

## Iz Evropske konfederacije psihoanalitičnih psihoterapij "Psychanalysis, Tradition, Transition and Innovation"

19.–20. september 2008, Bukarešta

*E*vropska konfederacija psihoanalitičnih psihoterapij (ECPP) je bila ustanovljena v Lvivu julija 2003 z namenom, da poveže vse psihoterapevtske pristope, ki temeljijo na ključnih pojmi: prenosu, protiprenosu in odporu, kajti po Freudu se terapevt, ki pri svojem delu upošteva te tri ključne pojme psihoanalitične teorije, sme imenovati psihoanalitik. Odtlej smo se zbirali na študijskih srečanjih, in sicer: 2004 v Ljubljani, 2005 v Parizu, 2006 v St Petersburgu, 2008 v Bukarešti.

Letošnje srečanje je bilo pomembno tudi zaradi volitev. Izvolili smo novo vodstvo in novega predsednika ECPP, Mikhaila Reshetnikova, nekdanjega predsednika ruskih psihoanalitičnih združenj in člana skupine Jelcinovih svetovalcev. Kot plačilo za svoje svetovalno delo je dobil večjo vilo v St. Petersburgu, v kateri že več let šeststo študentov študira psihoanalizo na diplomski in podiplomskih stopnjah.

Kot na predhodnih je bilo tudi na letošnjem srečanju v Bukarešti nekaj izstopajočih prispevkov. Eden od teh je predavanje belgijskega psihoanalitika Sassa o svetovanju družinskim podjetjem. Avtor je predstavil nekaj svojih izkušenj iz tega dela svoje dejavnosti in jih povezal s ključnimi pojmi psihoanalitične teorije.

Dosedanji predsednik Markus Fähr je predaval o spremembah psihoanalitične tehnike v prehodnih časih in izpostavil pet vprašanj:

1. Ali ima psihoanalitična tehnika skupno osnovo, tradicijo odprtosti za tranzicije in inovacije?
2. Kako so kulturne tranzicije v minulih desetletjih vplivale na psihoanalitično tehniko?
3. Ali imamo novo fleksibilno in globalizirano razumevanje psihoanalitičnega dela, ali imamo širši in prožnejši pojem tehnike?
4. Kakšne načine poučevanja psihoanalize zahteva ta nova teorija in praksa tehnike?
5. S kakšnimi težavami in prilikami se soočamo v procesu uveljavljanja nove psihoanalitične kulture?

Avtor zaključí svoja izvajanja s parafrazo Freudove misli, da se mora psihoanalitik naučiti povzdigniti svoj glas in govoriti dovolj glasno, dokler ga ne slišijo, čeprav se to zgodi šele po daljšem času.

Obema avtorjema se zahvaljujemo za dovoljenje, da smemo njuna prispevka objaviti v naši reviji. □

Janko Bohak

Charles SASSE; Vice-president of ECPP  
 President of ABP-BVP (Belgian Association for Psychotherapy)

## **“Using psychoanalytical tools and concepts into new fields of intervention”**

Dear Friends and Colleagues,

My intention is to illustrate how one can remain true to the psychoanalytic tradition and, while using group analysis' tools as a kind of transitional objects, be innovative and enter new fields of practice.

I will start by highlighting some aspects of “Totem and Taboos” and other ideas of Freud related to organizations. Then I will refer to group psychoanalysis by explaining some concepts elaborated by W. Bion and several French psychoanalysts like R. Kaës and D. Anzieu. Finally I will illustrate how these concepts and tools are used in analyzing, understanding and solving problems arising in specific business organizations.

Besides psychoanalytic and psychotherapeutic treatments of individual adult patients, I devote a part of my practice to interventions in the field of Family Businesses.

Perhaps for most of you Family Business is a new concept, and needs to be clarified.

Around the world, companies owned and managed by a family originate most of the business activities. The majority of these companies have been created by an individual helped in a later stage by his family (his spouse and children). As time goes by the business becomes prosperous and employees are hired but the property and the management remains into the hands of the founder's family.

