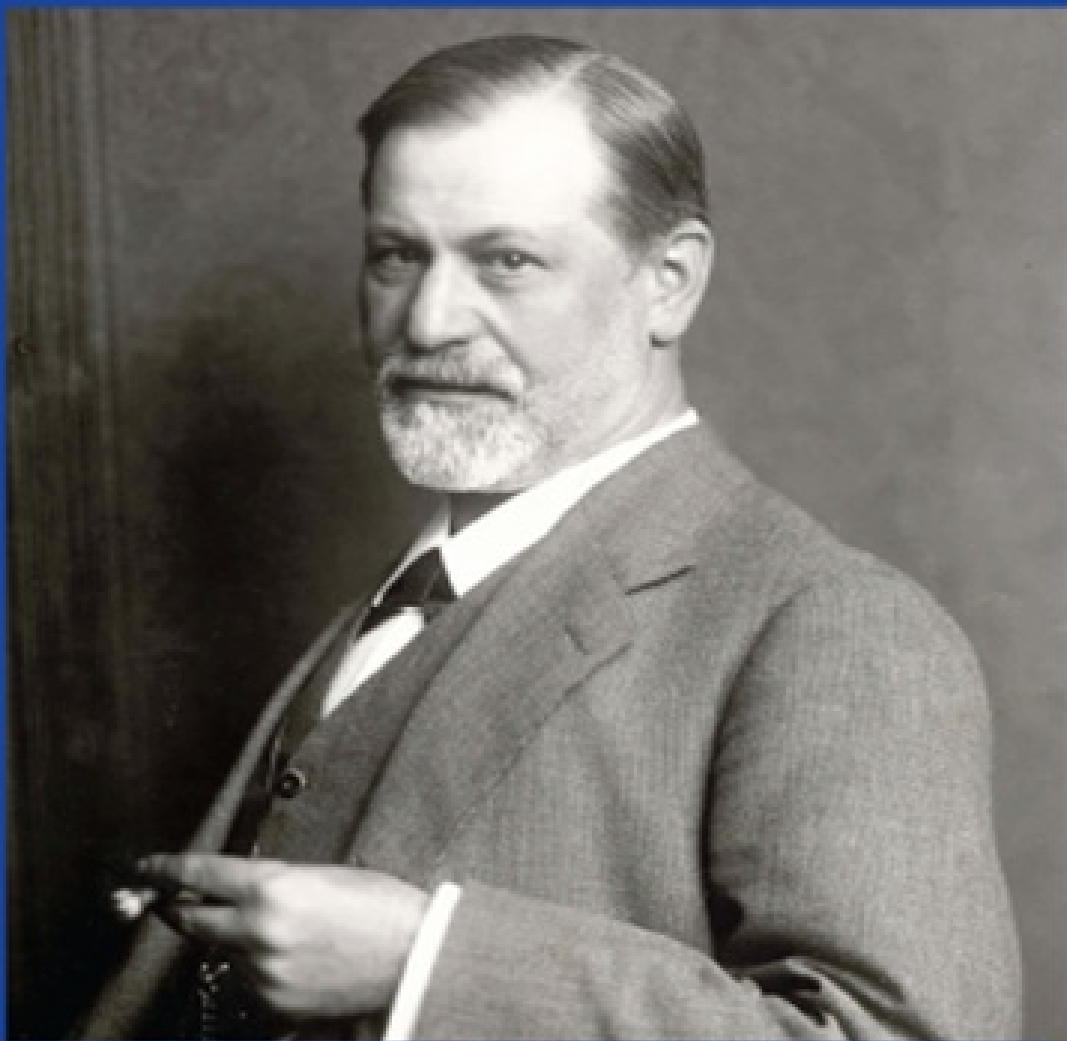


On Freud's "On Beginning the Treatment"

Edited by
Christian Seulin and
Gennaro Saragnano



Series Editor: Gennaro Saragnano

CONTEMPORARY
FREUD
TURNING POINTS
& CRITICAL ISSUES

KARNAC

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IPA Publications Committee

This significant series was founded by Robert Wallerstein and subsequently edited by Joseph Sandler, Ethel Spector Person, Peter Fonagy, and lately by Leticia Glocer Fiorini. Its important contributions have always greatly interested psychoanalysts of different latitudes. It is therefore my great honour as the new Chair of the Publications Committee of the International Psychoanalytical Association, to continue the tradition of this most successful series.

The objective of this series is to approach Freud's work from a present and contemporary point of view. On the one hand, this means highlighting the fundamental contributions of his work that constitute the axes of psychoanalytic theory and practice. On the other, it implies the possibility of getting to know and spreading the ideas of present psychoanalysts about Freud's *oeuvre*, both where they coincide and where they differ.

This series considers at least two lines of development: a contemporary reading of Freud that reclaims his contributions, and a clarification of the logical and epistemic perspectives from which his work is read today.

