

Thomas Svolos

The Specificity of Psychoanalysis Relative to Psychotherapy

An American mirage

I wish to speak today about psychoanalysis and psychotherapy. This first formal event of the Center for Psychotherapy and Psychoanalysis¹ gives me a good occasion.

Of course both psychotherapy, in its psychodynamic orientation, and psychoanalysis work through the use of words and speech. Many have worked in different ways to define psychoanalysis and distinguish it from psychotherapy, in particular psychodynamic psychotherapy. In this country, in the past, when psychoanalysis – in its typical American form – reigned supreme, this was an issue with great consequence. Psychoanalysts were held in high esteem and occupied all of the powerful positions in various clinical and educational institutions, and psychoanalysis was seen by many as the ultimate form of mental health care, the best treatment available for a range of psychological and even medical problems. With the authority taken on by the American psychoanalysts of that era came significant prestige and money, and the analysts who held the tiller of the analytic ship were very keen on maintaining control of the direction of this ship and access to the ship itself.

One of their particular approaches to this was the medicalization of psychoanalysis, and the position consistently taken by the American Psychoanalytic Association over many decades of requiring medical training as a prerequisite for psychoanalytic training. This position of the APA was never given up, and it was only with the successful advancement of a civil lawsuit that non-physicians were allowed into the Institutes associated with the APA. This position of the PA went against some of the previous psychoanalytic traditions in Europe and even the explicit wishes of Freud, which were partly stated in *On the Question of Lay Analysis*.² This is, of course, a critical issue, that of people's access to psychoanalysis.

There was, however, an equally significant though perhaps less obvious stake in this issue, that of the status of psychoanalysis itself, of psychoanalysis as a practice. For one additional consequence of these unfortunate years in the history of psychoanalysis in this country was that psychoanalysis ceased to be psychoanalysis as such, but was instead configured as a psychology – as one among many – to be articulated within the medical and scientific group of psychologies, and, as a treatment, it lost what I will call its psychoanalytic specificity. This was, of course, the effect of Ego Psychology, which dominated the American psychoanalytic scene for so long.

These historical are important to us today, to those of us who hold that the path laid out by Freud is of value and needs to be preserved, because they allow us to situate the precipitous decline of psychoanalysis in this

1 This is the text of a talk delivered at the first Friday Conference of the Center for Psychotherapy and Psychoanalysis in Omaha, Nebraska, on September 7, 2001.

2 S. Freud, *The Question of Lay Analysis, The Standard Edition of the Complete Works of Sigmund Freud*, 20. London, Hogarth Press, 1959 (1926), pp. 179–258.

country, which I would instead label as the decline of the mirage of psychoanalysis, for my assertion is that psychoanalysis was never established in this country in the institutions which claimed to have done so. What we saw in the 60s and 70s in the turn away from so-called psychoanalysis was the turn away from Ego Psychology, a turn that did not completely correspond with the rise of biological therapies, as many claim, but had its own independent and internally driven trajectory. And, equally important, those trying to forge a psychoanalytic path in this country, those working to explore other paths – the Kleinians, Object Relations therapists, relational psychoanalysts, and, separately, all who worked without medical licensure as the legal basis for their practice were forced, in many cases, to found other organizations to go on with their work, and called their practice something other than psychoanalysis.

This American story of psychoanalysis is not the story elsewhere in the world. Many European and South American countries have long allowed non-physicians to practice psychoanalysis and, in fact, in many countries (and even still in a few states in this country), the practice of therapy itself was not regulated by the government, the State. This is important, for it is doubtful to me that medical and psychiatric training is the privileged route to psychoanalysis, and it certainly shouldn't be the required one. On other issues, the differences are significant. The individual Associations of the International Psychoanalytic Association have a remarkable degree of variability in the regulation of analytic training and practice, and most fostered a variety of orientations, or, at the least, did not simply prescribe a limited Ego Psychology. Then, there is the issue of Lacan and those, such as myself, who follow in his orientation.

Psychoanalysis rejuvenated

Jacques Lacan practiced and taught analysis in Paris from the 1930s until his death in 1981. Originally a member of the Société Psychanalytique de Paris, the local IPA affiliate, Lacan subsequently removed himself from IPA affiliation when his privileges as a training analyst were removed in the 1960s.³ He created His own School in 1964, and his teachings have since spread throughout Europe and South America. In fact today, Lacanian psychoanalysis rivals or exceeds IPA analysis (if I might group those analysts together in this heterogeneous group) in many countries.