When the latter retires, his children succeed him and inherit the business' ownership.

For historical reasons, business families created in Romania are still new and mostly of a moderate size. This will change inevitably and family businesses will play the same fundamental role here as they play in other parts of the world where some of these companies have become very ancient (family successions up to the 5 or 6th generation is not seldom) and also very huge multinational companies, like for instance Ikea, Samsung, Hilton, Peugeot, Ford, Fiat, Walmart ...

My intervention in a family business consists mainly to support the succession process and to help preventing or solving the conflicts arising from the very delicate and sometimes explosive relations between family members. Needless to say that a father to son leadership's succession is a “wonderful” occasion for the Oedipus complex to re-emerge!

But first let's go back to Freud and emphasize some elements of “Totem and Taboos”.

Freud invents a myth in order to explain the rise of human civilization and how humans must organize themselves to make common living possible. He shows how sexual drives and aggressiveness are canalized by Culture in such a way that human beings are not animals but cultural beings; a point of view that J.Lacan will develop by stating that human subjectivity only exists through the use of language.

In Totem and Taboos, the father to sons' relation plays a major role. If the brothers wish to overthrow the tyrannical father and institute a peaceful society, they will only succeed if:

- they join forces and settle a symbolic pact enabling them to live harmoniously;
- they accept to abandon a part of pleasure in exchange for a peaceful life;
- they organize rituals around a symbolic father's figure;
- they observe strictly the three fundamental prohibitions, on genital impulse (incest), on oral impulse (cannibalism) and anal impulse (murder).

Freud points out that all human societies are based on a healthy guilt feeling, symbolic structures, mythologies, rituals and shared values that gives life a possible meaning and reasons to

live together.

In “Mass psychology and Ego analysis”, Freud has also detailed how a group is organized by the introjection of the same idealized object into the Ego’s Ideal of the group’s members, and how mutual identifications sustain the completeness and cohesion of the group. He also explains the protective role of the leader acting as like a father.

The analogy repeatedly made by Freud between the developments of the individual psychic apparatus and the social organization, together with his constant interest of for mass and group phenomena, have perhaps inspired many researches and theories of group analysis after his death. The group became more and more an object of interest for psychoanalysts willing to understand how individuals are functioning in a group, but also how the group functions as a global entity.

Bion has found that a group may unconsciously adopt specific patterns of behaviour and believes when anxiety arouses. The anxious group can react in one (or many consecutively) of these manners:

- creating an imaginary world in which rescue is expected;
- electing a protective leader;
- withdrawing into itself;
- creating an enemy (inside or outside) the group will fight.

As you can imagine, such reactions are very inappropriate for a family, and most dangerous for a business!

R.Kaës elaborated a theory about the “groupal psychic apparatus”, allowing an observer to define groups that are more influenced by the Id, the Superego or the Ideals, for instance. The concept of “groupal wrapping” (D.Anzieu) illustrates how the group allows their members’ fantasies to be projected into the group and how the group is a narcissist mirror for its members.

Other studies point out that a group can only exist and endure if there are common imaginary representations of its past, its present state and its future, in a similar way that a child build up his existence on primary fantasies and later on with mature and complex mental representations.

All individuals must continuously create themselves; genes are not sufficient. Human beings must learn, adapt, change and innovate in order to sustain their subjectivity. But this is a mutual construction between the individual and the groups that he belongs to. Personal identity and groupal identity are interconnected and interacts permanently.

A group (being a family, a business company or a psychoanalytic association...) offers its members a common capacity to get out of the Chaos; this means a capacity to create an origin (a before/after moment) enabling the elaboration of meanings.

The group gives its members also a Culture (moral values, standards of behaviour, ways of thinking, a “Weltanschauung”). This group’s culture assigns each member its place and role, and creates identity’s boundaries (who belongs or not to the group). The group gives its members ways to avoid anxiety, means to construct fantasies, objects to satisfy unconscious wishes and shared representations that are consistent with all the Ego’s Ideals.

