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To go through experiences – about the psychoanalytical process

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ABSTRACT

The distinguishing feature of psychoanalytic treatment, compared to other forms of treatment, is that it offers the opportunity to go through experiences and thereby develop to become a more psychologically experienced person. The aim of this paper is first of all to try to clarify, with the help of the philosophy of Hegel, Heidegger and Gadamer, what it means to 'go through an experience', to 'learn from experience' and to 'become experienced'. Next, and on the basis of the clarification of the concept of experience, the aim is to develop an understanding of the clinical challenges psychoanalysis is facing when it tries to offer a kind of contact that will enable the patient, in the best case scenario, to go through the experiences that she/he has never before permitted her/himself to go through.

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1. Introduction

Psychoanalysis and psychoanalytic psychotherapy form an activity that may stand out as awkward and hard to define. Despite all my years of education, and despite working full time as a psychoanalyst and psychotherapist, it is rare for a workday to pass without asking myself what we are really doing in the consulting room, my patients and I. What kinds of interrogations take place? What are we talking about? And in what ways are our conversations meant to relieve my patients of their suffering?

These really are the fundamental, clinical questions pertaining to psychoanalysis, and there are, of course, a number of ways of answering them. The answers might of course become dependent, too, on what specific cases you have in mind. And yet I am here going to at least try to obtain some general answers to these questions as I understand them at the present stage of my clinical development.

Put briefly, my answers will move along the following lines: since the psychic suffering of the patient (whether in the form of neurotic symptoms, of problematic character traits or of destructive behavioral patterns) often has its roots, both historically and presently, in defensive ways of handling the inner and outer challenges of living, ways that tend to short-circuit the possible gains, in terms of growing experience and psychological development, that life's own challenges might provoke – the ultimate goal of psychoanalytical treatment must be to offer a trustful conversation that enables the patients to gradually let go of defences to become able, instead, to think, feel and speak in a more truthful, more liberated way. The primary goal of psychoanalytic treatment is thus *not* to guide the patient, through the analytical skill of the therapist, toward an intellectual understanding of her suffering and its roots. The treatment aims at enabling the patient not to *have* the truth, but rather to *speak* the truth, and to thereby support the possibility of an articulate emotional contact with herself and her own inner life. Only through such a process, through the gradual articulation of and open intercourse with herself and her inner life, may the suffering render itself to the kind of creative psychic work that may lead to emotional re-orientation, re-organisation and re-integration, i.e., a psychic work in which the patient may become able to grow and finally work through the emotional experiences that the challenges of life have been facing the patient with.

I imagine that most psychoanalysts would subscribe to the above general sketch of the character of the psychoanalytical process. But here we are confronting two specific questions that need to be worked out:

(1) How are we to understand the claim that the patient's psychic suffering is ultimately rooted in defensive strategies for handling life, strategies that are taken to short-circuit the emotional experiences that the challenges of life are facing the patient with?
(2) How are we to understand, in more specific terms, the claim that psychoanalysis offers

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> a kind of contact that enables the patient to go through experiences she has never before permitted herself to go through? How is that done? Wherein lie the clinical challenges here?

In all of these formulations, we encounter a central concept that remains vague and imprecise, despite being frequently used both in our everyday language and within psychoanalytic theory. The concept also figures in a number of well-known, psychoanalytical book titles such as Bion's *Learning from Experience* or Ogden's *The Primitive Edge of Experience*. I speak of course of the concept of 'experience'. If I am right, it is a distinguishing feature of psychoanalytic treatment, compared to other forms of treatment, that it offers the opportunity to go through experiences and to thereby develop to become a more psychologically experienced person.

Thus, before we enter the realm of psychic suffering, and the role of clinical practice, let me first try to clarify, in philosophical terms, what it means to 'go through an experience', to 'learn from experience' and to 'become experienced'.

2. To go through Experiences

In an oft-quoted passage from the German philosopher Heidegger (1971, p. 57) we read: To go through an experience with something – be it a thing, a person or a God – means that this something befalls us, strikes us, comes over us, overwhelms and transforms us. When we talk of 'undergoing' an experience, we mean specifically that the experience is not of our own making; to undergo here means that we endure it, suffer it, receive it as it strikes us and submit to it. It is this something itself that comes about, comes to pass, happens.

In relation to this quote, the specified concept of 'undergoing an experience' is not synonymous with the much broader idea of 'having an experience'. The form of genuine experiences that Heidegger speaks of is articulated in terms of 'learning experiences', demanding specifically that we 'go through them', which changes us to become 'more experienced', rather than just adding to our 'bank of experiences'.