It is the rejuvenation of psychoanalysis – and even the return to psychoanalysis from various deviations away from it, that account for the different paths psychoanalysis has taken in different national settings. Psychoanalysts of the American Psychoanalytic Association have, until recently, largely ignored Lacan. And analysis has suffered in this country. In France, Europe, and South America, the situation is dramatically different. Psychoanalysis has prospered in these countries, and I largely credit that to their reception of Lacan.

Now – what is this “rejuvenation of psychoanalysis” that I speak of? Let us turn back to Freud and trace the history of psychoanalysis to bring light to this question. Freud's real genius was the discovery of the unconscious, the theory of the unconscious and the practice that results from it. This discovery largely resulted from a particular practice of listening, of listening to the hysteric patients who turned to him for relief of their suffering. This discovery of his was a contingent one, for his practice of listening was based on his failures: his failures as a hypnotist and in the use of other therapies to address the suffering of his patients.

3 TN: Lacan was in fact banned from teaching and training analysts.

From this listening, he took to directing his attention to the most peculiar aspects of his patients' discourse, of what they were telling him. His focus was directed increasingly not at the obvious utterances made by patients, their stories and explanations of their lives, but rather at a set of seemingly disparate phenomena – their dreams, their slips of the tongue, irrational obsessions or fantasies which overwhelmed them, memory failures, or desired actions which his patients would complain they would be unable to carry out. Freud paid special attention to these things, and he noticed something. This was that if he could get his patients to direct their attention to these bizarre things and speak about them, they could be deciphered – deciphered on the basis of that which was their cause. For, in fact, he quickly realized that these various phenomena were not random, were not without meaning, were not trivial in any way – but were in fact attributable to a cause.

He named that cause of the symptoms the unconscious, a series of thoughts – representations of thoughts, to use his term – whose very representation is not conscious, is not part of the conscious memory of an individual, but whose representations must be supposed through the deciphering of the forms in which the unconscious exerts itself. These forms: dreams, slips of the tongue, and so forth, even the symptoms themselves – identified as unconscious formations by Lacan – are known by their irrational and bizarre character and the key Freudian discovery relates to their deciphering and the supposition of the unconscious as the locus for their signification.

Thus, for the neurotic, we see repression as, in a sense, the key mental operation. Thoughts which could not be symbolized or incorporated into consciousness – generally in infancy – are repressed, not forgotten, but deposited, as it were, into the unconscious, from which they return, in the disguised forms as noted above.

I emphasize the formal aspects of his work, for they are the key to psychoanalysis in theory, as well as in its clinical application. But Freud, of course, went on to formulate additional ideas about the unconscious. Once he began to accumulate clinical experience concerning the unconscious in his series of analyses, he began – in the manner I would say of a good scientist, but a bad analyst – to specify the content of the unconscious, of what is found there, and what is always found there. Probably the most well-known statements on his part relate to the Oedipus complex, that particular configuration of relations of the child to parents on which he based much of his theory. I have elsewhere called this move, a move away from interest in the forms to determination of content, “Freudianism,” and it is Freudianism which we must separate from psychoanalysis to properly delineate the history of those who have followed Freud.⁴

Concerning this matter of the content of the unconscious, or the result of the process of formal deciphering known as psychoanalysis, I would say that even in his earliest work, Freud recognized a certain limit of meaning, a point at which supposed content could not be identified, a point of resistance to meaning, and here I refer to his two brief notes in *The Interpretation of Dreams* regarding the navel of a dream. In the *Standard Edition*, these can be found first in the striking footnote on page 111, and then again on page 525.⁵ Freud speaks there about a tangle of dream thoughts that cannot be unraveled, however great the effort of interpretation, a point where the dream reaches into the unknown. Thus, even Freud, in contrast

4 T. Svolos, “Some Remarks on the Oedipus Complex,” *ERR: Journal of the Affiliated Psychoanalytic Workgroups*, 2, 2001, and T. Svolos, *The Past and Future of Psychoanalysis in Psychiatry*, forthcoming.

