunity to learn really the professional activity of the "sculptor" or the "painter", young psychotherapists have at times to do some "sculptor-painting", if they want to take in to account the existence of unconscious problems.

If they are sculpting in a too active, inappropriate way the stone can crash into pieces. Actings out with the destruction of long lasting relationships in professional and private life, regressive developments which result in depression, suicide, psychosomatic illness and psychosis are dangers that might occur under such circumstances, which one has to consider thoroughly.

To control these dangers the supervision of therapeutical activity is one of the most important points. In a long term view the formation of a higher number of properly trained psychoanalysts is an important goal.

For all these reasons the spreading of psychoanalysis will not go on in a linear or exponential way but in waves. With the spreading of psychoanalysis automatically old and new resistances will grow too: psychoanalysis is alienated, diluted, distorted or—as it has been the case under a lot of political regimes—forbidden and persecuted.

But the power of the unconscious in human behaviour is universal and
produces again and again irrational, incomprehensible, bizarre and menacing aspects, which can be better understood only by the application of psychoanalytical viewpoints. So psychoanalysis as a rational science concerning irrational unconscious objects will raise consistently the interest of humanity.

= 국문 요약 =

정신분석상면 외의 정신분석 응용

정신분석은 환자의 정신체계를 치료하는 방법중의 하나일뿐 아니라 인간 정신체계의 기능을 연구하는 과학적인 학술체계이기도 하다.
따라서 저자는 의자와 카우치를 필요로 하는 임상상황을 벗어난 경우, 예를 들면 정신과 병동 등에서 어떻게 정신분석적 학술체계가 이용되는가 하는 가능성에 대해 기술하였다. 특히 저자는 정신분석과 다른 형태의 정신치료적 방법과의 차이점을 기술하였다.