The process of going through an experience is thus established only when something challenges us on the level of those mostly implicit ideas, values and identifications that altogether form the background of our particular experiences and actions. With concepts borrowed from Heidegger (1927) and his pupil Gadamer (1960), we may state that every experiential process must commence through our encountering a call that challenges the 'world', the 'pre-understanding' or the 'horizon of expectations' that functions as the structural and significational background, or playground, of all our psychological possibilities and expressions. Also, this makes it a pre-requisite for genuine experiences that they be initiated through a state of 'crisis', and not just through confronting a singular 'problem' – this latter concept being reserved for something that is easily identifiable and having clear contours within a world, while the word 'crisis' here indicating the kind of experience that causes our world to start breaking apart, more or less dramatically.

A less dramatic example of an experience of this kind is provided by my confronting a text which I am unable to comprehend against the background of the mostly implicit pre-understanding, or horizon of expectations, that I bring into play through my action of reading. A more dramatic example would be the loss of a loved one. As the people we love are something completely different from all other 'objects' within our world, viz. not mere objects among other objects but rather constituents of the world in which our lives are played out, the loss of a loved person is of course never 'an emotional problem' but precisely 'a crisis'. The loss of a loved one means that I experience a call so shattering that I *loose my foothold*, both existentially and emotionally.

The genuine kind of experience, thus, initially acquires a kind of negative character: here, the very perspective in which we experience things is, in important aspects, essentially negated. And this also means that, to be able to go through such an experience, to go through the kind of process that is apt to make us more experienced, we need to *open ourselves* to that which negates our fundamental perspective, viz. *to that which negates our world*. To go through experiences thus means to expand our horizon of understanding, and a condition for this to occur is that we *let it do so* by *letting it call on us* in the name of its own truth. Thus, it is necessary that we acknowledge the call and that we let its truth and its addressing us throw us to the ground. This forces us to adopt an attitude of questioning our own experience. The logical form of such psychological openness is: *what am I really experiencing here?* To dare confronting something with this questioning openness is to put oneself at stake and to venture into a dialogical process of psychological addresses and responses which is essentially impossible to control.

How we describe the process of becoming more experienced might differ from case to case (there is an obvious difference between, e.g., confronting a text that is difficult to understand and losing a loved one), but at a formal level, there are still some general criteria for an experience to be called 'genuine', and that is that its dialogical process of addresses and

responses must entail a profound re-orientation, in both cognitive and emotional terms, as well as a kind of metabolism leading to a reconciliation with the received disruptive call. Since the nature of such call is to challenge my entire world, I cannot understand it unless I let it alter myself. All of this ultimately pertains to myself rather than to this or that object which I happen to face in the experience. To have a genuine experience of something does not mean to merely gain knowledge of that something, but rather to gain *new insights about oneself*.

Let us look closer at the process of grieving a loved one. This process entails an attempt at learning to live on in a radically altered universe, a world that, on both the obvious and discrete levels, confronts me with a number of questions: How should I feel about what has happened? Who am I? What do I want? What can be meaningful after this? How am I to live my life now? The process of grief can thus be described as an attempt at psychological re-orientation, beginning in a state of existential and emotional confusion, a state that contains emotionally charged attempts at understanding, at accepting, at letting go, at creating new meaning, at re-evaluating, at internalizing, at projecting, etc. Grief thus offers a possibility of re-integration, re-organisation and growth, where the emotional re-orientation, in a best case scenario, is a result of a psychological work with the world that has been shattered.

Thus, a new emotional map is actualized and materialized as a development of the previous one, *eine erhobene Form*, as Hegel would put it (1977). In other words, the process of grief has made us more *experienced*. An earlier instance of our world has been mourned and metabolized, thereby becoming part of what we come to perceive as our own history. This means that the kind of experience we are discussing here is unique and impossible to repeat. And, if we look closer at this process, it also means that we do not merely leave our old world (i.e., our previous horizon of expectations) behind, but rather that we internalize and reform it so profoundly that we may never again return, naively, to re-experiencing any negations of it. It has now acquired the temporal character of 'past-ness', and has thereby also become that in the light of which our present world stands forth, and not just as any other world but rather as a new world *developed* on the basis of the earlier stages. *History* has been made, and a displacement of the very preconditions of our psychological life has occurred. The fundamental, emotional organization, the world that defines and delimits our repertoire of feelings, thoughts, ideas and expectations, is no longer the same. Our psychological life has been illuminated and expanded and has acquired a new historical depth.

