

What is a Psychoanalyst?

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*Talk given originally at the UKCP Conference on 'The Future of Psychoanalysis', 5 May 2000

I have chosen the title 'What is a psychoanalyst?', and not 'Who is a psychoanalyst?' By raising this question I want to address some of the themes that have been introduced into the discussion today. I want to try to find some co-ordinates that can give us a kind of trajectory across some of the three or four sets of different but associated problems that people have been addressing.

First of all, let's start with the symptom, in particular the presenting symptom. Many therapies work on the symptom by trying to eliminate it. We can try to set up a spectrum of therapeutic approaches, and in this spectrum perhaps the position that is most removed from psychoanalysis is that taken up by behaviour therapy. Let us then, in a preliminary way, distinguish one end of a spectrum - the psychoanalytical end - from another end - the behaviour therapy end. In terms of what is happening at the analytical end, let us say that its aim is initially to distinguish the symptom from the underlying structure. At one end there is a distinction between symptom and structure, at the other end there is an aim to take as the end of therapy the abolition of the symptom. So, we can put these two things in some kind of opposition, and we then get a spectrum set up which may be of some use.

What is involved in this question of distinguishing the symptom from the underlying structure? In the first place, the nature of this underlying structure is determined by the classical Freudian idea of the unconscious. The analytical strategy with respect to the symptom is to start on the level of the symptom and thereafter move towards the unconscious. So, on the one hand there is the starting with the symptom and using that domain to move towards the unconscious. At the other end of this spectrum of therapies there is the different aim of abolishing the symptom. They are two incompatible policies from the very beginning.

The pathways that connect the symptom to the underlying structure in Freud's orientation to things are constructed through various modalities of free association. The aim of the work is to forge these pathways that, in circumstances outside of the analytical relationship, would not exist, in order to make headway towards the pathogenic centres of the unconscious. Other fundamental Freudian notions such as defence are set out within this basic psychoanalytical policy: the policy is to move from the symptom to the unconscious.

What can we say about the relation of the trajectory of this psychoanalytical manoeuvre to the general question of psychotherapeutic technique? If we take the subdivisions of psychotherapy present within the federal substructures of the UKCP - analytical psychotherapy, humanistic psychotherapy, hypnotherapy, behaviour therapy, and so on - then it is fairly immediately clear that most forms of psychotherapy are informed in some way or other by psychoanalysis. There has been at some point in the history of the development of these therapies an influence from the domain of psychoanalysis. It is also fairly clear that there exists a

component in many psychoanalyses that is psychotherapeutic. This we will have to look at more closely. In a similar way, we will look at another related question. This related question is that, particularly in this country, there exist many psychoanalytical psychotherapists who have been trained as Fairbairnians or Winnicottians or Bionists, and their work is effectively that of psychoanalysts. There are two or three questions that I would like to return to later on.

In this question of the relation between psychoanalysis and psychotherapy, as we have formulated things so far, we have no clear idea of what constitutes the one or the other, so let's try to do something about that. Let's start with psychoanalysis, and the listening cure. The listening cure devolves from the talking cure. The analytical relationship is a relationship between two people within a structure. You have the analyst, and the analysand, and each is contracted to do different things – each has a different position within the structure. What the analyst is contracted to do differs according to what school of psychoanalysts you belong to, what style of analytical work distinguishes your particular kind of psychoanalysis. But effectively, in the Freudian tradition, the analyst is there to listen, and to listen in a particular mode. The analyst is there to listen while operating the subtraction of their ego. As soon as you introduce a term like 'ego' into a discussion like this, you start to have to distinguish and split and establish new spectral positions that distinguish one school of psychoanalysts from another school of psychoanalysts. You can interpret the Freudian position as taking the ego out. Many analysts wish to keep the ego in – both on the side of the analyst and on the side of the analysand. It is this need to have to distinguish a wide variety of proposals for styles of analytical work that I don't wish to examine at the moment. Let's just say that the contract that the analyst commits to is to listen.