5 S. Freud, *The Interpretation of Dreams, Standard Edition, op. cit.*, 4 and 5, 1953 (1900).

to the Oedipalizing interpretive template which he promulgated so forcefully (witness his case histories), recognized – even early in his work – something else present.

The other observation I would make relates to one of Freud's most extended discussions of fantasy, "A Child Is Being Beaten." In this work, Freud writes on the occurrence of beating fantasies, which he had encountered on various occasions. Freud theorizes three phases of the fantasy: first, "My father is beating the child"; second, "I am being beaten by my father"; third, "A figure of authority is beating some children." The key to this fantasy, and its various forms and transformations, lies for Freud in the second phase of the fantasy. What Freud says there is interesting: "This second phase is the most important and the most momentous of all. But we may say of it in a certain sense that it has never had a real existence. It is never remembered, it has never succeeded in becoming conscious. It is a construction of analysis, but it is no less a necessity on that account."⁶

This brings out a critical issue in our clinical work, one related to the limitations of interpretation, and the role of logical or formal supposition in what Freud here terms construction, namely the construction of the unconscious. It also speaks to something special in the ontological status of the unconscious, that in addition to having something in its content of an unknowable limit – a navel, as noted above, the unconscious is also defined in terms of not having a symbolic presence – Freud says it is neither remembered, nor conscious – but as something only known through its effects, as something necessary to explain something else. This will be what Lacan will, late in his work, term the Real – Real with a capital R – that domain put in contrast to the Symbolic – the realm of the signifiers, words or thoughts; to put it simply, language even – and the domain of the Imaginary, the ego and object representations, images, which subjects make.

The Freudian clinic

This distinction between the elucidation of the forms of the unconscious and the determination of the content of the unconscious can even be seen within Freud's own clinical work and the different ways in which it has been read. And, in this regard, we might say that Freud slips, at times, back and forth between psychoanalysis and that mirage of psychoanalysis which I have termed Freudianism. Take Freud's first major published case, that of Dora.⁷ Freud begins with a highlighting of certain symptoms, a speech disturbance, some respiratory symptoms, (very typical of the hysteric patients Freud saw at the time) and also a series of dream interpretations only to fail with Dora's abrupt departure from analysis in response to Freud's simple Oedipalizing interpretation of the object of Dora's desire – Freud having missed (and acknowledging himself the lapse) the homosexual interest of Dora in Frau K. That moment, the moment of failure (though we must commend Freud for his bravery in presenting these cases, especially the failures), is instructive for it demonstrates that slip from the therapeutic goal of bringing forth unconscious formations, to that of mastering the material delivered – through the Oedipal template. It also shows the potentially damaging therapeutic consequences of such a slip.

Freud learned from his mistakes, and as evidence I wish to look at the Rat Man case.⁸ Early in the case, as

6 S. Freud, "'A Child Is Being Beaten': A Contribution to the Study of the Origin of Sexual Perversions," *Standard Edition, op. cit.*, 17: p. 185, 1955 (1919).

7 S. Freud, "Fragment of an Analysis of a Case of Hysteria," *Standard Edition, op. cit.*, 7: pp. 3–124, 1953 (1905).

8 S. Freud, "Notes upon a Case of Obsessional Neurosis," *Standard Edition*, 10: 153–318, 1955 (1909).

Lacan noted in his “The Direction of the Treatment and the Principles of Its Power,” Freud offers a rather brutal interpretation of the role of the Rat Man’s father as the agent preventing his marriage to the poor girl he was interested in.⁹ This interpretation, in addition to its strikingly strong position so early in the analysis, was also likely to be untrue, false, in the sense that the father was probably dead at the time the marriage was considered. Freud, during the sixth session when the matter was first raised, offered a fairly lengthy theoretical exposition, a display, so to speak, of his knowledge regarding the content of the unconscious and how it worked, this being the discussion of the transformations of love and hate. Now, this move of Freud’s was successful – the analysis continued, and in fact, a wealth of new material followed– and Lacan, in his statement on the case, defends Freud’s maneuver, stating that though the interpretation was factually untrue, it was true to the unconscious desire of the Rat Man – a very intriguing take on this. But let us look at Freud’s own comment here, a comment found, as with the signal observation of the navel of the dream, in a footnote.

