

**LESSONS
IN PSYCHOANALYSIS**
Psychopathology and
Clinical Psychoanalysis
for Trainee Analysts

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About the author

Franco De Masi is a training analyst of the Italian Psychoanalytical Society and former President of the Centro Milanese di Psicoanalisi and Secretary of the Training Institute of Milan. He is a medical doctor and a psychiatrist who has worked for many years in psychiatric hospitals. For the last forty years, he has worked as a full-time psychoanalyst in Milan. He has published several papers in *The International Journal of Psychoanalysis*, the *Rivista Italiana di Psicoanalisi*, and other psychoanalytic journals. His main interests are the theoretical and technical psychoanalytical issues related to severely ill or psychotic patients. He is the author and editor of numerous books, including *A Psychoanalytic Approach to Treating Psychosis: Genesis, Psychopathology and Case Study* (Routledge, 2020).

Author's note

For ease of reading, when non-specific situations are being referred to, “he” is used throughout but the points raised are applicable to all.

Introduction

Inspiration for this book has been drawn from a series of my lessons with pupils over a number of years at the Milanese Section of the National Institute of Training of the Italian Psychoanalytical Society. Several students recorded and transcribed the lessons, which they then passed on to the Training Secretary, who made them available to whoever requested a copy. It was then suggested by some colleagues that I publish these, since trainee analysts could find them useful, as could those analysts who continue to raise questions about the specific nature of the psychoanalytic discipline. I have chosen, I believe, the most important lessons and added a few new chapters that may enrich parts strictly related to psychopathology and psychoanalytic clinical work.

The first chapters are an overview of the scientific status of psychoanalysis, its main theories and models, and the way in which the unconscious registers emotional reality. Topics that are closer to clinical work then follow, such as the issue of diagnosis in psychoanalysis and the importance of the patient's clinical history. Following that, I have written on the transference and the analytic relationship, two distinct entities of cardinal importance in clinical work, in my view, and in the two chapters that follow, I look at the analytic impasse and a

moderate use of the countertransference. Regression, anxiety, phobia, and panic are then considered, which, together with trauma, have been widely studied throughout the development of psychoanalytic thought. One entire chapter is then dedicated to depersonalisation in various syndromes, followed by other chapters on melancholic and non-melancholic depression, given the considerable difference in their dynamics. Narcissism, with its related problems, and then the psychic withdrawal are examined in the final chapters, which are dedicated to clinical work. In the last chapter, I conclude with a short discussion on several aspects related to analytic therapy.

In some parts of the book, the topic in question is preceded by a description of how ideas evolved and then went on to form a concept. Analytic concepts are not linear but fashioned from numerous stratifications that form over time. To fully understand an analytic conceptualisation, we cannot ignore its trajectory or any points along the way. From its birth, any analytic concept is endowed with flexibility that, up to a point, allows new contributions to be assimilated without its specific meaning being lost in the process.

In addition, when it seems useful, I refer to some data from neuroscientific research. I believe it is helpful to report *in parallel* what neuroscience has to tell us about those phenomena that are also studied by psychoanalysts, without seeking, however, to forcibly favour hybridisation, the result of which could be confusing or misleading.

This book also aims to contribute to broadening and examining in-depth psychoanalytic clinical work. Contrary to current practice, which centres on the analyst's mind at work, my belief, as shall be clearer after reading the chapter on countertransference, is that the analyst's fantasies and imagination cannot be placed in the foreground in analytic work but must be connected to and justified by early childhood experiences of the patient, whose specific history and psychopathology need to be important focal points.

Frequently, the word psychopathology is considered as pathologising. If, however, we leave preconceived judgement to one side, we can see that the clinical approach is founded upon psychopathology; it is the basic component which permeates and structures the analytic process and marks moments of impasse as well as moments of transformation. More precisely, we may say that there is constant dialectic tension

between psychopathology and the tool kit the analyst uses to understand and to bring about change.

In this book, the study of psychopathology is *the* element that grounds the clinical approach. What I wish to highlight is the importance that psychopathology and psychoanalytic clinical work have in making psychoanalysis one unitary body. And because of this unitary structure, psychoanalysis can allow various models and theories to coexist and be continually compared, at times resulting in their dialogue but at others in their conflict.

Despite it sometimes being underlined, it is untrue that when analysts meet the patient, they all fail to consider a diagnosis: being close to the patient is a prerequisite, but this should not take away from the therapeutic task. Even when analysts feel close to the patient from the very beginning, they still need to infer the pathogenic forces that operate in the analysand and cause his suffering. If these forces are not pinpointed and treated, there can be no therapy.

It is extremely important to reflect on the ways in which an analyst relates with his patient. Schematically speaking, we may say that there are two common tendencies in contemporary psychoanalytic clinical work: the first maintains that therapy should be specific for each patient; the second, however, sees general principles that are valid with all patients. The former sees each patient as a specific case that requires a selective approach based on the patient's story and the reasons behind his suffering. It appears to me, however, that currently the idea of homogeneity is prevalent; according to this, the psyche is structured by a global organising principle, this view bringing with it the idea that the analyst can analyse the patient without taking into account his specific pathological condition. Engaging, however, with the immense diversity in clinical pictures that we see, I believe that the psychoanalytic approach should be conceived as an outfit that is tailor-made.

The expectation that trainee analysts have, and which I too had in my day, is to build up a systematic structure of theories and knowledge to understand and confidently keep one's bearings in clinical work. Unfortunately, however, psychoanalytic knowledge derives from and constantly enriches itself through analytic practice, the efficiency of which is always being enhanced. Having valid knowledge constantly is not possible. Frequently, even when an analyst has acquired considerable

competence, he wonders at his not knowing something that comes up in a session and at how his vision never stops expanding.

From this viewpoint, it is clear that there is no general psychoanalytic theory, or, rather, there is no single explanatory theory that helps us understand the many-sidedness of clinical experience. There are, however, hypotheses that can be helpful when applied to specific psychopathological domains. In psychoanalysis, as in any science, eternal truths do not exist, and it would certainly be a serious mistake to consider Freud's texts as sacred, despite their needing to be read and then compared to and integrated with what has followed.