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Susan van Zyl

The question of just what that thing we call the social fabric is, how it is established and how it is transformed, is certainly not an easy one to answer. But common sense suggests that some knitting together of our views of ourselves and the world and the possible ways of being rightly and wrongly in it, must occur before most parts of our experience appear seamless enough for the fabric to fit. For this reason alone ideas or practices that last but never really fit in with the fabric of our experience comfortably, like those associated with psychoanalysis, seem to me to be particularly interesting. In the approximately 120 years of its history, psychoanalytic thought has become, albeit mostly behind our backs, part of us, and it is true that today to be “modern” and “western” is to be in important respects irreducibly Freudian. Yet it also remains true that despite this often unwitting absorption of things psychoanalytic neither the thought, nor the curative practice developed by Freud, has ceased to be seriously, often bitterly, contested by a whole range of people from parents, children, and their lawyers, to a vociferous group of experts, some of whom confess to having once been ardent believers.

What I want to do here is to take the fact of this continued contestation of psychoanalysis dead seriously and to examine in some detail a particular form of this contestation—that directed at psychoanalytic practice in particular which comes from what I have called “the citizen on the street.” In other words the spotlight will fall on public opposition rather than that originating from specialists of various kinds or from the dissenting insider—unless this opposition comes from the same space as that occupied by the (admittedly more or less imaginary) ordinary citizen. In other words, I am interested in the suspicion, alarm and even outright condemnation that psychoanalysis often elicits (directly or in effigy) from those on the side of the

common sense, the common fairness, and even the common decency that together supposedly guide average citizens going about their business in the usual way.

What is it in the “curious laboratory of psychoanalysis,” as Christopher Bollas describes it (52), that is curious, what kind of laboratory is it, and why does this particular combination of the strange and the experimental call forth such heated opposition?

1. IN THE BEGINNING

Something of the anxiety and suspicion psychoanalytic practice arouses in the citizen on the street today has a long history and is ironically very similar to that expressed by some experts or disillusioned insiders from the start. In fact, the prototypical form of this protest arose with what is traditionally regarded as the psychoanalytic moment itself, with Freud’s association with Charcot and the hypnosis of hysterics. Outlining the early history of psychoanalysis, Frank Sulloway describes how Freud’s former teacher and mentor Theodor Meynert made his opposition to hypnosis quite clear from the outset.

Despite being sometimes couched in expert (medical) terms, Meynert’s objections to hypnosis have much in common with those the citizen on the street might voice to this day. He described hypnosis as “an experimentally produced psychosis” (a phrase that, surprisingly, echoes Charcot’s own reference to the hypnotic state as an “artificially induced morbid condition, a neurosis of sorts”), and as one in which “a human being is reduced to a creature without will or reason” (42–43).

Meynert also referred to the fact that “the basis of hypnotic trance was sexual” and that the increase in sexual impulses involved indicated that the dangerous liaison between hypnosis and sexuality was something the physician should avoid for the sake of maintaining

the patient's liberty and dignity. In fact Freud himself, as we know from the famous episode involving the woman patient who threw her arms round him as she came out of a hypnotic trance, admits that this awkward expression of uninhibited sexual feelings was one of the reasons he abandoned hypnosis. In much the same way, Anna O. (Bertha Pappenheim) is reported to have expressed reservations about the extraordinary power of the physician, to have compared psychoanalysis to confession and to have referred to it as a double-edged sword (Sulloway 58).

In these ingredients we can see in germinal form much that is responsible for the contestation that psychoanalysis continues to evoke. Hypnosis may have been rigorously expunged from the arena of classic psychoanalytic technique, but the popular sense that something closely associated with it nevertheless survives in a psychoanalytic practice is by no means unfounded. In fact, its past association with hypnosis seems to cast so long a shadow on psychoanalytic practice that Freud himself never ceased to ponder whether he was necessarily forced to somehow live in this shadow perpetually.

Elements that hark back to the resistance to hypnosis haunt Freud from then onward. The role of sexuality, its privileged relation to neurosis and the power of its manifestations in the transference, persist not in the wings but on the center of the psychoanalytic stage and quickly become indissociable from the psychoanalytic project as a whole. The recognition that the psychoanalytic process is regularly accompanied by an apparently alarming exacerbation of symptoms, coupled with the recognition of the nature and extent of the analyst's power, puts Freud in the position of waging a seemingly endless battle, especially with himself, over the question of "constructions in analysis" or that of analytic suggestion. Meynert's ghost it seems is never quite laid to rest.

