

An Offer Impossible to Deliver

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Every analytic cure starts with an interplay of demands and offers.^[1] Those who consult with (or, more likely, are referred to) an analyst do so because they are experiencing pain, and they demand that this pain be relieved or transformed. During a variable number of interviews, they take stock of their life events and answer questions until they receive the offer to embark on the uncertain journey of an analysis. Over the course of these interviews, they also receive other offers, explicit or not, in response to their demands. One is to listen, to pay attention to what they have to say, no matter exactly how this saying is materialized. At the same time, they perceive that, based on their narrative, the analyst offers his or her own saying every now and then. This saying aims to serve as an interpretation, a plausible hypothesis, an alternative perspective that seeks to have an effect.

In this interplay, some explicit agreements are made about schedule, frequency, and duration of the sessions as well as about fees, and a promise of confidentiality is proffered. At the same time, analysts also offer an attitude of neutrality (a “benevolent” attitude, in Freud’s [1912] words) and abstinence, even if they do not expressly mention it. They do so in the framework of a psychoanalytic ethics that makes this cure unique (Szasz, 1965; Fromm, 1976; Etchegoyen, 1984). The setting as we know it is a compact between humans and, as such, is fragile. Yet what is much more subtle and impossible to foresee is the analyst’s ability to create, along with the patient, an intimate bond between them.

Intimacy refers to a particular relationship whose members experience a unique feeling – that the other is deeply engaged with what is being said and done in this relationship. This experience becomes part of the analytic process, and it occurs thanks to the analyst’s commitment to being a “moral agent” for the analysand (Szasz, 1965). Along with the instruction to associate freely, there is an offer of discretion, privacy, and fostering of trust that, as I mentioned earlier, is felt rather than heard.

A brief clinical vignette may serve to illustrate these ideas. When I was starting my analytic training, I had a patient who suffered from morbid obesity and had decided to undergo bariatric surgery. She showed considerable anxiety, especially regarding the need to receive general anesthesia. She had fantasies of “falling asleep forever” that reflected her death anxiety. We worked intensely on this and other aspects of her decision to have surgery. At the end of the last session prior to the intervention, she got up from the couch and told me she was very scared of dying and she needed me to hug her so that she could “feel reassured.” I consented, but then I beat myself up, both in private and on the couch in my training analysis. I was convinced I had betrayed my analytic ideal. Today I would do the same thing but would feel no guilt. In view of an almost irrepressible fear, my patient needed me to offer an expression of intimacy that words could not provide.

Does this mean that now, thanks to rationalization, I am more inclined to enactments with my analysands? No. I just think I am more aware of the limits of verbal communication to express our concern for the other. Intimacy, a necessary lever in the implementation of psychoanalytic curing mechanisms, results from a process, an insistence. It requires analysts to act in order to show that they “take very seriously” what analysands say or do and that the analysis is something serious, which does not mean funereal or devoid of tension.

Perhaps one of the most difficult aspects of this microclimate that we must create with each analysand is that analysts offer to become depositaries of all the patient's passions, but not to return them. However, even in the most idyllic of scenarios or among those most committed to travel the path of the analytic cure, such as analysts in training, this offer is hard to deliver. Even in the most intimate relationship, patients find there are things they cannot tell. Sometimes, their silence is due to the existence of an amnesia, a constituting forgetfulness that we call repression, which prevents them from strictly abiding by the instruction to "say everything that comes into your head." Other times, it is because they unwittingly resist, are opposed to, the purpose of the cure.

We can understand this resistance if we think that suffering (symptoms) is their psychic capital, and that people seek help from analysts because they simultaneously want and do not want to change – the effect of the conflicting nature of the unconscious. At a different level, their attitude is due to the fact that there are often unconscious, secondary benefits to preserving the symptom that result in an inability to fully surrender to the analytic relationship. This development, I insist, happens in every analytic cure and helps understand, in part, why psychoanalysis tends to be a long process and why, if this difficulty becomes embedded and is hence immovable, can lead either to an impasse or to the termination of the process.

Yet what I would like to stress here is the implicit aporia inherent in the offer of an intimacy in which anything can take place. This offer, moreover, becomes more complex at a cultural juncture when social networks facilitate the effortless opening of windows into people's subjectivity. Today, one hundred and forty characters, a "like" or a "dislike" may be enough for us to feel that we are talking about ourselves, furthermore, with the promise of no strings attached. Currently, we have a series of tools provided by global digitalization that offer the benefits of intimacy without the need to come into contact with otherness or with the necessary notion of difference. Yet even if we could avoid the present and future effects of social networks on the subjectivation process, the analytic bond is limited by issues that qualify the intimacy that develops between analyst and analysand. Mutual transferences and the unconscious places assigned to themselves by both actors, which derive from their histories, are at play. We can thus understand why some people pursue analysis with different analysts and experience different levels of easiness when addressing certain topics.

The kind of intimacy we must create in an analysis is the one that promotes freedom of expression. It is the one that follows Voltaire's attitude – "I disapprove of what you say, but I will defend to the death your right to say it"^[2] – while knowing that this is an ideal goal that cannot be met to the letter. We should also keep in mind that this attitude can only be assumed in a context of freedom and the rule of law.

Like eternal, seamless love, intimacy in psychoanalysis is an offer that cannot be delivered but is indispensable to turn on the lights, those that can only be cured with more lights...

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[1] In Spanish, “*oferta y demanda*” corresponds to the economic expression “supply and demand,” but the word “*oferta*” also means “offer,” which is the appropriate rendering in this case. (T. N.)

[2] According to historian Evelyn Beatrice Hall (publishing under the pseudonym S. G. Tallentyre), when he learned that the French philosopher Claude Daniel Helvetius’s book *De l’esprit* (On the Mind), which had not impressed him, had been publicly burned, Voltaire reacted in the following way: “‘What a fuss about an omelette!’ he had exclaimed (...) How abominably unjust to persecute a man for such an airy trifle as that!’ ‘I disapprove of what you say, but I will defend to the death your right to say it,’ was his attitude now” (Tallentyre, 1906, pp. 198-99).