Freud repeatedly uses two terms that characterise the work involved in being in this listening position, in this very particular relationship that constitutes the analytical position. Time and time again he says two things characterise the work of analysis, transference and interpretation. I want to take these two terms and look at them a little. This bears on the theme introduced by Haya Oakley, when she quotes Freud as saying that there are two central terms, transference and resistance: the clinical space spanned by the two terms transference and interpretation is identical to the clinical space spanned by the two terms transference and resistance. Lacan comments on this in his text 'The Direction of the Treatment', his handbook on analytical work with neurosis that he published in 1958. Some schools of analysts, he says there, order these two terms as first transference, and then interpretation, while other schools reverse this, first interpretation, then transference. The Freudian order between these two terms, he points out, is basically transference and then interpretation; in inverting this order, he claims, the horizons introduced by Freud's discovery have been lost. There are analytic schools who think that interpretative work is needed in order to generate the transference: their field of play turns out to have interpretation fundamentally before transference in the order of psychoanalytical work. So let's say that some schools of psychoanalysts work with transference, then interpretation, while some schools work with interpretation then transference. Here I'm trying to find modes of formulating things by which we can catch the wide range of differing psychoanalytic schools of practice.

There is also the question of what comes before either 'the transference then interpretation' or 'the interpretation before transference'. There is a 'previous' to the 'transference then interpretation': this 'previous' we can call the Beginning, the beginning of the treatment. So now, there are several possible modalities of

analytical work. A Beginning, then Transference, then Interpretation. Or a Beginning, then Interpretation. Or a Beginning, then Interpretation, then Transference. And equally one can look at what follows this 'Transference/Interpretation' central to analytical work, and this is what is usually called the End. So as well as Beginning, Transference/Interpretation, End, there is also Beginning, Interpretation/Transference, End. One has already got four major styles – BTI; BIT; TIE; ITE - each catching quite a number of styles, of schools, of analytical work.

There exist a lot of differences between the various schools caught up in these rubrics, and it is these particular differences that I don't want to stress. I am trying to look at what can be taken to characterise the analytical terrain. So questions such as 'does this school stress the primacy of the Oedipus complex and the castration complex?' or alternatively 'does it rather stress pre-Oedipal motives and conflicts?', that is what I don't particularly want to stress. Such questions are taken up within the classes and terminology that I am proposing. One could equally say - and Lacan has taken some care to do this - that some schools organise their technique primarily in the here and now, and that other schools organise their technique primarily in terms of the question of the reconstruction of the past. You can have whole schools, classes of schools, erect a slogan such as 'the unconscious is structured like a phantasy': that is a Kleinian manifesto devised in the 1950s. And then there are the schools that oppose them: a competing slogan to this one is 'the unconscious is structured like a language', the corresponding Lacanian manifesto, deliberately devised in terms of the relations between Lacan's school and Klein's, and also devised during the 1950s.

Instead of investigating here all these differences, surveying in this way the history of research programmes in psychoanalysis, one could look for discriminating terms that are additional to Transference, Interpretation, Beginning, and End. This would be to see whether there is something more - in the middle phase of the work - that one can use as a determining characteristic of the analytical part of this spectrum. What I would propose here is a term not explicitly used by Freud, but a term that he would be very familiar with because it comes from Aristotle's theory of the drama: the notion of 'a point of no return'.

There is the question 'Does analysis have a beginning, a middle, and an end?' Freud certainly thought that it did. Lacan agreed with him. Aristotle thought that a Drama had a Beginning, a Middle, and an End. And in the middle there comes this point of no return. Before this point of no return, which I will call 'Delta' - Δ - there is a nouement, there is an establishing of the plot. There is an establishing of the threads that make up the plot, characteristic of early work in analytical clinical work. After the point of no return there is a denouement, an unravelling: the effects of having gone through this point of no return. And what characterises this point of no return, says Aristotle, is something that visibly takes place in the drama of Oedipus - there is a point where Oedipus discovers something about who he is, and after that point of discovery he cannot go back. He can no longer be what he was. So in this point of no return, because of the development of the plot, because of the working of the plot, because of the working of the technique, one meets a point where one recognises who one is, and because of that one can no longer go back.