2. LIFE ON THE COUCH VERSUS LIFE ON THE STREET

At the heart of Meynert's position is his emphasis on the lack of autonomy that hypnosis induces, expressed in the key phrase that under these conditions "a human being is reduced to a creature without will or reason" (Sulloway 42–43). His comment suggests that

he is raising objections to hypnosis in the name of what is left of the citizen in the street when she becomes the creature on the couch. In this, Meynert displays the early form of a long lasting suspicion that there is something homeopathic, a sort of a post hoc vaccination, in the psychoanalytic process itself.

The procedure, certainly to the extent that it remains hypnotic in some sense, seems to incorporate, even to exacerbate in alarming ways, the form of the illness that led the patient to the couch in the first place. Those very "lacks" that drove what is still citizen-like in the patient to seek a cure are reinforced, rather than reduced, by life on the couch.

In order to outline in more detail what it is that constitutes the great gap between the "citizen" and the "creature", it would be helpful to ask, in ashamedly schematic terms, what the essentials of the ideal citizen are believed to be. What should citizens expect of themselves and their experience in order to lay claim to the commonsense idea of being (more or less) in their right minds and what in the same way, does society expect of them in return in order to justify this claim?

No doubt there have been, still are, and undoubtedly will be, different answers to this question at different times and at different places. However, there is likely to be widespread agreement that the functional citizen on the street, the adult sane individual, is someone who for the most part is able to master her own actions—is a competent actor in an intelligible and reasonably predictable, natural, and social world. In Freudian terms, the citizen on the street may be slave to three masters (the id, the superego and the real world), but this ego to the extent that it is functional is nevertheless a more or less competent slave. Sanity consists, that is, in performing, not just the difficult task of reconciliation, but doing it reasonably well. The neurotic or psychotic (obviously to much a greater extent in this case) is exactly the one who cannot reconcile the accounts properly.

Asking a little more about this "proper reckoning" may help to clarify the picture of the citizen I am painting here. To master the self implies firstly a particular relation to one's actions and the way in which these actions relate to the reasons or wishes that cause them. The kind of actions commonly described as rational or "unsymptomatic" are internally consistent or

continuous. The actor could, if necessary, recall the reasons or wishes that informed his or her actions because they have, theoretically at least, an available history and would on recall acknowledge (although not necessarily approve) those wishes or reasons and understand why they resulted in those particular actions and not others.

The actions that emerge from this commonsense rationality are, as a result, in a form that both the actors and others can largely understand. Because she makes sense to herself in this basic way, the citizen on the street also makes sense to others: her actions and words are in the main intelligible to others and are presumed to express her intentions. When in doubt others redouble their efforts imagining what those intentions might be in order to guide or gain access to them. Communication in other words takes place in the context of the intentional stance.

Actors, watchers or listeners alike also believe that while inner life and its outer expression happen fairly seamlessly, there is an important and sustainable distinction between the two—between what is thought or imagined, the public and the private. They also experience and believe in peoples' abilities to maintain this distinction and their right to do so when they wish to. What happens in the privacy of inner life need not and in fact should not always be expressed.

It is, I suggest, precisely because some of these things, the capacities upon which life on the street is based, can no longer be relied on, that the ordinary person goes into an analysis in the first place and it is, ironically, the apparent abandonment of them in the analysis that distances life on the couch from that on the street in such manifest and often alarming ways. What is done, spoken of, thought and valued on the couch is so different from what happens in the rest of the patient's life, that the space between them yawns in ways that can be expected to cause alarm.

4. COUCH TALK—THE FUNDAMENTAL RULE

In the Introductory Lecture entitled "Resistance and Repression", Freud provides us with a clear description of that fundamental rule upon which psychoanalysis is based and upon which so much of the treatment, its length and likelihood of success, rests. He writes:

We instruct the patient to put himself in a state of quiet unreflecting self-observation, and to report to us whatever internal perceptions he is able to make—feelings, thoughts, memories—in the order in which they occur to him. At the same time we warn him expressly against giving way to any motive which would lead him to make a selection among these associations or to exclude any of them, whether on the grounds that it is too *disagreeable* or too *indiscreet* to say, or that it is too *unimportant* or *irrelevant*, or that it is *nonsensical* and need not be said. (287; Freud's emphasis)

Much that explains the strangeness of the fundamental rule and the difficulty patients have in complying with it becomes clearer if one looks at each of the ingredients Freud highlights in greater detail.