However, this illumination, expansion and historization of our psychological life do not mean (which Gadamer strongly emphasizes and, in doing so, polemizes against Hegel) that our collected experiences would entail some kind of essential teleology leading us toward an ideal and absolute self-knowledge, an absolute self-consciousness for which nothing would be foreign and that could no longer be challenged by anything. The opposite is true: the more experienced we get, the more undogmatic we tend to become. The dialectics of experience does not culminate in perfect knowledge or absolute self-awareness, but rather in an increased openness to new experiences. Experiences open us up for further experiences, preparing us for losing our balance and for being pulled into further processes. Experience, Gadamer says, 'is experience of our human finitude', i.e., an insight into 'the absoluteness of the barrier that separates man from the divine'. Or: 'The truly experienced person is one who has taken this to the heart, who knows that he is master neither of time nor the future. The experienced man knows that all foresight is limited and all plans uncertain' (1960, pp. 357).

Based upon these remarks about the formal structure of experience, how are we to understand the above claim that psychological suffering, as understood by psychoanalysis, is fundamentally rooted in defensive ways of short-circuiting the emotional experiences that the challenges of life are facing us with?

3. Psychic Suffering

There are of course many ideas within Freud's theories about psychological symptoms that stand out today as obsolete, but, I think, the main tenets of his etiological theories still hold. According to Freud, even if a person's psychological symptoms might be connected to recent experiences, such as a divorce or conflicts at work, the psychological suffering involved would not take the form of psychological symptoms or psycho-neurotical suffering (e.g., psychosomatic pain, depression or perversion) if it wasn't for the fact that the actual situation is emotionally connected to, and thereby reactualizes, a number of – mostly unresolved – infantile conflicts. The psychological suffering is thus rooted in infantile, emotional conflicts that the undeveloped person was unable to handle in any other ways than by retreating to certain primitive defense mechanisms, mechanisms that, in their turn, have suppressed the conflicts and given them an unconscious and 'timeless' character, all this leading to a pattern where the conflicts, rather monotonously, tend to repeat themselves in slight variations over time. Our historical development is not

something that we 'have', but rather something that we 'live through'. We live through our unconscious and infantile-tinged life, and thus our developmental history acquires a tendency to 'cathect' our recent, emotional problems and impart them with an emotional complexity and a kind of 'pressure' that renders us incapable of handling them in a normal, non-pathological way that would be adequate for our present age.

I hold this foundation of Freud's etiological theories to be correct. However, it acquires further nuances as soon as we reformulate it in the terms introduced in my above description of the formal structure of experience.

Each step of our psychological development commences, as I have already stated, by our psyche confronting a call that challenges its interior organization – and this holds for all levels, from the most rudimentary and up to the most developed forms. We have already analyzed one such challenge when we studied the example of losing a loved one. Here are some other examples: we may imagine the experience of the infant that suddenly realizes that the nourishing breast leads to an independent existence, challenging the infant's fundamental conviction of living in a stable, secure and indestructible world. Or we may imagine how the organizing experience of the 4-year-old boy of being the center of the world of the beloved mother is being threatened when he realizes that intimate things are going on behind the closed door of the parents' bedchamber. Or we may imagine how the blind faith of the 12-year-old girl that people are good – a faith that constitutes the firm ground of her way of being in the world – is shaken to the core when she returns to school after her summer vacation and sexuality has made a premature entry into her social environment and the tensions between the sexes have increased and you can hear phrases like 'fucking whore' echo over the school-yard. Or we may imagine, lastly, the 17-year-old adolescent and how his organizing conviction of 'being normal' is shattered in an instant when he, unprepared, is experiencing his first panic attack and then can't let go of the thought that he constantly must be on guard against, and try to hide, the madness that he obviously is capable of and that will destroy his life if he allows it to flourish.

Each step of our psychological development commences, thus, in a state of crisis. While the term 'crisis' indicates that it is the entire organization that is exhausted (otherwise we rather speak, according to the above definitions, of 'problems'), we need, in a majority of cases, external aid to overcome it. Since our psychological organization is the very fundament of our ability to meet life's challenges, we frequently need external assistance to be able to open up, in a healthy way, for the unpredictable process of psychological addresses and responses that eventually, if everything goes well, will develop us and help us become more experienced. To offer external assistance – or a 'facilitating environment' if we speak with Winnicott (1987) – is, of course, a part of the practice of good parenting.

