Beyond Thinking, Speaking and Dreaming : The Analytic Process of Psychoanalysis

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Who Is Speaking to Whom?

A patient walks into his analyst's office, and after sitting down looks the analyst right in the eye, picks up the thread where it was left last time and immediately makes a blunder saying:

> *"I know that in my relationship with my father there was a lot of tension, and I think it came from the fact that he was working much too hard at a schnob he couldn't stand and took it out on me."* [1]

That "schnob" was supposed to be "job"! What does this show? It shows, as (Fink 1995) says, that you can use the same "mouthpiece" to have more than one discourse. Thus a discourse is never one-dimensional, the moment you utter a sound you're already speaking to someone *Other* than you.

[1] p.17 of (Ogden 2009)

What Is Being Spoken?

- From this example we can also see a sort of division between two levels:
  - An *intentional discourse* which is what the speaker was *trying* to say or *meant* to say.
  - And an *unintentional discourse* which occurs in the garbling or deformation of parts of his speech, such as mixing up words, forgetting them, mis-pronouncing them etc.
- These are called *parapraxes* or simply lapses in speech. It's a sort of crack in the continunity of *intentional discourse*.

Deciphering The Surface

- The *unintentional* discourse doesn't necessarily have to be "deeper" than the *intentional* one. The cracks don't point towards something underlying them that you need to find out. This is why Lacan when asked in *L'Express, 1957* about a psychoanalyst he said the following:
  A psychoanalyst is not an explorer of an unknown continent, or of great depths; he is a linguist. He learns to decipher the writing which is under his eyes, present to the sight of all; however, that writing remains indecipherable if we lack its laws, its key.

Speaking as Bringing Light

But, don't we speak all the time anyways? What makes speaking on the couch, in front of a psychoanalyst so special then?

Freud quotes a wonderful incident in a footnote to his classic *Three Essays on Sexuality* (Freud 1953) while explaining infantile anxiety:

> *'Auntie, speak to me! I'm frightened because it's so dark.' His aunt answered him: 'What good would that do? You can't see me.' 'That doesn't matter,' replied the child, 'if anyone speaks it gets light.'*

The metaphor used here perfectly describes how speaking is a way of shedding light on things that existed but were never brought to the light. Or as psychoanalysts say : "making the unconscious conscious."

Don't Stop Speaking!

- Freud saw it early in his treatment of hysteric women that this kind of talking isn't anything usual or trivial, it's a way of making connections that couldn't have been made before. This was for the very first time, Freud and Breuer stumbled upon the idea of *free association* which would go on to become one of the cornerstones of psychoanalysis.
- He would go on to strengthen this concept by asking his patients to say whatever that came to their mind, without censorship, no matter how trivial or inappropriate they think it might be. This was the first time such women were allowed to speak of their thoughts and memories, all the traumatic experiences that they had to deal with which showed up in conversion symptoms through hysteria.

Vicissitudes of Speaking

And in telling Freud about the memories of their symptoms, the hysteric women started *reliving* their experiences, remembering things that they had forgotten and making links that hadn't been thought out.

And soon Freud realized how this was not as easy as it might look like, there would be severe *resistances* to the process of free-association. And these resistances could have origins due to the kind of memory itself or precisely because they're being told in the analytic room. This lead to another fundamental concept in psychoanalysis, that of *transference*.

Speaking to Defend

Through the examples of garbling words one can guess that one of the reasons why the unconscious might *displace* one word with another because it tries to defend a particular idea from exposure, in a certain way. What would such thoughts be that we'd like to defend without knowing that we are?

Freud in 1890s during his exploration of hysteria and other related issues, found out these are ways in which these hysteric women were trying to keep themselves functioning against traumatic memories or highly unpalatable thoughts. Which he would later go on to develop into *defense mechanisms*, repression being one of the major ones among others.

Speaking to Defend

But what's the problem with these, if all that the unconscious does is defend us from some terrible stuff?

Here's the problem: in this process of building defenses you're forgetting what exactly you were defending and for what. The defense itself now becomes the issue than what it was trying to resolve.

So, the key thing here is this: before you come to an analyst you live your life with your unconscious developing an army of tools and methods to deal with whatever part of suffering you're dealing with. How this happens is largely unknown to you, but it's happening nonetheless. You work according to these tools and methods until you get to a point when some set of symptoms develop as a result of you trying those things. And in analysis you rethink those methods with the analyst, and in talking your way out with free-association you realize what your suffering actually means to you.