For a start, Freud himself emphasizes what would appear to be the most difficult thing the patient is asked to do—that is, talk aloud about that which is experienced as too *disagreeable* or too *indiscreet* to express. This explains, as he goes on to say, why very many patients "make an attempt at reserving some region or other for themselves so as to prevent the treatment from having access to it" (287).

To illustrate this point, Freud refers to a patient who thought the story of a love affair was "his private business" and goes on to ask his listeners to imagine what would happen if a square in Vienna was declared as a safe haven for criminals. This, he reminds us, is exactly where all the criminals would be found and because finding them is exactly what must be done, "analytic treatment does not of course recognize any such right of asylum" (288).

Freud's choice of the phrase "right of asylum" with its suggestion of the criminal is only strange if we forget the fact that for most patients their neurosis is indeed some sort of criminal within. The neurosis represents much that is disagreeable and indiscreet and it is not surprising that patients allow themselves to believe that revealing this aspect of the neurosis cannot, therefore, be essential to the analysis. Freud of course believes nothing of the kind.

In the case history usually called "Little Hans", Hans's father reports an exchange in which he and Hans are discussing the little boy's wish that his

mother would let his little sister, Hanna, fall into the water and die. Hans's father says, "and then you'd be alone with mummy. A good boy doesn't wish that sort of thing, though." To which little Hans replies "But he may think it" and if he thinks it, "it is GOOD all the same, because you can write it to the professor."

In a footnote, Freud writes "Well done, little Hans! I could wish for no better understanding of psychoanalysis from any grown up" (72). Freud's response, his praise of little Hans, makes it clear that once again a psychoanalysis asks something of the patient that is not easily understood even by adults—that what is good (as in a good little boy, good husband, or wife) is often very different from what is good in, and for, the analysis.

If speaking of what is disagreeable or indiscreet is difficult for patients in analysis, then speaking of that which is unimportant, irrelevant or nonsensical may prove to be equally difficult. There is no spoken genre—even that as open ended as casual conversation—which allows for the expression of the wholly trivial or nonsensical, and certainly none which tolerates anything more than the odd non sequitur without falling apart. In fact if we take conversation as operating at the outermost edge of what can be communicated at all, we know from speech act theorist H. P. Grice, for example, that even this, apparently the most unprincipled of exchanges, must in reality be principled in identifiable ways.

Grice's attempt to uncover the implicit rules which make communication possible results in what he calls the Co-operative Principle which can, in turn, be broken down into four basic maxims: those of *Quality* (speakers' contributions should be true—they should not say that they know to be false or that for which they have too little evidence); of *Quantity* (neither say too much or too little); of *Relation* (relate what you say clearly to the purpose of the exchange); and of *Manner* (be clear, and avoid obscurity and ambiguity). Reading Freud's formulation of the fundamental rule against the background provided by the Co-operative Principle, it becomes clear that what Freud is asking his patient to do defies even this, the loosest form of exchange with which the citizen is familiar. For example, Freud's choice of the word "irrelevant" explicitly indicates that he is asking his patient to violate the Maxim of Relation. In fact, as Christopher Bollas points out,

Freud himself says that he knows it is "asking a great deal of the patient, but also of the doctor to expect them to give up their conscious, purposive aims." They are in other words being asked to ignore that aspect of the Co-operative Principle that instructs speakers to say only those things that are clearly related to the purpose of the exchange. That which simply comes up in the state of "quiet, unreflecting self-observation" and is to be presented in the order in which it occurs certainly does not comply with the criterion of relevance. Nor, and this is equally important, does the patient asked to free associate actually know what the purpose of this strange form of speech is and often protests vehemently at this apparently unhelpful instruction. As Christopher Bollas puts it,

To patients in Freud's time and today, however, the method [of free association] has often seemed almost willfully indifferent to their plight. "What, do you mean, just tell you whatever is crossing my mind?" "Can't you give me some sort of direction?" "Well then can't you give me some questions, which I can answer?" (10)

But if the Maxim of Relation does not hold good in free association, the Maxim of Manner fares no better. It must be immediately clear to the patient that associating is not going to produce utterances that avoid obscurity or ambiguity. It in fact encourages the exact opposite. The flow of internal perceptions, feelings, thoughts and memories presented in any order will necessarily produce the very obscurity and ambiguity that the Maxim of Manner indicates we are expected to avoid. In the same vein, the Maxim of Quantity (which refers to neither saying too much nor too little) is only complied with if the speaker's utterances stick to the point, do not drift off in many directions, avoid the cryptic, the long-winded or the obscure—the very qualities Freud is looking for in free association.