Before we do, however, my attention, in preparing this talk, was drawn to the presence of such critical material within the footnote, and I recalled a passage on the almost symptomatic role of footnotes in the writing of Adorno. This is in Fredric Jameson’s *Marxism and Form*, a passage itself found in a footnote: “The footnote as such, therefore, designates a moment in which systematic philosophizing and empirical study of concrete phenomena are both false in themselves; in which living thought, squeezed out from between them, pursues its fitful existence in the small print at the bottom of the page.”¹⁰

If there is a special living thought to Freud’s comments in this footnote – found on page 181 of the *Standard Edition* – it is one that has been lost for many who have followed Freud, those who have taken display of mastery in interpretation or in matters of theory to be of value in and of itself. Freud’s gloss on this, however, is quite different. He states, regarding his theoretical presentation of the Rat Man: “It is never the aim of discussions like this to create conviction. They are only intended to bring the repressed complexes into consciousness, to set the conflict going in the field of conscious mental activity, and to facilitate the emergence of fresh material from the unconscious. A sense of conviction is only attained after the patient has himself worked over the reclaimed material, and so long as he is not fully convinced the material must be considered as unexhausted.”¹¹ Thus, Freud’s own seeming slip from psychoanalysis into Freudianism here is merely a technical maneuver on his part to elicit additional unconscious formations, not an end in itself.

The subsequent history of psychoanalysis can be read as a series of variations on and responses to these various coordinates in Freud’s work which I have articulated here. In Ego Psychology, for example, this theoretical shift has critical technical repercussions: namely, the substitution of the analyst as master, master of his ego and of reality, and of the unconscious of the patient – Freudianism’s analyst – for the analyst as the enigmatic elicitor of unconscious formation. Successful analysis is then structured around a recognition of such mastery by the analysand and subsequent identification of the analysand with such a master, the analyst. The transference, that supposition of knowledge given by the analysand, is accepted by the Ego Psychologist as a just sense of mastery.

9 J. Lacan, “The Direction of the Treatment and the Principles of Its Power,” *Ecrits: A Selection*, tr. B. Fink, New York, Norton, 2002.

10 F. Jameson, *Marxism and Form: Twentieth-Century Dialectical Theories of Literature*, Princeton, Princeton University Press, 1971.

11 S. Freud, “Notes upon a Case of Obsessional Neurosis,” *op. cit.*, p. 181.

Transference

Kleinianism and Object Relations must be seen in great contrast to Ego Psychology in that, instead of endorsing Freudianism, both seek to repudiate Freudianism. This repudiation is not only in the terms of a rehabilitation of psychoanalysis, though both of these orientations remain truer to analysis than Ego Psychology, but rather a repudiation through substitution. In this sense, the critical move of these two theories has been to replace Freudianism's Oedipalization with a series of pre-Oedipalizations, a series of elaborations of theories of the unconscious based on a template of necessary pre-Oedipal configurations. This too is not without consequences, for the very interactive interpretive style characteristic, say, of the Kleinians is not derived from a need to verbalize or articulate a whole series of non-verbal phenomena – what Lacan would term Imaginary – whose basis in various archaic or pre-linguistic stages in development would thus lead to the necessity of their articulation by the analyst – the analysand cannot speak of them at all: no words or memories.

There is one final historical development I want to discuss – common to various contemporary therapies and which we might attribute to Carl Rogers, who certainly articulated its theory as much as anyone. I would describe this development – like Kleinianism – as the response of Rogers and others to Freudianism and, to a certain extent, to psychoanalysis itself. The key to understanding Rogers lies in the rejection by the analyst of the position of mastery. In calling his therapy “Client-Centered,” Rogers argued that the truth of the patient is not to be found in the analyst – whose mastery will deliver the truth to the analysand, or client to use his term – but in the client himself. The therapist simply reflects the thoughts and feelings back onto the client and whatever is inhibiting the client from actualizing his self – his true self – will resolve itself.

Now, given my criticism of what I term Freudianism, I might endorse this Rogerian criticism of Freudianism. After all, one of the key tenets of the Freudian discovery of the unconscious is that the unconscious is particular – particular to each individual, with a unique set of associations and meanings to be delivered to the symptom. Truth surely is with the patient, in the form of unconscious truth. And this is certainly no news for those engaged in the clinical practice of analysis or therapy, for the clinic shows time and time again how erroneous our interpretations may be, whether voiced or not. However, the knowledge or assumption that the truth is in or with the unconscious of the analysand does not make that truth necessarily any more accessible to an analysand. The unconscious is, by definition, repressed and, as such, inaccessible to the analysand.