Now, one could say that one of the characteristics of analytical work is that it doesn't just set up a vector that goes from a beginning towards an end, moving through transference and interpretation towards an end. Rather, that it sets that direction for the treatment by aiming for this point of no return. Many therapies don't take aim on

this point of no return. Many therapies deliberately avoid going in anything like such a direction. What characterises psychoanalysis is that it is committed to move through this point of no return towards the end.

There are a number of comments put forward by Horacio Etchegoyen about this question of an end. He takes up six indices put forward by John Rickman that indicate that this point of no return has been reached. Rickman's criteria are:

1. The capacity to move with freedom from the past to the present, and vice versa.
2. The capacity for heterosexual genital satisfaction.
3. The capacity to tolerate libidinal frustration and privation without putting into play regressive defences.
4. The capacity to work and also to support or bear not working.
5. The capacity to tolerate aggressive impulses without loss of the love object and without guilt.
6. The capacity for mourning.

These six criteria are a serious attempt. I certainly would not agree with all of them, but they are a serious attempt to stipulate what is happening in the analytical work as this point of no return is reached and gone through. You can take either the tragic formulation of the direction of analysis (and psychoanalysis is organised around a tragedy, Freud explicitly chooses the Oedipus myth to formulate human life as revolving around a tragedy); or you can construct a series of criteria such as those passed on by Etchegoyen. You can either take the tragic determination of this transition, this vectoring, or you can take some of the proposals put forward by Rickman. Either way, the same terrain will be crossed.

Now we've got the idea of psychoanalysis as a direction that goes from the beginning, through a point of no return, to an end. One could raise a lot more questions at this point; for instance the question of what happens to the symptom at the end. I'm talking now about the Symptom, and by that I don't mean one of the presenting symptoms of which there are many, but the outcome of some kind of convergence of symptoms that takes place during the analytical work. What happens to what underlies the Symptom at the end? If we take it for the moment that what underlies the symptom is the fantasy, what happens to the fantasy at the end of the work? Again I am talking about the symptom and the fantasy, because I take that to be characteristic of the end part of analytical work. The original many fantasies, the original many yearnings, the original many day-dreams that are part of the analytical work all converge towards the constitution of one fantasy, of what is often called the fundamental fantasy. At this point you could step back: this charting of moments and questioning of direction is the kind of topic that Lacan addressed in the paper that I've just mentioned – 'The Direction of the Treatment'. You could ask what is it that constitutes such a Beginning, Middle and End in a variety of ways, but all of these questions are open questions, they are the kind of open questions that characterise research in a scientific field. This investigation, the formulation of such categories and the questioning of them is the kind of investigation which is part of the way in which psychoanalysis can constitute itself as a science. Psychoanalysis across the world is taking these steps, and has been taking these steps for some decades. This

is not unrelated to Lewis Wolpert's article in The Independent newspaper some time ago, an interesting article deserving a lot of consideration and response; in it he challenges the ability of psychoanalysis to formulate itself as a science.

This kind of debate was one of the most refreshing things that characterised the early history of the UKCP. The UKCP in its trajectory from the Rugby Conference to the UK Standing Conference, then the Standing Council, organised itself around its central function of being a forum for debate. Through the introduction of a system of public questioning it attempted to generate boundaries, outlines, identities, for psychotherapy and psychoanalysis. This has been a major virtue and the strength of the UKCP in its present form, in this formulation of things. I remember, about a decade ago, that the psychoanalytical section set up some working groups, where the moral imperative taken up was to renounce the worrying about the width, and to start an investigation of the quality. In other words to move from the shibboleth of the number of times a week, which even ten years ago was seriously proposed over quite a wide range of organisations, practitioners, and cultures as a serious criterion for the nature of analytical work. The aim was to replace these questions about frequency by questions about quality, by questions about transference, interpretation, and their relation; and by questions about the fantasy, the construction of the fantasy, about what happens to the analysand's relation to the fantasy at the end of the work - all of them serious questions about analytical practice. In each of these little work-groups there were two or three people from different organisations. The refreshing surprise was that people began to recognise, to discover and recognise aspects of their work in the work of others, and to make cross comparisons of their work with that of colleagues whose practice, work and orientation they had been ignorant of previously. They had been ignorant because such debate had been stifled under the banner headline of 'the only thing that matters is how often you do it'; this rubric had been introduced in order to introduce an ethics of non-investigation. The debate replaced silence by some knowledge.