Once again, Bollas points out how strange and difficult it is for patients not to follow an agenda, not to prevent those things that appear in their minds seemingly at random from following the disconcertingly erratic path they must take. Free association is experienced, he writes, as a "trivial pursuit" but one that nevertheless reveals the inherent difficulty of thinking oneself (10).

It is not then that associations are taking place in some natural mental substrate that is simply waiting for the analyst's permission to emerge in uncensored form. Good associators are not born—they are made to utter this peculiar form of speech when the ordinary ways of commenting on themselves and their situation are no longer available to them and the ordinary boundaries between what should and should not be said are no longer in place. Free association is hardly free or freely done. It is produced by the extraordinary circumstances in which patients in analysis find themselves.

The reassuring common sense that the neurosis itself keeps threatening to trip up at every opportunity is now deliberately set aside by the analyst who calls for free association and who, in this, seems to side with the neurosis and not with that common sense the neurosis disturbs at every turn.

5. AND THEN THERE IS THE MATTER OF THE TRUTH

If, as we have seen, the form which free association takes must break the Maxims of Quantity, Relation and Manner, the analytic process is equally, perhaps even more complexly, at variance with the first and arguably the foremost of Grice's Maxims—that of Quality or Truth. In fact the most lastingly controversial aspects of psychoanalysis stem from the recognition that *in* the analysis what counts as true or actual often differs from that which has the same status (and upon which so much depends) *outside* it.

Returning to an historical perspective, it is useful to compare Freud's abandonment of hypnosis with his abandonment of the seduction theory fairly shortly afterwards. Freud's break with hypnosis represents for him both a practical (he admits to not having been very good at it) and a technical advance. From the technical or insider perspective remembering alone is not enough to bring about psychic change. As the title of Freud's most famous clinical paper indicates, remembering must be done in the form of repeating (acting out in the transference) followed by working through. And these are indeed technically very important innovations wisely approved by insiders. From the (very different) outsider perspective moving away from hypnosis also looks "good" because it represents a

move towards common sense—like taking a step in the right direction along a path that Freud, by implication, should have followed to a more familiar destination.

By contrast, Freud's abandonment of the seduction theory represents what is perhaps the most crucial step in the parting of ways between the creature on the couch and the citizen on the street. It is the road less traveled that continues to make a difference; it is probably the most problematic aspect of psychoanalysis, for it opens psychoanalytic practice up to the charge that it is the father of all those therapeutic interventions which make the false memory syndrome possible. And the very possibility of the false memory syndrome in turn stems from the extremely complex and controversial question of how truth in the analysis relates to that outside it.

In the history of psychoanalysis few events are as significant as Freud's abandonment of the seduction theory. In fact many would say that this (rather than Freud's encounter with Charcot) is in fact the psychoanalytic moment. In the seduction theory Freud had found a strong and plausible (albeit unpleasant) support for his belief in the sexual aetiology of neurosis. With its abandonment came infantile sexuality, Oedipus and the role of unconscious phantasy in the aetiology of neurosis. Without these concepts there would undoubtedly be no psychoanalysis. But these advances in the history of psychoanalysis were made at considerable cost, both within and outside the psychoanalytic field. With the introduction of the influence of unconscious phantasy in particular, psychoanalysis was exposed to what was to remain the troubling question of the nature and status of the patient's memories in analysis and had at the same time opened analytic practice up to the always problematic possibility of the powerful role that suggestion by the analyst might play in the analytic procedure.

The question of the status of the material remembered in analysis led Freud to an understanding, one which he regularly articulated to the end, that in practice a psychoanalysis is a procedure forced to flout the truth/fiction distinction, as least as it is commonly understood. Any number of examples from the body of Freud's work could be taken to reinforce this point, including *The Interpretation of Dreams*, "Formulations on the Two Principles of Mental Functioning", *The In-*

introductory Lectures and *The Ego and the Id*, as well as the case histories and the later papers on technique.