Freud's theory has branched out, and this has led to a theoretical, technical, and clinical pluralism that has to be worked through. It has therefore become necessary to avoid a snug and uncritical coexistence of concepts in order to consider systems of increasing complexities that take into account both the convergences and the divergences of the categories at play.

Consequently, this project has involved an additional task—that is, gathering psychoanalysts from different geographical regions representing, in addition, different theoretical stances, in order to be able to show their polyphony. This also means an extra effort for the reader that has to do with distinguishing and discriminating, establishing relations or contradictions that each reader will have to eventually work through.

Being able to listen to other theoretical viewpoints is also a way of exercising our listening capacities in the clinical field. This means that the listening should support a space of freedom that would allow us to hear what is new and original.

In this spirit we have brought together authors deeply rooted in the Freudian tradition and others who have developed theories that had not been explicitly taken into account in Freud's work.

"On beginning the treatment" (1913) is one of the most important of Freud's technical articles on a theme he examined between 1904 and 1918. This text, which sets out the basis of the treatment and

the conditions of psychoanalysis, still provides a solid reference for the analytic practice. Far from a group of rigid rules, Freud spoke of the technique as an art, thinking always of the singularity of each case, even if the fundamental methods of free association and suspended attention specify the psychoanalytical method that differentiates it from the suggestion.

In this book, ten eminent psychoanalysts, coming from different schools of psychoanalytic thought and from different geographical areas, confront the contemporary technical proposals to the Freudian precepts. The book re-examines, in the light of the latest advances in the analytic practice, such important questions as: the conditions of starting an analysis today; transference and associativity; the play of the person of the analyst and intersubjectivity; the fundamental renunciation in contemporary practice; the conditions and functions of the interpretation; and the energetic drives in action during the treatment.

Special thanks are therefore due to the contributors to this volume which enriches the Contemporary Freud series.

Gennaro Saragnano
Series Editor
Chair, IPA Publications Committee

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First of all we wish to thank very much all the distinguished colleagues who have enriched this volume with their most valuable and appreciated contributions. It has been a pleasure to share with them all the efforts for making this book possible. All the members of the Publications Committee of the International Psychoanalytical Association have always given us their support and guidance. We also want to express our gratitude to our assistant at Broomhills, Rhoda Bawdekar, for her irreplaceable work in the editing process, and to Oliver Rathbone of Karnac Books for his continuous helpfulness.

Christian Seulin & Gennaro Saragnano

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ON FREUD'S "ON BEGINNING THE TREATMENT"

Christian Seulin

Freud's paper "On beginning the treatment" (1913c) is without a doubt one of his most significant writings on matters of technique. He wrote several papers on technique between 1904 and 1918, the most important of these dating from 1910 to 1915; the period following the foundation of the International Psycho-Analytical Association. The development of psychoanalysis, the increase in the number of psychoanalysts, the broadening of its geographic frontiers, and the lessons learned from difficulties encountered in some treatments—all of these factors led the inventor of psychoanalysis to establish the fundamental principles of psychoanalytical technique.

Freud did not set down a series of hard and fast rules—quite the contrary: he based his choice on his own experience and saw the practice of psychoanalysis much more as an *art* than as the stereotyped implementation of precepts. As he himself put it, it was more a matter of "recommendations".

The psychoanalytical method *stricto sensu* dates from the "Rat Man" case, which Freud undertook in 1907; he had learned a great deal from the failure of "Dora's" treatment, in which, as he was later to acknowledge, he had over-emphasised intellectual understanding and the systematic analysis of dreams to the detriment of the transference.

In his 1913 paper, the ongoing topicality of what he has to say on beginning treatment—he compares it to learning how to play chess—has in no way been undermined by contemporary clinical practice. The importance of the inviolability of the setting and of the actual conditions under which the treatment is initiated makes it possible for the clinical material to remain comprehensible and for the transference to be grasped *in statu nascendi*.

Freud's idea of a trial period of treatment in order to overcome any uncertainty concerning indications finds an echo in contemporary psychoanalysis not only through the many adjustments made to the setting and the two-stage treatments that had been advocated in the 1970s by Jean Bergeret in borderline cases (Bergeret, 1975), but also through the use for more than fifty years now of various innovative psychoanalytical techniques (psychotherapy with psychotic patients, psychodrama, group analysis, family therapy, mediation therapy). These developments have given rise to technical modifications that are more suitable for patients with whom, initially at least, it is impossible to undertake the classic form of treatment.

As regards the indications for psychoanalysis, in his 1913 paper Freud maintains the position that he had adopted in 1904 in his article "On psychotherapy" (1905a [1904]). I would think it quite

legitimate to draw a parallel between these indications, which mainly concern the transference neuroses, the fundamental rule, that he describes in some detail in his 1913 paper, and his conception of the technique of interpretation.