But if, on the contrary, we don't get this external assistance – if we, e.g., grow up in a psychofobic family environment where one does not confront such things as problematic emotions – we will probably acquire an unconscious tendency of closing ourselves to the call that challenges us and to thereby short-circuit the potential process of experience that the call brings forward. Along these lines, we may imagine how an infantile child, at the brink experiencing the independent existence of the breast, regresses back to the primary process functioning that is about to leave behind and that the child thereby starts to 'hang out' with a hallucinatory created breast, rather than with the real breast. Or we may imagine, again, how the 4-year-old boy, when he realizes that his parents are having an intimate relationship that he is not involved in, represses his growing anger and murderous impulses and how the cathexis of his impulses gets invested in his emergent superego which thereby turns out as unusually strict and intransigent. Or we may return to the 12-year-old girl, and see how the shock she experiences prompts her to flee into an anorectic disease where she can allow herself to park permanently in the handicap lot of life, instead of venturing, like her peers, into the turbulent journey of adolescence. Or we may imagine, finally, how our young 17-year-old man, after having suffered his first panic attack and becoming terrified of what he perceives as his own madness, quickly replaces his emerging subjectivity with conventionality. He starts to avoid being and relating in the first person, being idiosyncratic, to develop instead a kind of administrative personality that behaves according to social standards and that only choses common forms of expression; a personality that, for any observer, will stand out as abnormally normal, abnormally well-functioning and abnormally socially competent.

According to Freud's fundamental, etiological stance, we would be able to handle life's actual challenges were they not emotionally connected to the unresolved conflicts of our developmental history, conflicts that on an early stage were placed into the unconscious by our defense mechanisms. If I am right, however, an even better way of formulating this etiological stance would be to say that we would be able to deal with life's challenges in a non-pathological way if it were not for the fact that we in certain areas are so undeveloped and *unexperienced*. So, rather than saying that we first have made certain experiences that have been placed into the

unconscious by our defense mechanisms and that these unconscious experiences then have a tendency to overcathect present situations and thereby rendering us unable to cope with them, we should be saying that our defense mechanisms early on rendered us deaf to the shattering calls that challenged our psychological organizations, thereby short-circuiting all potential processes of experience and inner growth that could have made us *experienced*. It is precisely in this way, by defensively retaining ourselves within an inexperienced state, that we make ourselves incapable of handling our own lives in a non-pathological way.

We might, for example, theoretically imagine, albeit in a somewhat contrived fashion, how the infant that regressed back toward an earlier primary process, after having discovered the independent existence of the breast, was later to became unable, in her grown-up life, to handle separations from important others without fleeing into psychotic functioning. Or we may imagine how the oedipal boy from our next example would grow up to cultivate the rigorous super-ego characteristic of an obsessive-compulsive disorder where he would have unconscious, infantile-tinged fantasies about how his anger might destroy the entire world – if it was ever let loose. Or we may imagine that the anorectic girl will continue to stand parked in the handicap zone of life, unable to develop a mature and reality-based faith in the fact that adult social life could be a source of joy, reciprocity and creativity. Or, finally, we may, with a term borrowed from Bollas (2021) and McDougall (**1980**) envision how our 'normo-pathic' young man would succeed in cutting the ties to all forms of personal depth, which in turn would force him to phobically avoid any kind of situation and social interaction whose form was not completely set beforehand, ultimately reducing him to just 'going through the motions' of living.

Along these lines, in my attempt at reformulating Freud's fundamental, etiological stance, we would say about 'the unconscious' (this is the most fundamental concept in Freudian Psycho-analysis), not that it refers to an intra-psychic content present in a kind of psychological substratum, but rather that it is, in each specific case, equivalent to an experience (or an experiential process) that someone has stopped herself from going through. Rather than something 'inner', the unconscious is a *potentiality* that is waiting for us in the future. And our defense mechanisms, accordingly, should be seen not as ways of placing experiences into our unconscious, but rather as instinctive attempts to short-circuit this future potentially from ever becoming realized.

Naturally, this way of redefining psychological suffering will have consequences for how we regard the clinical treatment of our patients, as well as for the way in which we explain how the unconscious, as we put it, might become conscious.

4. The Psychoanalytic Treatment

When people start undergoing psychoanalytic therapy, they are often in a state of anguish where the inexperienced psyche again faces a call that strongly challenges its organization. Now, perhaps, our normopathic young man has reached his 30s and is seeing his panic attacks return after having become a parent to a child, unable to handle this new situation, with the emotions of responsibility and overwhelming love that it entails. Or perhaps our anorectic girl, now woman in her middle age, suddenly has started to menstruate for the first time since her early teenage years, with all the anguish of being let down by her body that this new experience will bring on, leaving her with a feeling that her body has taken its own inexplicable decision to finally depart from the handicap lot of life in order to venture, after all, into the turbulent journey of adolescence.