As a starting point, in “Formulations on the Two Principles of Mental Functioning” Freud refers to the difficulty of distinguishing unconscious phantasies from (actual) memories that have become unconscious because of the continuation in the unconscious of the pleasure principle (43). However, in “*The Paths to Symptom Formation*,” after a long discussion of the differences between real and phantasized seductions, Freud writes that the outcome is the same in either case and that there is no way of telling whether fantasy or reality has had the greater share in these events of childhood because their consequences are the same (370). In fact phantasies that he describes as possessing *psychical* in contrast to *material* reality, have the most decisive “influence on the world of neurosis” (368).

In order to discuss this issue in more detail, two later works, the “Wolfman” case (*From The History of an Infantile Neurosis*) and the extraordinary short paper “Constructions in Analysis” provide useful examples. Both of these works also demonstrate that Freud remained preoccupied by the question of truth in the analytic space. In fact in the “Wolfman” example the central questions of the analysis turn on the details of the primal scene that the Wolfman apparently witnessed at the age of a year and a half. In key sections of the case—which are casually entitled “A Few Discussions” (48–60) and in the later section entitled “Fresh Material from the Primal Period—Solution” (89–103)—Freud is explicitly concerned with the reality of this early memory upon which so much turns.

The interesting thing about the first of these sections is how uncharacteristically frustrating it is to read because of the extent to which it is permeated by Freud’s own indecision—one is almost tempted to say anxiety—around the issue. He is obviously aware that in the eyes of many of his (even insider or expert) readers, the primal scene’s status as true (in the sense of actually having happened) is likely to be highly contentious; so much so that he returns to it again in the closing sections of the case where, having disarmingly confessed his own wishes, he makes what is probably the central point.

I should myself be glad to know whether the

primal scene in my present patient’s case was a phantasy or a real experience but I must admit that in taking other cases into account the answer to this question is not in fact a matter of very great importance. (97)

However, what allows Freud to come to the conclusion that “this is not a matter of very great importance” may be of small comfort to the reader because a moment later he introduces material that renders the issue even more complex and contentious. Having long argued for the necessity of bracketing, for the purposes of the analysis, the distinction between “real” experiences and phantasies, Freud goes on to say that psychoanalysis differentiates between ontogenetic and phylogenetic truths (between, that is, individual memories and those rooted in the prehistoric memory of the species), but that a memory’s psychic truth does not depend on its status as originating in either arena. Although, he writes, scenes of observing parental intercourse, of being seduced in childhood, and of being threatened with castration are an inherited endowment, as phylogenetic heritage, they may just as easily be acquired by personal experience (*Wolfman* 97).

In fact Freud eventually ends the “Wolfman” case himself convinced that his patient did actually, in reality, witness this, perhaps the most famous of all, primal scenes. However the wider issue concerning the status of “mental events” in psychoanalysis more generally is clearly not wholly resolved, for some twenty years later Freud again visits the question of truth in analysis, although from a somewhat different perspective.

In “Constructions in Analysis,” characteristically provoked by both actual and carefully imagined opponents, Freud embraces head-on the issue of the status of the analyst’s interpretations and the reality of the patient’s memories. As he admits, when faced by an interpretation, the patient in analysis is often perceived as always, almost by definition, in the wrong. As he puts it, it seems as if in this instance it is a question of “Heads I win, tails you lose” (257). In other words, if the patient agrees with the interpretation the analyst is right, if he does not then his (the patient’s) denial may just as easily be taken as resistance. In response Freud readily admits that in an analysis neither the patient’s agreement nor her denial can be taken at face value:

both may be colored by the transference, both may indeed be a form of resistance. The question cannot be resolved, at least as a one-off, in its own terms.

To sum up, the situation in analysis with which Freud leaves us is once more an uneasy one and it is a dis-ease that leads to further questions. Who is this “us” and exactly what is it that occasions the discomfort? The answer once more lies in the differences between life on the couch and that in the street. Questions around what happens in the analysis will and must continue to surface outside the analytic frame. Within the analysis Freud is entitled to argue that the question of the ontological status of events is overridden by other considerations, but it is clear that outside the analytic process such a view is highly problematic.

It may not matter to the analyst whether the memory of a seduction is a fantasy or not, but it certainly matters to one accused of seduction and to those who might want to bring him to trial. In the space of the law the distinction between an action in the world and a phantasy is a crucial one, without which the extra-analytic arena simply could not function. In the absence of a viable truth/fiction distinction, the social world to which patients return each day and to which they must at some point return (as it were forever) simply cannot afford to hold such a liberal view of the truth and continue to function as it does.