The real critical issue here is the transference. What is often emphasized with regard to the transference is its emotional or affective character, the transference love. What Lacan brought to the discussion is the key relationship of love to knowledge. One of his formulations is the notion of the *objet supposé savoir*. This French phrase can be translated in various ways – the subject supposed to know, or the supposed subject of knowledge. Transference comes into play when someone supposes someone else to know something. Attribution of knowledge, at least within the clinical context – though the implications for other forms of social ties is intriguing – is itself the transference.

It is this attribution of knowledge that can lead to a willingness to engage in the analytic process which in turn leads to the unconscious. Without the transference, there is no analysis, for the knowledge contained in the ego is itself seen as adequate by the patient. The Rogerians deny any benefit to the transference and

refuse to allow themselves to be situated by the analysand within the transference in a position of mastery, thus recognizing the danger of assuming the position of Mastery (such as the Ego Psychologists). In doing so, however, they close the path to analysis off in their work. Furthermore, as can be seen so easily in the clinic, the transference is often only slowly modified, so that regardless of the particular position they want to be in, the Rogerian suffers the transference effects whether he likes it or not.

The answer to this dilemma – the presence of an (at times) intractable transference and a desire to refuse a position of mastery – is the subtle management of the transference that, to an extent, defines the particularity of psychoanalysis, or at least of those following the practice of Lacan. That the transference will happen is not to be opposed, resisted, but in fact is somewhat welcome in that it is the motor force of the analysis itself. However, the analyst must never allow himself to assume the status attributed to him within the transference. The analyst cannot accept the transference on its terms. Oh, how tempting it can be for many clinicians, to be the precious love object beyond all others of a patient, or, equally dangerous, to see oneself as the knowledgeable or wise person who the analysand will look to for advice, for guidance, as a model of behavior, or even to confirm a sense of reality or the world around. These positions, these identifications or objectifications, must be refused; the analyst must forever situate himself eccentric to the identifications proposed for him within the transference.

This positioning or maneuvering is not to deny the transference, to evade its presence (in fact Lacanians are hesitant about any interpretation of the transference), but to use the transference, a belief about knowledge, to direct the analysand to the site of knowledge in the unconscious itself, through the display of its formations, and even to its limits, to that navel where knowledge will never reach. It is that failure of knowledge, reaching the navel, that leads to the end of analysis at the point of the disappearing of the transference – the end of a supposition of a subject of knowledge.

Of psychotherapies

At this point, we might mark one of the great distinctions between psychoanalysis and psychotherapy. Now, psychotherapy is something which Jacques-Alain Miller has neatly pointed out to us does not exist,¹² in the sense that so many different clinical perspectives and theoretical orientations can be subsumed under its rubric. However, the fact it does not exist will not stop me from speaking about it specifically, in terms of those “talking therapies” which are not psychoanalysis.

This distinction between psychoanalysis and psychotherapy will not be based on what Lacanians refer to as “imaginary self-representations” of the analyst to himself, of what he is doing that makes his work analytic – namely, the presence of a certain diploma certifying a course of study, or having a certain medical background, or membership in an Institute, or even the use of a couch (our only tool, the only “gizmo” we have as analysts). This distinction will be based not even on frequency of sessions (though that can have a significant impact on progress of work), or the presence of face-to-face interactions, or even the use of free association or examination of childhood or sexuality.

This distinction will be based on the discursive relationship of the analyst to the analysand, specifically how the treatment – and most specifically the transference, as well as interpretation – is directed by the analyst.

12 J.-A. Miller, “Psychanalyse pure, psychanalyse appliquée, et psychothérapie,” *La cause freudienne* 48, 2001, pp. 7–36.

The focus of the attention of the practitioner is unconscious formations, those rare moments of access to the signifying material which constitutes the unconscious. Therapists may work on any material: current struggles, the patient's sense of self or others, representations of a situation, statements of one sort or another about the analyst. This is all conscious material and, however gripping it might be, its value in analysis is less than those peculiar formations we spoke of earlier.