All those characteristics (and many others too) are key components for a psychoanalytic approach of a family business.

Let me give you some examples of my interventions with members of family possessing a business.

I assist families to define and express their values and common representations; this helps them to reinforce their cohesion and to remain united around their common interests; it is also useful to examine the consistency between these family values and the business strategies, the company’s culture, the product’s identity ...

A very current intervention is to reveal the transference problems when actual business decisions are biased by unconscious conflicts. In family business, emotions and family situations

overflow many business situations where rationality should prevail.

Confusion between family and business matters is constant.

It is much more intensive than in other types of group whose leader has a father figure's role. Here the leader is the real father and the weight of long-standing conflictual relations may become a real burden.

So are sibling's rivalries; rooted in childhood they are replayed in Board or shareholders' meetings leading to disastrous issues or decision's block.

I also intervene in individual sessions with one family member troubled by personal issues; business' leaders facing retirement or on the verge of selling their company need help to clarify their own situation and feel anxious as their lives will soon change radically.

Family successors have also their share of unconscious problems; some are refrained from becoming a more successful businessman than their father, others feel even guiltier by disappointing their parent's desire to take over the business.

In such a peculiar environment, there is indeed a lot to do for a psychotherapist!

Or should I say for a "consultant", as the words "psychotherapist" is often considered as frightening and "psychoanalyst" absolutely terrifying ...

But being a psychoanalyst, gives you many advantages in such complex situation.

With your training and experience, you are an expert in discovering so called "hidden agendas". You are able to analyze and reveal what unconscious issues are at stake in family's feuds. You know how to deal with repetitions and to enhance family's relations.

You can be alert when a group is dysfunctional and notice when business reality is denied and replaced by family's fantasy; and you are used to make diplomatic interventions, so useful when announcing that the marvellous son is in no way the natural born leader his parents believe he is!

Psychoanalysis makes you understand the necessity to organize family meetings as a symbolic ritual, and how focusing on mutual representations and values helps preventing conflicts. These formal gatherings ensure smooth and open communications in which family taboos (on money, succession plans or career's wishes) can finally be broached.

You know also the importance of education and early identifications for future adult lifestyle (being raised in a family having a business often generates specific symptoms).

And clearly, as a psychoanalyst, the peculiar and unique way you are used to listen to your patients, and the ability to detect transference and counter transference, help you to implement changes and bring solutions very efficiently.

As you see this is a very interesting and innovative work!

To conclude, I would like to stress that these psychoanalytic concepts and tools are quite relevant in this new field of practice.

I want to emphasize that interventions in business organizations can genuinely be part of a psychoanalyst's tasks, and that is not restricted to other modalities.

Dear Friends and Colleagues, after more than a century, psychoanalysis is still very alive and innovative, and it will remain so if you dare to be creative, but providing of course that your creativity remains in line with tradition ...

I thank you for your kind attention. □

## Psychoanalytic Technique in Terms of Transition

Dear colleagues and friends!

Thank you very much for being allowed to be here and speak to you.

Since Freud's „Technical writings“ much has been written about the theory of treatment technique in psychoanalysis. Some tried to systemize their experience and to create a standard technique by writing manuals, e.g. Fenichel, Eissler or Greenson. The French Psychoanalysts, most radically Lacan, criticized this approach, as missing the fundamental psychoanalytical idea, as being positive instead of being dialectical.

During the history of the daily practice of psychoanalysts, psychoanalytic technique has changed from the rigid application of the ego-psychological standard technique of passively and silently waiting what there is to come and interpreting unconscious phantasmas from time to time to Kleinian hypertactical interpreting of every psychic move of the patient. Winnicott's idea of holding and Kohut's concept of mirroring have enriched our understanding of how we treat our patients. Nowadays, we look at the analytic situation not only as a total situation of transference and counter-transference, but as a co-creation of both the analysant and the analyst, a bi-personal field.