Of course some may say this “ontological neutrality” is a theoretical issue that Freud was forced to argue for at the time and in his position, but neutrality of this kind cannot and does not in fact continue to be a feature of the psychoanalytic process. But this is not the case. Listening very recently to an eminent London analyst presenting a case concerned with a patient who had been sexually abused by her father, I was struck by how preoccupied the patient was by the question of whether her analyst believed she had been abused or not, as well as by the analyst’s own careful neutrality in the face of her anxiety around this question. He made it clear on more than one occasion that he deliberately did not respond to her “perfectly natural” anxiety concerning his belief with a declaration of his conviction. He responded instead, in classical Freudian manner (that is, in implicit support of the view that neither the question whether, nor his belief that, the seduction was

real was important in the analysis) with an interpretation of the transference.

6. ON STEPPING IN

Those rooms in London, New York, and Paris into which the citizen enters in order to embark on an analysis may look familiar and ordinary, in some cases even domestic, but they are probably amongst the most peculiar rooms in the world. Step across the threshold and the patient no longer occupies, is in fact told to cast off, the space of the citizen that she has (in the main) inhabited a few moments previously. The differences between street life and couch life discussed so far have focused upon speech—upon the fundamental rule and its consequences. But there are other differences in the form of the exchange that occurs within the room that mark out the yawning gap between being a patient and a citizen as vividly.

While patients come for what they take to be a professional consultation, this consultation does not conform to their expectations. The analyst is clearly a professional of some kind but she does not behave like an expert (a doctor or a lawyer) who gives professional advice, and every attempt to find another common explanation for what is happening—this is a medical cure, this is a confession, this is a helpful friendship, this is a budding romance—is thwarted.

The fundamental rule precludes this from being a conversation, the interpretations are unlike any other form of advice the citizen has encountered before, and analytic neutrality rules out both friendship and romance. As Bollas puts it, “[t]he method of free association subverts both the analyst’s natural authoritarian tendencies as well as the patient’s wish to be dominated by the other’s knowledge” (36–37). Analytic comment is comparatively scarce and the patient must then endure long periods of silence from one whose responses come naked (unaccompanied by facial expression or gesture) and from a space—that behind the patient’s head—from which few people are ever listened to, let alone addressed.

What is more, the one who speaks does so in the most unexpected and changing form. Sometimes she speaks like a raconteur who supplies the punch line to something that appears, in retrospect at least, to have been a joke but one the patient certainly did not know

she was telling. At other times the analyst mutates into a literary critic who treats the stream of associations as though they were prose—a pregnant allegory at one moment, a resistant modernist work at another.

Yet the material these interpretations unearth is not usually the stuff of prose and it is seldom of the kind to be met, as it so often is, with the “indifference” of a further interpretation. Revelations, be they as dramatic as passion or rage or as disconcerting as the unexpected or the downright nasty, are received with nothing more than a studious neutrality or a curiosity too calm for comfort. Compassion, forgiveness, praise, even advice—in fact the whole range of responses that might be expected—do not follow, creating the impression that the analyst is, if not less than human, a human being of an unusual kind. The patient therefore has no clear picture of what interpretations are or where they come from. In fact, if all is going well in the analysis, the patient will soon have to live with the fact that she does not know who the analyst is. Nor does she in fact know how many versions of the analyst she encounters (in the negative transference one version, in the positive transference another), or just how many people inhabit the figure of the analyst (her mother, her father, a sibling).

The analytic space, despite its literal privacy and the very private matters that emerge in it, soon becomes filled with the ghostly figures of many others, each of which does not really belong in the present and certainly does not have features the patient would recognize anywhere else. The analytic space becomes occupied by a single, distant period—that of childhood lived within the arena of the family. Time in the room is disjointed. At one moment childhood is telescoped into the present and the middle ground between it and the illness disappears. At another, time becomes elongated—the trivial becomes extended and preoccupying—while that which is portentous and apparently pregnant with meaning is treated with a speed and casualness that does not seem to fit with all that lingering over a slip of the tongue or over an almost imperceptible change in the tone of a voice.

Yet this temporally anomalous experience within each session is framed by the fixity of the fifty-minute hour and its refusal to yield to any of the pressures, be they of the interest, love, hate, or suffering that nor-

mally override such rigid constraints as these. In addition, the space of an analysis, for all its intimacy and association with what is most secret and personal in the human life, is constructed at its outer edges as an unambiguously contractual relationship, signaled in an exchange in which a fixed (often not insubstantial) sum of money is given in return for equally fixed amount of time.