Although most analysts would agree that the fundamental rule is theoretically important, there are significant differences as to when and how it should be introduced. Initially, when it is set out, the fundamental rule is addressed to an analysand whose topographical structure enables connecting thoughts (*einfall*) to be expressed; in such cases, the analysand's psychical apparatus is structured more or less under the aegis of repression. He or she is also assumed to be capable of reflexivity—the ego is able to observe the course of internal psychical events and to describe them; the metaphor of the passenger travelling by train and describing the countryside to someone else is a good example of how this can be expressed. The fundamental rule has to do with the gap between ego and superego as Jean-Luc Donnet (1995a) has shown, in its twofold dimension prescriptive/permissive. In this respect, its effectiveness and the issues that it involves will be in some difficulty in the borderline situations (Roussillon, 1991) that occur in psychoanalysis. The expansion of psychoanalytic treatment indications and techniques represents something of a challenge to the fundamental rule; many psychoanalysts no longer make any reference to it, and some go as far as to question its very relevance.

That difficulty with respect to the fundamental rule finds an echo in the analyst's technique of interpretation. In Freud's 1913 paper, interpretation has to do with the lifting of repression and the uncovering of some hidden meaning, which, as Freud implies, is already present. The lifting of repression, of course, is accompanied by the creation of a new meaning, one which until then had remained unheard of, one which in the transference/countertransference encounter both encourages and creates a new kind of meaningfulness. However, when creating meaning prevails over the lifting of repression and when the analyst's psychical work becomes a co-creator of meaning, interpretation as such tends to give way to construction—a topic that Freud explored in his paper on "Construction in analysis" (1937d). What the analyst says then pertains to what is taking place in the session itself—something that the analysand cannot put into words: in borderline situations, the transference is qualitatively very different from the kind to which Freud was referring in 1913. At that time, he had in mind transference through displacement supported by transference onto verbalisation. In borderline cases, the transference is overwhelming, energetic, and processual, unrecognisable and unacknowledged as such by the analysand, in a here and now dimension that does away with any kind of temporality. The past is acted out with the analyst and is not understood as belonging to the past. Winnicott's work on regression in the psychoanalytical situation (1958a) and on the use of the object (1971) is a major contribution to our understanding of these issues in contemporary psychoanalysis. It is only through the analyst's work on, and processing of, the countertransference that temporality can be brought to life or re-established in the course of the treatment. This kind of interpretative technique is no longer a matter of putting the final touches to the analysand's becoming aware of something; through projection, the analyst as a person is involved. These processes can be understood in terms of projective identification and of constructions based upon a "selected fact" (Bion, 1962). In this case, however, the risk that suggestion might again infiltrate the technique of psychoanalysis—Freud was always wary of that—must be taken into consideration.

These developments in the indications for psychoanalytical treatment have strengthened the emphasis placed on the analyst's evenly suspended attention, no doubt as a means of avoiding the threat of suggestion; Freud had recommended that technique in his paper, "Recommendations

physicians practising psycho-analysis" (1912e), written the year before "On beginning the treatment. The fundamental rule has as its aim the setting up of free association; its implementation, together with the analyst's evenly suspended attention, lies at the very heart of the psychoanalytical method. Nowadays, however, greater emphasis is placed on the analyst's free-floating attention, with its implicit corollary, the analysis of the countertransference. When transference on to verbalisation is in great difficulty, the signs of what cannot be put into words in the transference will be looked for in the analyst's internal state that is assumed to be ideally available and free of any *a priori* impressions.

This brings us to the meaning that can be given to the analysand's silence once the fundamental rule is announced. Freud saw in this a form of resistance: female patients expressing their anxieties about sexual attack, while male patients are anxious about their powerful homosexual tendencies. Basically, Freud was tempted in this case to interpret the content, leaving aside the economic aspects of the mental processes that are at work. Has it to do with the sudden emergence of a massive transference that overwhelms the psychical apparatus, with the refusal to give up thing-presentation when the movement towards word-presentations is under way? Perhaps expressing the fundamental rule had such a traumatic impact on the analysand that it became impossible to take it on board. When Freud suggested to the patient who remained silent that he or she must have thoughts about the setting, the room, the objects in it, or the analyst, this bears witness to the fact that he felt intuitively that there was a need to have recourse to perception, given that representation was not functioning in any appropriate manner. Can we really argue that this clinical pattern is a kind of resistance?