Psychoanalysts today are having a big discussion going on about the importance of technique itself and its connection to the general attitude of the analyst. I think that the analyst is in a very aporetic and fragile position constantly oscillating between a personal and a technical pole in his every-day-work. Many sorts of different deep anxieties are constantly raised in him (for example the fear of losing himself within the patient, losing all boundaries, or the fear of being poisoned, destroyed by the patient's unconscious hostility, and so on).

Our „inner analyst“ has a specific „inner way of working“ to deal with these fears and uncertainties.

When we successfully hold the analytic position, we are active in three ways: we are constantly trying to feel what is going on inside us and to be empathic with our inner movements as well as with the inner world of the patient, we are on the basis of our knowledge about the psyche and the human development thinking about what is going on inside us as well as what is going on between ourselves and the patient, and we are communicating towards the patient from time to time what we think what could help him to understand himself better.

The immanent aporia is that this psychoanalytic position destabilizes the analyst's inner equilibrium and provokes fears associated with his own unconscious conflicts and traumas and therefore provokes a resistance against the „inner way of working“: The „inner analyst“ does not want to be analyst any more. We tend to avoid the analytic position and repress the experience of personal fears and conflicts. But it is only the analytic position which can help us to confront, tolerate and work through these anxieties.

So we are constantly confronted with our „analytico-phobia“, when he successfully wants to establish and hold the analytic position.

Winnicott, and others too, I think – remarked, that one can only be a good analyst when one is ready to be afraid of every single analytical hour lying before oneself.

After 25 years of working analytically with patients, couples, families, groups, supervisees, teams and organizations, after some professional and private transitions, I still have this feeling of desiring for an analytical experience which is at the same time very difficult to tolerate. The constant struggle to balance this inner paradox or aporia is part of the analytical identity.

On this background I will try to bring forward some personal thoughts about psychoanalytic technique and I will try to connect them with the problem of individual and cultural transition.

Lawrence Friedman who had written an excellent insightful book about psychoanalytic ther-

apy, once remarked: „The only thing that is sure is that we want to throw out the patient after 50 minutes.“

But what about the time between the hand shakes?

Is psychoanalytic work such a chaotic set of behaviour? Do psychoanalysts differ so much each from the other in their therapeutic style? Has the revolution of intersubjectivity created highly idiosyncratic analyst-patient-couples different from each other as any other couple in their interaction?

Has the idea of psychoanalytic technique been reduced to a small set of common ground theoretical concepts like resistance and transference?

And what about the influence of social and political and cultural developments on how psychoanalysts work with their patients?

I want to stress a few points:

1 Is there a common ground of psychoanalytical technique, a tradition open for transitions and innovations?

2 How did cultural transitions over the past decades influence psychoanalytic technique?

3 Is there a new flexible and globalized understanding of psychoanalytic work, a new broader and more flexible concept of technique?

4 Which ways of teaching psychoanalysis are required to put forward this new theory and practice of technique?

5 What are the difficulties and chances in this process of establishing this new psychoanalytical culture?

The first question:

I think the basic common ground in psychoanalytic technique is neither any metapsychological fundament or by-theory nor is it a specific theory of technique which could be laid own in a manual, moreover it is the attitude and the experience of the „analytic position“ as a mentioned above, and a specific way of „inner working“. I will try to describe some essential features of this position.

The analytical position is the fundamental cognitive-affective attitude of the analyst. He or she adopts this position when she enters his office, when she receives the patient, when she sits down, relaxes, listens to what the analysand says, and monitors her own feelings, images and thoughts.

This attitude is trained by identification in his personal analysis, by identification and instruction in his supervisions, by letting work the theories at the back of her head, it is also the „rules of the game“ the analyst has internalized.

It is his willingness to use his authenticity, his person as an instrument of contact with the Unconscious of the patient.