I'd like to move now to the international context. For many decades there have been discussions within schools of psychoanalysts about the problems of the relation between psychotherapy and psychoanalysis. Many of these discussions have been held within Congresses of Lacanian Schools, as well as Congresses and forums of the IPA. I'd like to give you some references to four texts from the 1990s that bear on this question. The first two are from the congress of the École de la Cause Freudienne held in Ghent, Belgium, in 1999. The second two are from a congress of the École de la Cause Freudienne held in France in 1992. These congresses were devoted to the question of the relations between psychoanalysis and psychotherapy; there exist many such earlier congresses - for example the congress of the École Freudienne de Paris in Strasbourg in 1968, and the Congresses of the École de la Cause Freudienne held in Paris in 1982, Angers in 1984, and Brussels in 1986.

The first paper that I'd like to refer to is a paper given at Ghent by Marie-Hélène Brousse. In it she puts the accent on the way she takes up the question of suffering. Her title is: 'De quoi souffre-t-on?': What are we suffering from? Suffering is of course a presenting symptom for analytical work. It is a very particular analytical symptom. Analysis is in many ways a response to suffering and suffering is one of the few forms of presenting symptom that will not disappear as the work proceeds. Marie-Hélène Brousse asks the question: which of two options, two directions, does the analyst move in? That of silencing the suffering? Or that of giving it voice? Her comment at this point is the following: In as far as the State has an interest in this question, its interest is to quieten the suffering, to soften the clamour. The kind of

considerations that governed, for example, the Mayoral election in London are not the factors that give direction to the enterprise of psychoanalysis. In this respect there is a world of difference between the question of the establishment of a register for psychotherapists or a register for psychoanalysts, and the different question of a State-governed register for psychotherapy. The State has many interests, but central to them is this quietening of suffering, and that gives it an interest which is much closer to the Behaviourist pole of the spectrum that I started with. There exists a tendency within the State's orientation to things to equate the good of the patient with the direction of the treatment, and further, to equate the good of the patient with the abolition of suffering. The abolition of the suffering is the abolition of the symptom. On the other hand what happens to suffering in psychoanalysis is not that it is abolished, but something else. One of the outcomes of the analytical direction is that the analysand is eventually able to tolerate anxiety more than they were to start with. In other words there is a transformation of suffering. Suffering which is initially experienced in its 'shrill neurotic' form - to use Freud's adjectives - is replaced by suffering which has a different quality, a different tenor. Not all suffering is symptomatic. A kernel of suffering comes from the nature of the human condition. It is part of what it means to be human. Here one could try to formulate the direction of the analytical work now along the axis proposed by Marie-Hélène Brousse: What psychoanalysis promises is not less unhappiness, but less suffering. The theme that stems from her article is that it is not medical control, it is not insurance cover, and it is not state governance, that determines the analytical movement of a shift of suffering.