That fairly extreme example shows that the real issue in some forms of treatment is that encouraging free association—which, in these cases, is less the means of treatment than its very aim and objective. Here, the idea is not so much to unearth an unconscious conflict, but rather to restore in the analysand, some degree of topographical functioning. The aim is to set up a sufficient flexible interplay between primary and secondary processes—henceforth brought back into play, whereas, before, they had been disjointed or merged together. Green (1995) has very appositely written of tertiary processes in the analyst, which can bring about some degree of restoration of the functional pairing between primary and secondary processes. The analysand's silence, of course, is not the only way in which problems with free association can be expressed; what also should be considered is the quality of the symbolic efficiency of language, the capacity to give meaning to the strength of the drives, and the ego's ability to make itself heard when splitting and denial mask meaningfulness or when discharge takes over once working-through proves to be inadequate.

In his paper on beginning treatment, the picture that Freud gives of psychoanalytical treatment is ideally suited to the transference neuroses, in which the work of interpretation focuses on the analysis of resistance; the dynamics of the method employed unfold, as it were, quite naturally. Freud compared that process to pregnancy. The analyst initiates a process just as the male partner triggers an impregnation that will run its course until its natural termination. The order in which conflicts will be addressed and the derivatives of what has been repressed lie outside of the analyst's control. The main emphasis of the analysand's role is that of working-through—this is much more than a mere intellectual understanding; it implies the facilitation of communication between the Cs, Pcs, and Ucs areas of the topography of the mind.

The analyst's "sympathetic understanding" and "neutrality" mean that he or she will be the object of a positive transference, the driving force behind the treatment; this will link up with the analysand's thirst for self-knowledge, and ensure that the process will be successful.

The image of pregnancy as suggested by Freud—leaving aside the idea of its natural course—introduces a third-party element within the analytical couple. That element has its own momentum; is neither just the one nor the other, but the fruit of the encounter, in the context of the analytic setting, between both participants in the treatment. That image of a fruitful and creative encounter has, in contemporary psychoanalysis, lent itself to many developments concerning how the dynamics of psychoanalytical treatment have come to be understood.

Given the analyst's specific role, the encounter between patient and analyst creates in the patient a shock that to some extent at least is traumatic; this does not imply, however, that a process will automatically begin. Our present experience tends rather to highlight processual discontinuity and chaos (as Green (2002a) has pointed out in his work on borderline states). The more difficult the clinical pattern and fragile the patient's topographical structure, the greater the threat of defects in the development of a process or of its involution. Freud's 1913 paper has to be read in context—it was written before the turning-point of the 1920s, when it became clear that it was necessary also to take into account the stumbling-block of the compulsion to repeat, the havoc wrought by the negative therapeutic reaction, and the diabolical nature of moral masochism.

Here, in the pages that follow Freud's paper "On beginning the treatment", the principal points that he made in it are examined in some depth in the light of the clinical patterns that we encounter in contemporary psychoanalysis. In addition, some of the ideas that I have outlined in this brief Introduction are explored more fully.

Note

1. Translated by David Alcorn.

“On beginning the treatment”

(1913c)

Sigmund Freud

ON BEGINNING THE TREATMENT¹

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS I)

ANYONE who hopes to learn the noble game of chess from books will soon discover that only the openings and end-games admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description. This gap in instruction can only be filled by a diligent study of games fought out by masters. The rules which can be laid down for the practice of psycho-analytic treatment are subject to similar limitations.

In what follows I shall endeavour to collect together for the use of practising analysts some of the rules for the beginning of the treatment. Among them there are some which may seem to be petty details, as, indeed, they are. Their justification is that they are simply rules of the game which acquire their importance from their relation to the general plan of the game. I think I am well-advised, however, to call these rules 'recommendations' and not to claim any unconditional acceptance for them. The extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique; and they bring it about that a course of action that is as a rule justified may at times prove ineffective, whilst one that is usually mistaken may once in a while lead to the desired end. These circumstances, however, do not prevent us from laying down a procedure for the physician which is effective on the average.

Some years ago I set out the most important indications for selecting patients² and I shall therefore not repeat them here. They have in the meantime been approved by other psychoanalysts. But I may add that since then I have made it my habit, when I know little about a patient, only to take him on at first provisionally, for a period of one to two weeks. If one breaks off within this period one spares the patient the distressing impression of an attempted cure having failed. One has only been undertaking a 'sounding' in order to get to know the case and to decide whether it is a suitable one for psychoanalysis. No other kind of preliminary examination but this procedure is at our disposal; the most lengthy discussions and questionings in ordinary consultations would offer no substitute. This preliminary experiment, however, is itself the beginning of a psycho-analysis and must conform to its rules. There may perhaps be this distinction made, that in it one lets the patient do nearly all the talking and explains nothing more than what is absolutely necessary to get him to go on with what he is saying. There are also diagnostic reasons for beginning the treatment with a trial period of this sort lasting for one or two weeks. Often enough, when one sees a neurosis with hysterical or obsessional symptoms, which is not excessively marked and has not been in existence for long—just the type of case, that is, that one would regard as suitable for treatment—one has to reckon with the possibility that it may be a preliminary stage of what is known as

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