This psychoanalytic position has a personal pole—the analyst must open himself up to his personal feelings and his personal history, conflicts, traumas, as well as give himself in into the „total situation“ of the psychoanalytic session, and it has also a technical pole, when the analyst sticks to rules, theories, concepts as instruments of triangulation, understanding what is going on between him and the patient, and in the inner world of the analysant.

This analytic position is therefore a very dialectic, ambiguous position.

It creates uncertainties and fears in the analyst, because he has to balance between different poles in a stable instability. The first polarity—I already have mentioned it—demands from the analyst to balance himself between a technical pole and personal pole, not to become too rigid and rational in his technique on the one hand, and not too personal, symbiotic and chaotic on the other hand.

Another polarity that the analyst has to handle is to create a balance between giving in to emotional closeness and symbiosis and creating distance: We have to involve ourselves genu-

inely in the spontaneous communication with the patient and the inner dynamics of the feelings, images and thoughts the patient's words and behavior are provoking in us, we must identify with all the aspects of the patient, and at the same time we must endeavour to disidentify, to keep the inner distance, to monitor what is going from the position of a third neutral observer.

This balance is neither easy to reach nor is it easy to keep. The constant oscillation between identifying and disidentifying is the hard core common ground of psychoanalytic technique.

Another common ground is the dialectics of transference and working alliance, as conceptualized in the stage metaphor of Loewald and Fischers Dialectical Model of Change:

Patient and analyst form a strong positive relationship. They watch what is going on in the patient, they try to understand and analyze it, they study the patient's life, sitting side by side in the first row of the theatre, witnessing jointly the inner and outer dramas of the patient's life on the stage.

But suddenly they are on stage themselves! The analysand draws the analyst onto the stage and involves him into his transference troubles, makes him angry or example, provokes unconscious reactions. The analyst becomes part of the patient's drama. He takes part in it, but he also observes what is going on, and from time to time he invites the patient to sit down together with him in the first row to study what both of them have enacted on stage.

This is a central aspect of psychoanalytic technique: Allowing an optimal difference to arise between a good working alliance (sitting together in the first row) and a negative transference (enacting troubles on stage).

The difference must be optimal. It must not be too small, then there would be no negative transference, and therapy is just about „out there“ and „once upon a time“.

It must not be too big, because then therapy would end in a catastrophe of negative transference acting out without understanding together what is enacted.

The relationship between the analyst and the patient—and the internalized object relationships of the patient—enacted in the transference situation—is what lies at the core of PT and what underpins

analytic work and technique. The patient brings his unique inner world to analysis and in the analytic relationship various aspects of this inner world are being activated.

The dialectics between interactional and intrapsychic, between here-and-now and history, are enclosed in the dialectics of the working alliance and the transference.

We have to be in contact with the patient's conscious and unconscious expectancies, but we must not become their slaves.

The analyst's dialectical ambiguity is close contact and inimity without melting with the patient's unconscious offer: Archaic symbiosis and triangulation at the same time, mother and father position oscillating.

The patient wants to assign the analyst a certain role, mostly—among others—the role of an omniscient omnipotent idealized figure. The patient says to us, that „we know them better than they know themselves“, they expect to hear from us sentences full of wisdom which explain everything and transform them into better human beings. Many patients—especially those with narcissistic disorders—seek the passive role, they try to hide themselves, they avoid a real emotional contact and manipulate the therapist into the role of feeding them with pseudo-insight. We must not fall into this trap and accept this role. We must keep the patient working instead of feeding him with our insights.

Of course there are a lot of other roles, unconscious offers, that the patient makes. It is our task not only to feel and understand the impact of these roles, we also have to understand, conceptualize, name them—in order not to fall into the traps.

The analytic position, balancing ourselves between these poles and dialectically moving to a higher level of understanding, is always precarious. We never „have“ it.

I come to the second question, the transition.

What are the transitions that psychoanalysts had and have to undergo, in society and culture in order to become accepted analysts with a certain reputation? What are the individual transitions during the life-cycle of an analyst? How does the analyst deal with the transitions in the lives of his patients, how does he stimulate creative transitions?