7. ON STEPPING OUT

If stepping into the room is an uncanny experience that those in analysis seldom become really accustomed to, this is only equaled by stepping out of the room and back onto the street, which has a strangeness of its own. The analytic hour, even if it is one a day, is always up too soon and the return to commonsense citizenship reasserts itself. Yet what happens within the analysis remains (officially at least) a secret. The patient is not supposed to speak of what happens in it in any detail, even to her nearest and dearest. What is more, she is instructed by the analyst not to trust the thoughts and experiences that occurred within the analysis in the outside world—at least not to trust them enough to use them as the basis of her worldly actions. Freud, as we know, made a point of telling those in analysis not to make major decisions involving love, marriage, money, or work during the process of the analysis. The patient must trust in one place (that is, in the room) but not in the other (that is, in the street).

This “enclosure” of trust is particularly rigorous when it concerns those retrieved memories that are of such significance in the analysis because their status as real events or as phantasies, as we have seen, is necessarily questionable and cannot be endorsed outside the analytic arena.

To return once more to that most problematic of examples, the memory of a childhood seduction, the patient may not use such memories in ways that implicate the others they may encompass. She should not accuse, either literally or metaphorically, those who have (apparently) done her wrong on the basis of what should be a purely mental and internal resolution of conflict. All acting out, that is, should be confined to the arena of the analysis. Stepping out into the street, that very encounter upon which the patient sets so

much store—upon which her return to happiness is surely based—must be incised (cauterized as it were) to prevent the flow of blood from one life, that in the room, into the other, that on the street to which she returns.

8. THIS (NECESSARILY) CURIOUS LABORATORY

In the face of such obvious strangeness, what “forgiveness”? The promise of a return to a less uneasy, endangered state of citizenship is of course the ultimate aim of, and justification for, the rigors of any therapeutic intervention. The promise or hope of a cure overrides much, but the question remains as to why the curious laboratory that is a psychoanalysis is quite so curious and why it must stand in such a stark, and apparently provocative, relation to common sense. The answer is that if psychoanalysis is a “punishment,” few punishments fit the “crime” that is neurotic misery quite so perfectly—few curative practices relate as precisely and specifically to a particular conception of illness as does the psychoanalytic process. If psychopathology of the Freudian kind exists, then psychoanalysis is indeed the right, the only, way to cure it. Even if the cure is a special kind of hell, no other procedure has a hope in the task of affecting it.

One of the ways in which to make sense of the extraordinary ingredients that make up a psychoanalysis is to begin with an unashamedly formulaic attempt to define the Freudian object that is the symptom. If Freud’s account taken as a whole suggests that the symptom is, as he might have put it, ‘the disguised and partial satisfaction of a partially repressed Oedipal or perverse wish,’ then each of the ingredients that make up this definition can be used as a basis upon which to explain the psychoanalytic process. The fact of disguise and the nature of the disguising operation together explain the need for interpretation of a certain kind and the adoption of that guide to interpretation that free association represents. At the simplest level Freud suggests that there is in free association itself something that mimics the unconscious workings of the process of symptom formation. Free association is the dip stick to which the oil of symptom formation will hopefully adhere.

If condensation and displacement are the most characteristic aspects of the dreamwork, then there are also characteristic aspects of other types of symptom

formation. Freud, reputedly described by Foucault as the “greatest ear of our times”, listens in order to hear a structuration of the symptom, which operates on the level of signifier rather than signified. The Freudian symptom is in essence made possible by the over determination of sound and meaning. The disguise process of the most characteristically Freudian kind results in the form of a joke, pun, or play on words, the uncovering of which is one of the most characteristic features of psychoanalysis. In the same way the rebus, a means by which to “picture a proposition”, indicates that the logic of symptom formation is governed by way of associative similarities and transformations across signifying systems, and not by way of hidden signifiers.

If the analyst resembles the literary critic or the one who captures the necessarily hidden pun or punch line, this role makes perfect Freudian sense. The famous example in the first chapter of *The Psychopathology of Everyday Life* is the perhaps the most classic example of a Freudian interpretation starkly captured in diagrammatic form. In trying to understand his inability to remember the correct name of the artist who painted the magnificent frescoes, Freud pulls out a number of parallels of sound rather than of meaning. How does he get from the two substitute names, Botticelli and Boltraffio, to the correct name, Signorelli? Freud’s account goes something like this.