Another way of coming to terms with the difference between psychoanalysis and psychotherapy is through examining the nature of the efficacy of the psychotherapies and whether that is in any way related to psychoanalysis. I believe in following the path laid out by Jacques-Alain Miller in the article cited above. There, speaking of this difference, he introduces a reading of the famous graph of desire from Lacan's essay "The Subversion of the Subject and the Dialectic of Desire in the Freudian unconscious" to offer a theorization of the difference.¹³ In this reading, it is the shifting of identifications and the generation of meaning that define the efficacy of psychotherapy. In other words, the representations the patient makes of himself and of the world – these things we speak of in terms of ego and object representations (or that we alternatively see as identifications) are what is at stake in psychotherapy. For example, the patient goes to a therapist because he feels he is depressed. He identifies himself as depressed and has an outlook on the world which the therapist might define as unrealistically unhelpful. In psychotherapy, the critical issue would thus be to change that patient's outlook on the world – shift his object representations – as well as to cause a shift in the patient's self-representation as being depressed, and through this, proceed to a form of rectification.

This is generally done in therapy through the assumption of the position of mastery, subsequently enabling the therapist to rectify, to refigure, the ego and object representations of the patient. Assuming and taking on the position of the master imparted onto the therapist in the transference, the therapist uses that power to effect these changes in ego and object representations. Are there beneficial effects from this? No doubt there are. For the patient, some relief from a state of suffering can result from these shifts, this process of rectification. Unhealthy behaviors can be modified with such a technique. Furthermore, patients may be returned to what psychiatrists refer to as a "higher level of social or occupational functioning," which is – as the fifth axis of the DSM¹⁴ – that rating the basis of how some clinicians judge and evaluate those who seek their care.

But notice here that the stakes are no longer necessarily those of the patient's. The benefits described – those of the reduction of unhealthy behavior and a return to a so-called higher level of function – are not necessarily those the patient expected, but are, for the most part, the point of view from which the therapist operates. Taking on the position of mastery, the therapist uses that power to advance his agenda, which is most often those laudable goals I cited above. But note, not all therapists work from this perspective. We have all in our work encountered therapists who find child abuse, multiple personalities, and satanic rituals in case after case and the significant debates on this and the whole nature of recovered memories speaks to the power of the therapist to rectify patients' ego and object representations in a totally different way.

This process is, in fact, described by Freud himself, who articulated the difference between psychoanaly-

13 J. Lacan, "The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious," *op. cit.*

14 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, ed 4. Washington, D.C., American Psychiatric Press, 1994.

sis and psychotherapy as that between psychoanalysis and suggestive therapies. This difference is first spoken of by Freud in his 1904 essay titled “On Psychotherapy.” In it he contrasts psychoanalysis with the suggestive therapies, of which hypnosis was the model. I wish to quote Freud here at some length: “There is, actually, the greatest possible antithesis between suggestive and analytic technique – the same antithesis which, in regard to the fine arts, the great Leonardo da Vinci summed up in the formulas: *per via di porre* and *per via di levare*. Painting, says Leonardo, works *per via di porre*, for it applies a substance – particles of colour – where there was nothing before, on the colourless canvas; sculpture, however, proceeds *per via di levare*, since it takes away from the block of stone all that hides the surface of the statue contained in it. In a similar way, the technique of suggestions aims at proceeding *per via di porre*; it is not concerned with the origin, strength and meaning of morbid symptoms, but instead, it superimposes something – a suggestion – in the expectation that it will be strong enough to restrain the pathogenic idea from coming to expression. Analytic therapy, on the other hand, does not seek to add or to introduce anything new, but to take away something, to bring out something; and to this end concerns itself with the genesis of the morbid symptoms and the psychical context of the pathogenic idea which it seeks to remove. It is by use of this mode of investigation that analytic therapy has increased our knowledge so notably. I gave up the suggestive technique, and with it hypnosis, so early in my practice because I despaired of making suggestion powerful and enduring enough to effect permanent cures. In every severe case I saw the suggestions which had been applied crumble away again; after which the disease or some substitute for it was back again once more.”¹⁵

Thus, we see Freud’s reluctance to endorse psychotherapy, or what he terms suggestive therapy, is not due to any lack of efficacy, but rather to the lack of sustained efficacy. It is not that psychotherapy does not have effects, but rather that they are not sustained, and the reason for that is the failure of psychotherapy to encounter the unconscious. This encounter with the unconscious which defines psychoanalysis is, in fact, what we might call the analytic wager – it is what is at stake in psychoanalysis, namely, that through the encounter with the unconscious that defines the work of analysis, a change will result, a change which – because of some modification of the position of the analysand relative to the unconscious – will have some more lasting effects.