Since the very beginnings of psychoanalysis, there is great societal and cultural turmoil.

When psychoanalysis was invented, the world was strongly in the grasp of Western culture. Psychoanalysis grew out of the Jewish-Christian tradition. Its concepts are rooted in traditional Western family values.

One important societal transition is that the cultural hegemony of Western Europe and American culture in the world is diminishing: Eastern Europe, Asia, Latin America and Africa are gaining more global cultural influence. There is a growing globalization of economy, science and values.

Psychoanalysis is touched by these developments. The traditional training model is challenged. The Ethnocentrism of psychoanalytical theory is called into question. The sexism of psychoanalytic theory and technique has been criticized since the feminist revolution.

The rigid psychoanalytical identity and personality concepts have been challenged by the postmodern and structuralist thinkers.

The individualization of the Life-Cycles, the destruction of families and family values, the development of many new life forms, the transgender discussion—to name only a few cultural transitions—they all challenge old normative psychoanalytic concepts of health and normal development.

The flexibilization of the economy leads to the corrosion of the character. It is destroying long-lasting psychic structures by making them dysfunctional in the daily life economic concurrence,

The acceleration of life rhythms leads to a decline of carefulness towards oneself and others.

How do these transitions influence psychoanalytic thinking and working?

Traditionally, there was only the classical analytical cure. Five, then four, then three times a week, 45 to 50 minutes, the analysand lying on the couch, in the beginning a few months, in the next decades of psychoanalytic history longer and longer—today, a „full“ analysis is measured by years (four to ten years in most cases).

According to Freud, the gold of analysis had to be given to a greater circle of people. The copper of psychotherapy was blended.

It was defined by default. Therapy was not as intense as a full analysis, the transference neurosis could not fully be developed, the complexes could not be fully and thoroughly analyzed. Psychotherapy was the neglected step child of psychoanalysis.

Even when this was officially denied (we declare to all children, that we love them equally, but deep down in our hearts....?)

20 years ago, Thomä and Kächele, proposed a new terminology: Psychoanalytic Therapy should comprise all forms of psychoanalytic work in different settings. Classical cure, low frequent therapy were then considered to be equally valued different subcategories of PT.

This change was not only a matter of words.

It was a real revolution in psychoanalytical politics of training and curing:

The holy training model of the IPA, where the evaluation of the training was based on the candidates' presentation of a classical analysis to a committee which scrutinized the candidate's „analytical identity“ on her understanding and technique of the process in the classical cure was fundamentally called into question.

The official or informal hierarchy of analysts who had many classical cures and psychothera-

pists who only treated low frequent cases was also challenged.

The role of the the setting was debated.

There were two positions:

The classical position, where only the classical setting is supposed to facilitate a deep analysis and a true contact with the Unconscious via transference neurosis and working through character resistances, whereas other settings were considered to be analytically inferior deviations which had to be explained (or only temporarily used as so-called parameters), is still put forward in many psychoanalytical communities.

The new dialectical position argues that the relationship between setting and process is dialectical. The setting as a physical parameter can only be related dialectically to the psychological category of the psychoanalytical process.

Basically, it is possible that different physical time-space-settings can be the basis of the psychoanalytical process. However, high frequent couch setting is empirically found as one of the settings that have proved to be the most powerful in enabling a psychoanalytical process in many cases, but logically it is neither a necessary nor a satisfying condition.

It is thinkable that even a promenade in the woods, or a face to face therapy can be the physical frame of a psychoanalytical process.

The psychoanalytical process has to be defined in psychological terms, it cannot be magically linked to a physical category. Some preferred physical conditions can be found to be a frame of the process, but they are not necessarily linked to be a guarantee for the existence or the quality of the process.

Settings becomes relative.

In the dialectical understanding of PT, the process is what matters: Process research, the dynamics of the interaction of patient and analyst in the co-creation of a bi-personal field become the focus of interest.

