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Psychoanalytical approach to the question of psychotherapy

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It could seem odd to say that almost all consulting methodes in psychotherapy have been under psychoanalytical influence or have been inspired by psychoanalysis. It would seem yet more strange to state that psychoanalysis is the sole field pretending to offer no therapeutic goal to its patients. Called talking cure by Anna O.-the patient who allowed Freud to get rid of medical approach- freudien discovery of unconscious is indeed a revolutionnary perspective. According to this perspective reducing human being -so disturbed he could be- to an ill entity is not conformed to his nature. The mental symptoms are not but the different ways of the same problem repressed. So far as the patient bears such repressed thoughts, he will suffer, suffering which has to do with human wish and the manner he manages it in regard to himself as well as to others. The cathartical methode was the first step for Freud, together with his elder colleague, Joseph Breuer, to appeal unconscious forces to reveal their secrets. The close affinity between these forces and the words of speech taught Freud to consider, from the very beginning, that the unconscious is not separable from the word. The somatical drives and impulsions (die Triebe) could give access to psychical life through human speech. Lacan could later on put it more rigourously as "the unconscious is structured like a language". But how does human being get acces to language? Thank to his penetrating approach to Freud, Lacan could put forward what was implicite in freudien discovery. The high symbolical role of the father makes it possible to the child to acquire interdiction and law for the first time. Mother's body, so wished by the child with which he attemps to unite, will be forbidden not by the person of the father but by the pole of wish he is for the mother. In other words, the child will be struck by the fact that he is not "all" for his mother. For the first time, he discovers there is a deep lack in his mother that he can never fill while the father is supposed

to do. The double relationship between child and mother is thus changed to a triangular one. Promoting prohibition, the father puts forward the law of non access to the mother whose incompleteness and lack give her definitely the status of the last object of love. It is such an evolution which enables the child to integrate law and prohibition. As one can easily see, there is an intrinsic relation between wishful thoughts and prohibition. This ambiguity is what characterizes words and speech for human beings. For this very reason the child begins to integrate almost at the same time law and language between his second and third year. And his first word will leave its mark of opposition, a phenomenon which illustrates the ambiguity in question.

Human desire lies in speech as his very realm of existence. Here stands what Lacan names symbolic dimension of man. This latter forms with imaginary and real the three essential dimensions put forward by Jacques Lacan.

If the unconscious is structured as a language, if human mental suffering is due to the fact that man is essentially a wishful being and finally if human desire is set up on integrated law and interdiction, so every sort of reduction of his mental life to an objective entity is necessarily not but betrayal of his very nature. Only a subjective approach to him provides the possibility to take really his suffering into account. Neither a medical approach, reducing him to a pathological case nor a psychological one which would regard him as an object of evaluation, could have a genuine approach to his mental suffering. This latter is in the ultimate analysis an existential enduring.

In so far as the psychoanalysis is not concerned by the question of treatment, it is called lay-analysis. In 1926 Freud wrote to Oskar Pfister : "all I would like to do is to preserve psychoanalysis from the priestes and the physicians". His treatise bearing the same title, written in 1926, provided enough proof to justify why psychoanalytical training has nothing to do with medical education. Let's have a glance at the principal psychiatric entities to know how they are approached by psychanalysis.

As far as the psychosis is concerned, the mental pathology is due to the obstacles which take place in order to preserve the individual from collapse. As our highest symbolic dimension, the name-of-father is what guarantees the access to the law. The default of such a guarantee pushes the individual to delusion, namely to hear the real voice of the Otherness ("the father"). In other words, the lack of symbolisation of paternal metaphor gives rise to delusion attempting to retrieve the abyss of such a void. In the same way, the psychotic hallucinations are imaginary

advice to give a real consistence to the name-of-father which by definition could not have any material existence.

The neurotic repression is missing in psychosis. The repression and the repressed thought are one and the same thing. They take place simultaneously. That means the unconscious is not a substance nor a reservoir. As soon as a repressed wish comes to existence, it will reappear under another aspect. The mechanism is based on the name-of-father as integrated by individual and as generating law and interdiction. This paternal metaphor is absent in psychosis. According to Lacan, it is foreclosed. Foreclosure is originally a legal word. It means to deprive somebody of his mortgaged property. That is to say in psychosis the name-of-father is neither being nor non-being. It is like a geometrical dimension never known nor encountered as such by a given creature. The mechanism of foreclosure is supposed to retrieve the void and the abyss that the psychotic discovers with horror in his soul. It is why he appeals to illusion and hallucination. As a result of the lack of symbolic dimension, he finds himself face to face with the real. He will attempt to fill such a lack by delusional imaginary. Nightmare is a good illustration of such a void. In nightmare we actually meet the ultimate limit of our symbolic world; that is to say we are about to encounter the real. That is why we stop dreaming and get awake. In the same case the psychotic will continue to dream until he assists at his own collapse.

Concerning the neurosis, it is the other way round. In the obsessional neurosis, one has a great deal with the father, obsessed as he is about his death. This concern of death makes impossible any accomplishment of one's desire. Hesitation and postponing any intended deed are among the various manifestations of obsessional neurosis. As far as hysteria is concerned, the secret of one's desire dwells in its permanent non-satisfaction. In other words, one wishes to remain not satisfied. That is consequent to a deep ambivalent relation to the father. He is, in turns, run down, denigrated and admired, i.e. elevated to the highest rank as well. In this up-and-down relation to father, the hysterical "throws him/herself" into it body and soul, more specially body rather than soul. That is how his/her body will be the seat of all kinds of symptoms.

As we can see, psychoanalysis is not and could not be concerned by the symptoms nor by psychotherapeutic aims. So it meets constantly resistance, because it appeals to our very subjectivity. One could easily proceed to consult for such and such symptom with which he can no more get mental advantage, but to go under analysis with a specialist who does not attach so importance to his cheer disturbances is another question. It would be, however, important to notice that

psychoanalyst's couch is not his ready-to-use tool. There is a long way between the first sessions and the couch and not every encounter with analyst leads to psychoanalysis.

As early as *Studies in hysteria* (1895), Freud understood the importance of the patient's relationship to his/her psychoanalyst. He called it transference meaning by that the old patterns of relation which the patient "carries" on his/her analyst. In close and intrinsic connection to it Freud puts the counter-transference of the analyst. Not only to become psychoanalyst requires one's own analysis, but also to be, in a constant way, under supervision in order to get conscious of his own counter-transference.

Everytime a psychoanalysis is undertaken we are in presence of an act of transmission. The close transference of each analyst to his own commits him to hand his "heritage" to his patients. This is the symbolic debt of the analyst. This means going under psychoanalysis is such an enterprise that it leaves no room neither for symptom nor for therapy. Getting rid of one's symptoms is nothing intended in psychoanalysis but something which occurs spontaneously. As the Persian says "when you have handed you get nifty as well".