Living With Symptoms

This was explained the most eloquently by (Zupancic 2017) in her book on sex:

> *What is a symptom that one "brings" to analysis? It is always a subjective solution to some contradiction or impasse. And it is a solution that usually makes one's life very complicated; it comes with some degree of suffering. Yet it is a solution, and it involves serious subjective investment. The work of analysis consists in forcing out the contradiction "solved" by the symptom, in relating the symptom to the singular contradiction of which it is a solution. Psychoanalysis does not solve the contradiction; rather, it solves its solution (given by the symptom). It bores a hole where the symptom has built a dense net of significations. And the subject needs to "reconstruct" herself as part of this contradiction, as directly implied in it.*

Riding The Waves

Let us go back to the concept of *transference* that we had just mentioned. What is it?

The phenomena of transference isn't necessarily required to be observed in the clinic, in its fullest sense transference is basically the emotional dynamics involved in the shift of emotions during the interaction between two people. As Freud put in his *Five Lectures (1910)*:

> *'Psycho-analysis does not create [trans-ference], but merely reveals it to consciousness and gains control of it in order to guide psychical processes towards the desired goal'*

Transference in Analysis

In the analytic setting, transference is this shift of feelings, desires and mode of relating to the psychoanalyst. This is one of the fundamental guiding markers in the process of analysis and dictates how one should conduct analysis with this particular subject.

Transference can happen in the form of love, hate, indifference, idealization, narcissistic tendencies and other unexpected ways. The analyst thus often conducts a "preliminary interview" to "test the waters" as it were, seeing the capacity in the subject to have or not have transference.

Why Bother With The Shift?

Why should the analyst be bothered about these things which, in the least, can be unsettling, harmful and problematic in a professional situation? The answer is simply that transference can act as a way for the patient to *repeat* certain things, but in a much more different setting.

But how exactly does this work out? We often say things to each other in our day-to-day conversations, around a plethora of feelings which are not at the most right places but what's special in the displacement of feelings in the analytic situation which needs such minute attention?

Why Bother With The Shift?

Freud in one of his remarkable papers bundled together as *Papers on Technique* explains this:

> *We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the for gotten past not only on to the doctor but also on to all the other aspects of the current situation. We must be prepared to find, therefore, that the patient yields to the compulsion to repeat, which now replaces the impulsion to remember, not only in his personal attitude to his doctor but also in every other activity and relationship which may occupy his life at the time-if, for instance, he falls in love or undertakes a task or starts an enterprise during the treatment. The part played by resistance, too, is easily recognized. The greater the resistance, the more extensively will acting out (repetition) replace remembering.*

Why Bother With The Shift?

He continues with what the "ideal remembering" should be, instead of in the form of repeating:

> *For the ideal remembering of what has been forgotten which occurs in hypnosis corresponds to a state in which resistance has been put completely on one side. If the patient starts his treatment under the auspices of a mild and unpronounced positive transference it makes it possible at first for him to unearth his memories just as he would under hypnosis, and during this time his pathological symptoms themselves are quiescent.*

Why Bother With The Shift?

But. . . transference isn't always of love, sometimes its not the nicest of things which is what Freud explains further:

> *But if, as the analysis proceeds, the transference becomes hostile or unduly intense and therefore in need of repression, remembering at once gives way to acting out. From then onwards the resistances determine the sequence of the material which is to be repeated. The patient brings out of the armoury of the past the weapons with which he defends himself against the progress of the treatment weapons which we must wrest from him one by one.*[2]

[2] p.17 of (Ogden 2009)

Experience In the Analytic Setting

We talked about how we see the analysand from the perspective of the analyst, focusing on speech-blunders, making unconscious conscious etc. But what is the experience of analysis for the one who's speaking?

Different schools have different answers, the one that interests me the most comes from a few psychoanalysts from the British school, mostly the Independent Group.

If we are to talk about the *experience* of the analysand, how should we conceptualize that? Bion formulated a *mathematical* answer to that.

The Alpha-Function

Among all the things that Bion was famously known for, one of them was his introduction of the concept of an "alpha-function". This function, as any other function, takes in something and produces some "output". Bion defined this function to transform "raw sense-impressions related to emotional experience" into "alpha-elements" that can then be linked to form dream-thoughts.