From (the hidden) Signorelli comes Botticelli, from the “Bo” in Botticelli comes Boltraffio, from Boltraffio comes Trafoi, and then another chain takes over. From Signorelli we get Signor, from Signore we get Herr, from Herr we get Bosnia–Herzegovina. From Bosnia–Herzegovina we get to the theme of Turkish resignation in the face of death despite their belief that without a sexual life the rest of it would not be worth living (1–7). Only then does the theme of sexuality and death come to the fore and, as a result, the understanding that what Freud wished to repress was the recent news that a patient of his had committed suicide as a result of an incurable sexual disorder.

But the intricacies of symptom formation which free association is intended to lure or mimic in the interests of an interpretation, are not the only factors to be considered. The symptom is not merely the *expression* but especially the *satisfaction* of an (unacknowledgeable) wish, which indicates that the psychoana-

lytic process must continually be interrupted by resistance which aims to maintain this satisfaction and regularly does so in the name of “the real” of common sense. But if this is so, then Freud is right: there is no way common sense could resolve something which is made possible by its opposite, and no point in hoping that common sense could explain not merely the apparently paradoxical persistence of neurotic misery but also the satisfaction (albeit partial) that it provides.

As a result, the psychoanalytic process relies heavily upon the phenomenon of the transference, which especially in its positive erotic form, provides a motor force against resistance. The transference is truly the precondition for repetition (repetition is in fact repetition in the transference) and thus of acting out. But transference is also a dynamic instrument, which comes to the analyst’s aid in the work of the lifting of repression. The transference and its “counter” (which together bring such exquisite agonies) is needed, not merely for remembering or repeating but crucially for working through. Without the transference and the attempt to manage within the analytic arena that which is only more or less manageable outside it, Oedipus and all that it brings can never make a proper appearance.

If it is the family (and the body you had then) that made you ill, only the recreated family will make you better. The formal inequality between analyst and patient expressed in analytic neutrality that corresponds in some respects to the unequal power relationship between parent and child is thus reminiscent of Oedipus. Within the confines of a now sanitized and ordered consulting room, Oedipus must be intentionally redone in order to make its raw ingredients more assimilable—less likely, that is, to be projected or introjected in the raw form in which they arose, rendered unable to underwrite any longer the disguised satisfaction that both is the symptom and accounts for its persistence.

If the slings and arrows of the adult world of neurotic misery are really the echoes of the mud pies and grimaces of childhood, then Freud must indeed try to re-create in the consulting room what he believed to be the emotional climate of the family in the hopes of replacing the deluded belief that what haunts his patients is real when it is actually symbolic, displaced, and remembered awry.

In the space of an analysis, therefore, the question

of the truth of an interpretation and the reality of the wish or action it identifies must give way before another consideration, that of its clinical status—its function or efficacy in the curative procedure. Questions such as the production of fresh material and the role a particular interpretation plays in the construction of an overarching interpretive narrative are much more important than those of literal truth. And, as if this were not enough, Freud goes on to make it clear that while the analysis does indeed aim to uncover repressed material, the early experiences it seeks out can never be retrieved or re-lived in their original state. Childhood memories are seldom stable, and are often influenced by subsequent events, by a process of retrospective causality that encompasses the events of the analysis itself.

Freud’s gamble, which can, as I see it, be summed up as that which attempts to turn the “creature” that is unintentionally at the mercy of what it becomes on the couch intentionally back into the citizen on the street, is a risky gamble indeed. And it is risky precisely because these two forms of life and the logics which structure them cannot be easily exchanged or encompassed by each other. They occupy wholly different spaces or modes of being and each arena is during the analysis unavoidably at odds with the other. The citizen in the street knows this and those who wish to deny the rightness of such intuitions do so only at the risk of misunderstanding what is definitive of the psychoanalytic process and the conception of psychopathology upon which it is so closely modeled. The opposition between the two arenas will not, indeed cannot, go away, and in the face of such knowledge the citizen must regularly be presented with that careful and strenuous defense of that which is dangerous in psychoanalysis which an insight of this kind deserves.

There is no justification for a closing of the (expert) ranks on the grounds that theirs too is a position that can, or even has already been, adequately defended amongst themselves. Only a cult can behave that way.

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