There are four texts I would like to refer you to; the second is by Hubert van Hoorde, and his text was also presented at the Ghent conference in 1999. He says there is a sterility of 'yes and no conflict' that often characterises debates and disputes in this kind of field: What is the nature of psychotherapy? What is the nature of psychoanalysis? Let's try, he says, to get away from these questions. He starts by quoting some passages from Freud's 1904 paper on psychoanalysis and its relation to psychotherapy. He contrasts the content of that paper with a position taken up by Freud, nearly 30 years later, in the 'New Lectures on Psychoanalysis', where Freud says, in 1933:

"I've said to you that psychoanalysis started like a therapy. However, I don't want to recommend it to you in as far as it is a therapy, but rather with respect to the gain of truth [the Wahrheitsgehalt]. Because of the elucidation, or articulations, which it furnishes for us about the true nature of what it means to be human. And because of the links which it establishes between the different activities of a person. This therapy, psychoanalysis, is one, together with many other psychotherapies, but it is prima inter pares, the first amongst peers. If it didn't have this therapeutic value it wouldn't have been discovered in contact with ill people, people suffering from their symptoms. And it wouldn't have developed in the way that it has over the past thirty years."

What is crucial here is the direction in Van Hoorde's formulation of things in his taking up of Freud: the direction which aims for the point of no return is that of the gain of truth. Not the abolition of the symptom, but the gain of truth. One needs to investigate a little how that gain is achieved, to see whether or not there are therapeutic ways of achieving it, or only analytical ways of achieving it, and in what way there are divergences between the two procedures. He answers the question 'what is a psychoanalyst?' in terms of this movement to the gain of truth. To answer the question 'what is a psychotherapist?' he uses the criteria devised by an emeritus

professor at the University of Utrecht, Piet Jongerius. Jongerius has produced what I could call the University of Utrecht version of a flag statement for psychotherapy. He says:

“We call psychotherapy those treatments by which an appropriately informed professional helps a client who is blocked in the search for a solution to their vital problems. To seek a new solution that is more adequate, more adjusted to their subjectivity, in relation to this problematic. This is carried out in a consequential, methodological way, by a handling of the relationship of the therapy which is founded in a theory.”

Like any flag statement, it is a starting point. There are many questions that arise from it. Van Hoorde spends the next part of his article looking at ways of assessing and criticising those formulations in the light of thirty articles which were presented on this question in the 1992 Paris congress mentioned above. He quotes Jacques-Alain Miller who produced one of those articles: ‘from the point of view of the psychoanalyst [this is Miller] psychotherapy is a restrained usage of analytical effects’. To give a fuller context to that quote we need to look at these other thirty papers, and we haven’t time to initiate that here. We have, however, I think, time to look at just one of them. I have chosen to look at the paper given by the Spanish psychoanalyst, Miquel Bassols. (In May 2000, Bassols was currently President of the European School of Psychoanalysis.) Here are some key things from the start of his paper.

He says there is a common trait to therapeutic practices, particularly those which claim to have an analytical inspiration: it is that they have a more or less well defined idea of a cure as the end outcome of their strategies. He says that they formulate the idea of a ‘good’, which will be gained and will act so as to be countervailing to the malaise, the illness experienced, the suffering experienced within the symptom. He claims that this is a general formulation of things within psychotherapies that are claiming or recognising some psychoanalytical influence. He comments that this standard is actually explicitly promoted with the authority of the World Health Organisation; it is part of the constitution of the WHO formulated in 1946. This constitution defined, in this period just after the war, such final health as a state of complete physical well being - mental and social - which doesn’t simply consist in an absence of the initial illness or infirmity. Bassols says that analytical experience has had a series of objections - and that it has had them since its origins - to the presupposition that a subject, in moving along the line of the direction of analytical treatment, is moving towards such a condition of plenitude and good. It is not what is taking place in a classical Greek tragedy: it is not what happens after one experiences a point of no return. So he formulates the idea that analytical work is trying instead, in his terms, to make the subject of the unconscious exist. Now, there is this polarity between the good that appears at one end of his spectrum, and what appears at the other, the analytical end: making the subject of the unconscious exist.

