On Psychoanalytic Efficacy

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The question that stimulated the writing of this paper was the question that Green was asking, through the phrase "What is it about?" in his Milan Conference, after the 42 IPA Congress.

He took up Lacan's reflection (Lacan, 1977), in Seminar 24, at the end of his work: "I'm still interrogating psychoanalysis about the way it works. How is it that it's a practice that is sometimes even effective?"

Although the truth is that the question about the clinical efficacy of psychoanalysis was already valid in the ideas of Freud himself, from a very early stage.

In that sense, the phrase that James Strachey includes in the Introductory Note of 'Analysis terminable and interminable', where Freud told Wilhelm Fliess, in Letter 133 of the correspondence, the following (Freud, 1950 [1895]) is of value: "The asymptotic conclusion of the cure is essentially indifferent to me; it rather disappoints the profane."

This position on the cure was expressed also in works on technique and at the end of his work, where he did not stop denoting certain skepticism about the clinical efficacy of psychoanalysis.

For example, in 'Remembering, repeating and working through' (Freud, 1914), he said it in the following way:

"In these circumstances, the doctor has only to wait and consent to a course that cannot be avoided, but not in a hurry. (...) In practice, this working through of resistances can become an arduous task for the analysand and a test of patience for the doctor." (p. 157) [The underline belongs to me]

After offering this short summary of Freud's position referred to the analytic cure, I would like to note that even today the question remains a pending issue.

I cannot help thinking that at this stage of the problem, and with the authors mentioned, including Freud, giving a "possible answer" to the question is not a simple task. It implies having to appeal to an enormous courage, which I am willing to offer.

To begin with, unlike the subject of the unconscious, of Freudo-Lacanian root linked to the sexual drive, I propose another notion, which I call unconscious subject.

I argue that we are inhabited by a "subject in progress", who is hindered in his deployment. I consider it in line with the Freudian *Spaltung*, as a division of the psychic personality, and also with the notion of true self proposed by Winnicott.

As I stated in the second half of the graphic sequence “Sameness and otherness” (Krakov, 2005), our mental world would not include only objects, as the general psychoanalytic framework proposes. But, as an extension of classical metapsychology, the others would also be inscribed in the psychic life in their condition as such. In this way, the content of the mental would be made up of scenes in which the subject and the others would be natural inhabitants, and protagonists of the psychic, in their own right.

The unconscious subject is always active and tends to settle in interpersonal relationships. When a patient begins an analysis, the unconscious subject will be present through the "analytical process", from which he will "speak" with his saying and doing in session. It will not be in static but dynamic form, in the style of a carousel. I conceive that it is in this way that psychoanalysis "works", because, depending on the proposals that patients make us, sometimes we will have to embody one of his significant others, and others, the subject himself.

I think psychic processing taking place in two stages. Initially, it will be carried out through transferential acts with the analyst. And, only in a second moment, it will be possible to cover what has been put into action through reflexive thought.

As the scenes that are repeated in transference have a plot and characters, the precondition for *psychic change* will occur when patients, incarnating the "other", put us in "their place". The psychic modification will be the effect of the subjective appropriation of a different doing of the analyst from the one the patient had in the past, where the repetitive scene settled experientially. Appropriating this "different doing" will allow, with the unanchoring and moving that it entails, that the scene be disarticulated and lose validity. I remark that this appropriation is not a new identification, this time with the analyst. The goal is that, under the transferential effect, the patient manages to get out of the place from which he participated in the scene.

I underline a central aspect to consider. Patients are not in a position to make a subjective move on their own. The "doing of the other" to deactivate repetition and favor subjective change has a fundamental value.

To conclude, I postulate that the psychic change will be made in transference, through a certain "doing" of the analyst. And that the patient should be able to appropriate this different acting, in "scene", at the service of subjective change.

I am convinced that this is what it's about!

References

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