There are other aspects of analytic technique (not only the setting) which have changed under the impact of cultural transitions:

Nowadays, people come to the analyst with life problems, in crisis situations, they seek for help in a special transition situation in their life cycle, be it a crisis in adolescence because they find no satisfying sexual relationship or fail in work, or in a midlife crisis, or after the loss of a job, or in a marital crisis or after a health breakdown.

Even when confronted with the offer of an analysis from the analyst, even when they feel and recognize the deeper roots of their problems they often say good bye to the analyst when they have overcome the crisis—with the option of entering analysis when they feel they need it at later moment in their life.

I have a growing number of patients who a know for fifteen or twenty years, I am their personal life long analyst . They seek my help when they feel they need it, they break up their analysis in many sub-analyses.

Of course we can discuss this change in the classical way and talk about resistance of these patients to give themselves into analysis , and of a resistance to give up the analyst finally.

But we can also discuss this change as an expression of a cultural change in society where psychoanalysis has become a part of the culture and people and analysts have become more realistic in their life goals. Ironically, many patients seem to feel themselves today what Freud wrote in „Analysis terminable and interminable“: That life pressures constantly neurotize, neurosis is never fully overcome, and that much depends on the strengths of the drives and the power of the ego.

They feel that they have to work analytically all their lives to overcome to cope with their life difficulties, there is never an end to psychoanalytic work, much can be done in self-analysis, but when internal pressure is too high, the help of the analyst is necessary.

Question Three: Is there a new understanding of psychoanalytic technique?

Clinical empiricism without theory is blind, theory without empiricism gets lost.

Therefore we need both, radical openness to the experience of the Unconscious, and theories of technique which can help us to find the orientation in the jungle of the psychic phenomena we encounter. Psychoanalytic clinical and therapeutic work therefore should be based upon a solid metapsychological, philosophical and praxeological fundament. It should consider the human being under the four psychoanalytical psychologies: Object relations theory, self psychology, ego psychology, drive theory. Second, psychoanalytic technique should be rooted in stable internalized rules of dialectic work and creating and handling the analyst-patient-relationship.

What is the dialectical approach to transition and change?

The problem, the symptom, the old solution, the old paradigm, the scheme, the old state of mind, the neurotic attitude, the crazy pattern – all this is stuff to be changed in psychotherapy. Dialectically formulated, it belongs to A (written in capital letters). The new solution, the new scheme, the new paradigm, the creative attitude, the new behavior that the patient wants to find in therapy, represents NON-A, i.e. a behavior or an attitude either belongs to category A, or change has happened, the transition is made, and there is a new behavior, and it belongs to the logical class of NON-A.

But between A and Non-A there is a border, which either belongs to A or non-A, or neither belongs to A nor Non-A, it is the common border of A and Non-A, the unity of unity and difference. Crossing it is the transition, the process of dialectical „raising“ (German „Aufheben“) in Hegelian Terms.

The German word „Aufheben“ has three meanings, to raise or to lift up (lat. Levare), to abolish, to annihilate, and to save or to conserve (lat. conservare).

In analysis, the new solution is a result of a transition which raises the consciousness to a higher meta-level (the old problem was analyzed, the unconscious motives were revealed), the new solution destroys and abolishes the old symptom, and at the same time, it saves the history of the subject, the old problem is kept safe, solved in a new creative solution.

Let's take a little case vignette.

A 22 year – old – woman once came to me .

In the first session she complained that she was depressive for more than a year, had no contacts any more, all her liveliness had vanished. What had happened? Two years ago, she had fallen in love for the first time in her life with an attractive man.

It was a passionate relationship, she was walking on air. She fell pregnant unwantedly – and wanted to marry her boyfriend. But this man demanded an abortion and broke up the relationship on the spot.

She had to decide within a week to give birth to this child and raise it alone, or to make an abortion. She was very catholic, so her religious education also played a certain role. But she decided „to tear her heart out the second time“, not only to lose her great love, but also to lose her child.