This allowed for Bion to conceptualize one of the significant aspects of what the analyst focuses on, that of *dreaming*. Bion in his classic work titled *Learning from Experience* says:

> *If the patient cannot transform his emotional experience into alpha-elements,* ***he cannot dream****. [. . .] As alpha-function makes the sense impressions of the emotional experience available for conscious and dream-thought the patient who cannot dream can't go to sleep and can't wake up.*[3]

[3] p.17 of (Ogden 2009)

Talking-As-Dreaming

When the alpha-function fails to produce alpha-elements, due to a loss in dreaming and making use of lived emotional experiences, one is trapped by a kind of word which is full of sense-experiences, a hypersensitivity because he can't be unaware of any single sensory-stimullus while at the same time having no contact with reality, whatsoever. Not too far from what psychoanalysts would call as *psychosis*.

Using these conceptual tools from Bion we follow along with (Ogden 2009) in describing the analytic terrains of dreaming and not being able to dream. For Ogden psychoanalysis is an experience,

> *. . . in which the patient and analyst engage in an experiment within the analytic frame that is designed to create conditions in which the analysand (with the analyst's participation) may be able to dream formerly undreamable emotional experience.*

Talking-As-Dreaming

And he continues..

> *I view talking-as-dreaming as an improvisation in the form of a loosely structured conversation in which the analyst participates in the patient's dreaming previously undreamt dreams. In so doing, the analyst facilitates the patient's dreaming himself more fully into existence.* [4]

Lastly I want to end the talk with a case which exemplifies some of these topics that I introduced of *talking-as-dreaming*. For more details about the case, one is recommended to take a look at pages 17-24 of (Ogden 2009), only the highlights relating to our topics of interest are to be mentioned.

[4] p.17 of (Ogden 2009)

Dreaming The Un-Dreamt

- The case is of Ms L, a “highly intelligent, accomplished woman” who began analysis because of her intense fear that her 7-year old son, Aaron would fall ill and die. This fear was almost capsizing her from functioning.
- The husband was too centered to take care of the son, if she herself falls ill. For the next whole year of analysis, she speaks of nothing other than this fear.
- She initially came daily with the hope that the analyst would be able to “free her of her fears”.

Dreaming The Un-Dreamt

- Her life had consisted almost entirely of “dreams” that were not dreams, that is, she was unchanged by the experience of the repetitive dreams and nightmares in which she was helpless.
- From the beginning, Ms L had a distinctive way of speaking. “Spasmodically, blurting out clumps of words, as if trying to get as many words as possible into each breath of air.” She was afraid that she’d be cut off and told that she shouldn’t speak anymore.

Dreaming The Un-Dreamt

- In the second year, she lost all hope that analysis could be of any help. Out of fear and despair the sessions were flooded with clump after clump of words that effectively drowned her and the analyst.
- The situation slightly got better, and things were less pressured. She started talking about her childhood for the first time, which she thought she didn't have time for until then.
- The fear for Aaron diminished to the point that she now started reading literature again as she used to.

Dreaming The Un-Dreamt

- In discussing a novel by Coetzee titled *Disgrace* she started talking about how the main character "has felt like a disgrace his whole life".
- She started speaking with some genuine vitality in her speech.
- All of this lead to a mutual dreaming-like experience for both the patient and the analyst.

Details of the case after this slide were mostly presented out of memory. Check the source for more details.

Dreaming The Un-Dreamt

Which (Ogden 2009) summarizes as:

> *In sum, in the session I have discussed, the way Ms L and I talked about books served as a form of talking-as-dreaming. It was an expe- rience in dreaming that was neither exclusively the patient's dream nor mine. Ms L had only rarely been able to achieve a state of waking- dreaming to that point in the analysis. Consequently, she had been trapped in a timeless world of split-off undreamable experience that she feared had not only robbed her father and herself of a good deal of their lives, but also was killing her child. Ms L had developed psycho- somatic symptoms (her manner of speech and breathing) and intense fears of death at the psychological point at which she was no longer able to dream her experience of her father's depression or her anger at him. As the session under discussion progressed, the patient was able to dream (in the form of talking-as-dreaming) formerly undreamable experience of and with her father. This talking-as-dreaming moved unobtrusively into and out of talking about dreaming.*

THANK YOU FOR LISTENING!!!

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