The wager of encountering the unconscious

In contrast to Freud, however, it is not clear to me that we ought to speak of this change in terms of efficacy, for this encounter with the unconscious can have a range of results. In spite of the frequent exacerbation of symptoms, shifts in mood, and increases in anxiety which occur in the course of an analysis, we often see, at the end of analysis, precisely a modification of self and other representations and, often, a reduction in suffering, the suffering of the symptom. With analysis, however, these are not necessarily given results or goals, and, in fact, as soon as they are made goals, one loses the possibility of psychoanalysis, because the focus is directed away from the unconscious to such Imaginary representations. It is this which is the component of analysis we can only speak of as a wager, a bet, on what might happen from such an encounter.

This can be explained in the classical terms of Freudian theory. At a certain moment in childhood in the

15 S. Freud, “On Psychotherapy,” *Standard Edition*, *op. cit.*, 7: pp. 260–61, 1953 (1905).

history of a neurotic, there is an encounter with something traumatic – what Lacan calls the Real – some thing that the subject is unable to symbolize, to put words to, to understand. We could identify this as the *drives* – poorly translated into English as the *instincts*. This encounter is so overwhelming for the subject that it is repressed. A representation of it – a poor representation of it given its overwhelming character – is repressed, pushed away into what becomes the unconscious. However, it does not lie dormant, and the force behind it – to continue with Freud’s metaphors – leads to its return, in disguised forms, in the various unconscious formations, such as dreams, symptoms, and so forth. Now, through psychotherapy, one might get rid of a symptom. However, the force behind it persists, and will lead to the formation of some different symptom. Only with the encounter with that force itself, only with the encounter with what leads to symptom formation – the unconscious – will any shift in relationship to that unconscious material take place.

I wish to conclude by going back to my starting point and take up this psychoanalytic wager on a social level. Those who entrusted themselves, in this country and elsewhere, with the future of psychoanalysis bet badly. They bet on Freudianism, and not on psychoanalysis. They bet that by securing their guild-like status as analysts, with their Institutes and couches and hierarchies and so forth, they would secure a future for psychoanalysis. It was a bad bet. Psychoanalysis is a form of discourse, a form of talking and listening, something that existed before Freud wrote about it, and which clinicians enter into, from time to time, without intending to or even being aware of it. I wish to promote this discourse, this form of social relations, for the intrinsic value of its particular configuration, for the value that it can have for those of us who respond, as clinicians, to the suffering of others. And this requires neither a medical degree, nor the guarantee of some Institute, nor a certain level of experience – simply desire itself.

This desire, however, is quite fragile, and, in its clinical guise, as the desire of the analyst (with a forsaking of mastery, refusal of ego identifications, and even renunciation of therapeutic goals), it is a difficult position to maintain. Those of us involved in this clinical work have had formation or training, which allows us to bear that desire: our own analyses, the closely supervised work of our first analyses, long study, not just of psychoanalytic theory, but psychiatry, philosophy, literature, linguistics, art. If there is a purpose in the psychoanalytic institution, it is surely to promote such pursuits. The latter can be best understood as the groundwork necessary to maintain awareness of the impossibility of the act of psychoanalysis. This is Freud’s term, from “Analysis Terminable and Interminable,” – impossible – under which he grouped psychoanalysis with government and education, “professions in which one can be sure beforehand of achieving unsatisfactory results.”¹⁶ Lacan’s take on this, however, hits the mark even closer: the analyst must be a saint.¹⁷ This is the ethical attitude necessary for us to approach the unconscious.

Key words: United States – Ego Psychology – Freudianism – recovered memories.

16 S. Freud, “Analysis Terminable and Interminable,” *Standard Edition, op. cit.*, 23: p. 248, 1964 (1937).

17 J Lacan, *Television*, Tr. D. Hollier, R. Krauss, and A. Michelson, New York, Norton, 1990, 15–16.