As soon as she came out of the hospital she felt no life in herself anymore. She felt dead.

She felt as depressed as her own mother always had been, and as empty as her childhood had felt to her.

I explored the different aspects of her history and her actual traumatic experience, and a very good emotional contact was soon established. She agreed to begin psychotherapy, and I was in a nearly euphoric state of mind: I had high hopes to help her.

At the beginning of the next hour she stated coldly that she wanted to break up the therapy, there is no use in stirring up the past, thank you, it has nothing to do with you, you are a good psychotherapist, and so on.

I was puzzled, to say the least, disappointed, shocked, I had the feeling of a great loss – and

I realized that she had put passive into active, she was identified with her boyfriend who had caused her trauma, and traumatized me, in order to make me feel her dissociated feelings of loss, anger, desperation.

I told her that I thought I could feel now how it was when all the hopes for a good future and development, a happy life were all destroyed in one moment, when her boyfriend had told her that he would leave her.

Tears filled her eyes, and she cried for at least half an hour, and burst out in anger and despair.

After that she started an intense therapy and began to understand her feelings and could express them instead of suppressing them and directing them against her self, as she always had done in her childhood, and as also her mother had always done.

This little vignette illustrates the dialectical model of change. The therapist connotes the old solution (depression, withdrawal) positively as a means of communicating something important to him, i.e. he raises the symptom to a higher level, he invites the patient to take a new look at her symptom. She can realize that her problems – intolerable feelings of loss and hopelessness, helpless anger—can be solved by integrating and expressing them instead of suppressing and dissociating them. She abolishes the old solution and creates a new one, conserving and integrating the traumatic experience, but in a new, not dissociated way, in lively memory.

The dialectical model of change is based upon solid psychoanalytical knowledge and must also be rooted in a constant self reflection of the analysts mind and inner processes. It should contain flexible creative adaptations to changes in social reality and culture.

The psychoanalytical setting should be demystified.

Psychoanalytical theory and metapsychology should be demystified.

The constant struggle to hold the analytic position should be at the core of PT, even when different analytic strategies and tactics are being used.

Question 4: What ways of teaching are required to train this new way of technique?

I only make a few remarks on the training and the training system in psychoanalysis.

There are two antagonistic differences which should be dialectically analysed and raised to a higher level („aufgehoben“ in Hegelian sense).

One is the authoritarian point of view: The institution and its representatives rely on severe and strong rules . only the institution can evaluate the candidate, it authorizes the candidate to be analyst. There is no self authorization.

The contradictory viewpoint is the other extreme: Mere self authorization, no institutional evaluation and control. This is a grandiose late adolescence manoeuvre: „I can judge myself alone, I dont't need anyone to help and observe, to teach and evaluate me“.

The second position is the anti-thesis of the first. What we need is a synthesis of the two, an integration on a higher level. Where authoritarian stance gives away self control and self responsibility, the anti-authoritarian excludes the necessary third, it undermines justified authority and stimulates omnipotence fantasies and feelings.

The dialectic raises this polarity to a higher level: The tension must be tolerated, self responsibility and respecting authority must combined.

A possible concretisation of this modern course ist the master course in psychoanalysis in the SFU in Vienna.

Self-evaluation and intersubjective control must be combined, a ritual of transition from the identity of the psychoanalytical student to the psychoanalyst must be created.

Question 5: What are the difficulties and chances in the development of the new model?

There is a lot of work ahead: The old infantilizing training model must be overcome, the creativity of candidates and analysts must be stimulated. The individual psychoanalysts as well

as the psychoanalytical community have to overcome their contact anxieties: They must go out to the world and to the public, they must exchange ideas with other people and sciences, as well as they have to work hard to build a strong inner psychoanalytic position which is not easily shaken by resistances.

The analyst—to quote Freud—must learn to raise his voice and speak out loud, until he is heard, even if it takes a long time.

Thank you very much. □

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