Bassols quotes Lacan in his ‘Télévision’ text from 1974; Lacan’s phrase is ‘cure is a demand which starts from a voice of suffering, from a suffering which is a suffering of the body, and of thinking’. The therapeutic response is to respond to this demand. The analytical response on the other hand sidesteps this demand from the analysand whilst moving in its chosen direction set by the policy of psychoanalysis. And how this direction is taken Bassols tries to analyse in terms of what happens to the fantasy. He says it is in the fantasy which touches the most intimate part of the subject that we gain co-ordinates for what we first experienced as our form of

suffering, and then co-ordinates for discovering that in some ways the suffering is incurable. It is what happens to this fantasy rather than what happens to the demand to be cured which determines how the subject keeps hold of the truth of their *jouissance*. How they keep hold of their satisfaction and dissatisfaction in the drive constitutes the subject's fundamental position of defence in the face of the drive. Fantasy isn't a demand, but a response, the most particular response in the subject to the question of the being of his *jouissance*.

Bassols is focussing on fantasy here not just because fantasy is clearly central in Freud, but because it is central in Freud in a particular way. It comes into play in terms of his Object Relations theory. Freud's Object Relations theory is not very well known unfortunately, but it has two or three hypotheses built into the centre of it. Freud's argument is that fantasies are constructed in childhood regressively, after an experience of wounding in primary relations of love. So the love relations of the early Oedipal structures experience a blow, and the child regressively moves to a simpler form of organisation of his sexual life. This regressive move generates the construction of fantasy according to Freud. The fantasy is constructed, and is regressive in the sense that it represents a simplification of the difficulties of the relations of sexual love. It is a simplification that moreover stresses pleasure rather than pain and loss.

The term that Freud uses to describe these blows in the field of love and desire is *Versagung*, but Stratchey unfortunately translates *Versagung* as frustration. Clearly, there is a strong sense in which it is not frustration, in many of the ways in which frustration is commonly interpreted. Lacan, in the mid 1950s, set about addressing this question as to how to understand this term *Versagung*, and did so, as was usual with Lacan, by taking up what he thought were the best Freudian texts and by critically addressing these in order to try to formulate a position. He took Freud, he took Jones (reconstructing the way that Jones distinguishes frustration from privation, and from castration) and he took Winnicott (in the sense that Winnicott took it to be deprivation rather than this Freudian frustration that is the central factor in whether or not the child can constitute a world of relations to others, whether the child can construct a transitional space). Lacan's commentary on this is, as usual, formulated under the rubric of his Return to Freud. He thinks that Freud's idea in all of this is that a *Versagung* is the retraction of promise in the field of love. In giving it such a formulation he wants to distinguish it very clearly from deprivation. On the one hand there is need and not having the object of need, the field of deprivation. On the other hand there is the *Versagung*, which is the retraction of promise. The term in German can be seen to have built into it *sagen*, a saying, and a promise. It's a promise that the child took to be there in its love relations, and it receives a blow.

Now, this is already an initial step in the construction of the human tragedy, and the child starts to try to navigate the world, while using this simplistically formed fantasy. The child's actions are now set on a particular stage. The scripting for this plot has been formed by the construction of a world of relations to others that are filtered through and organised by the fantasies that were fallbacks from the world of sexual love in the situation of the initial rebuff. There is a story here, a drama, that Bassols starts to develop in order to explicate what it is to move towards this tragic point of no return.

Finally, I'd just like to summarise. I've proposed that there are a variety of ways of looking at the common ground between psychoanalysis and psychotherapy. That there are a number of ways to formulate what exists in psychoanalysis that is not

defined in terms of a therapeutic aim. I've attempted to do this by trying to use this notion of Transference (T), then Interpretation (I), then Delta (Δ). This delta (Δ), as point of no return, usually previews a period which is depressive. Though instead of a delta one could write a D: a depressive moment. One of the ways that Lacan agrees with Klein is that the end of analysis is organised around a depressive moment. After this depressive moment there is an End (E) - there is an exit to the analysis. These four moments produce a **T-I-D-E**. There is a tide in the affairs of man, and psychoanalysis aims at it. The outcome of such an aim is that the person at the end has a different way of acting available to them, a different way of positioning themselves vis à vis the fantasy. The tide has produced a *savoir-faire* that is no longer based on what caused the initial symptoms but which is now based on the assumption of something - a taking on of something - that has passed a point of no return.

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