Whatever the reasons may be, the psychological calm of the patient, which her earlier defenses attempted to establish, is now shattered. A wound has been opened up that points straight into the problem area where the patient is most inexperienced emotionally. To heal the wound, the psyche will now quickly attempt to reform and reactivate its defences. The main clinical assignment of the therapist, at this stage, is of course to stop the reactivation of earlier defenses, by providing a physical and mental environment where the patient's suffering can be channeled into a sound and progressive psychological process, i.e., an environment where the patient will dare going through those central, emotional experiences that she has hitherto managed to avoid.

It is a well-known fact that Freud viewed what he, during a period, would refer to as 'the narcissistic neuroses' as being unsuitable for psychoanalytic treatment. According to Freud, patients suffering from such conditions remain chronically incapable of establishing a transference relation to the analyst, rendering them impossible to analyze. This view, that a transference relation is a precondition for all psychoanalytic treatment, has been taken up differently in different parts of the psychoanalytic tradition. In the Kleinian school, for instance, the notion of transference has become perhaps *the* central concept of its entire, clinical theory. Within that school, thus, psychoanalytic treatment has gradually become synonymous with a process that takes place within the framework of the transference relation between therapist and patient. In everything the patient says concerning herself and her life, there will be deep

layers of meaning directed towards the analyst and the analytical relation. And accordingly, the focus of the analyst ought to be 'here and now' rather than 'there and then'. What psychoanalysis is fundamentally about, then, is nothing other than establishing, identifying and interpreting the transference relation, in order to gradually resolve or at least reorganize it. The neuroses of life ought to be cured on the scene of the transference neuroses.

There is much to be learned from the Kleinian school. However, my own experience tells me that what has been called transference is, in many ways, a clinically overestimated phenomenon. There is, of course, no denying the fact that the patient brings the different facets of her psychological suffering with her into the analytical relationship. If the patient, for example, has a problem with letting another human being occupy an important position in her life, this problem will of course also be manifest in the patient's relation to her analyst. But this fact has, in and by itself, more to do with the psychological functioning of the patient than with what we have come to call transference. The term 'transference' refers to something much more specific, something which may occur under certain circumstances. As Freud sees it, transference occurs when the patient starts misinterpreting the analytical relation on the basis of her own past, making her prone to act out infantile and emotionally cathected relational patterns that are grounded in her relationship with early objects, most frequently with her parents.

That a precondition for the success of psychoanalytic treatment lies in the establishment of an emotionally cathected relation between patient and therapist, thus far I agree. But this does not have to entail that the patient develops an emotional misinterpretation of the actual relation in terms of the past, even if this indeed frequently occurs. I rather see it like this: the process of going through emotional experiences, in the sense discussed above, will only become possible as long as the patient invests in the analyst and the clinical process with libidinous cathexis, which in this context means nothing else than that the patient gains profound confidence for, and puts her deep faith in, the analyst and the clinical process. This is a necessary precondition for the success of psychoanalytical treatment. And this profound confidence is unlikely to emerge as long as the analyst's clinical actions remain focused on getting the patient to misunderstand the analytical situation in terms of her past. Such ways of acting, e.g., a situation where the analyst strives to act as neutrally and impersonally as possible to become a perfect 'projection surface' for infantile emotions and reaction patterns, and where the analyst interprets all the patient's reactions and expressions as indicating manifestations of her unconscious fantasies about the therapist, etc. – all of this merely signals that the analyst has her own agenda and is primarily occupied by her own technique, which really means that the analyst is self-occupied rather than open and receptive towards the patient. Consciously or unconsciously, the patient will start to note how some of her expressions are more interesting to the analyst and that the analyst is thus listening for something rather than listening with an open mind. An analysis fixated on transference thereby risks provoking paranoia rather than invoking trust.

Over the years, Winnicott's clinical theories have become the target of a lot of criticisms because he proceeded to interpret the psychoanalytical situation in terms of the practice of good parenting. And it is of course true that the analyst must avoid trying to become the 'good mother' she imagines the patient to be lacking – an objection I feel sure that Winnicott himself would also reaffirm. Winnicott's point is only that there are certain important resemblances between the work of the analyst and the developmentally supportive and emotionally integrative work associated with good parenting. In both cases, the work takes place on an intuitive plane impossible to reduce to a technical manual. In precisely this sense, I think Winnicott is right.

According to Winnicott's theory about the psychological development of the infant, the mother is initially two different mothers Winnicott (1963). First, she is the 'object mother' to whom the infant relates libidinously and whom he attacks ferociously and eats of; second, she functions as an 'environmental mother' that provides the overall framework of the infant's libidinous activities. If we transpose this to the analytical situation, I think that the analytical process fares much better if the environmental analyst remains, for the patient, more strongly cathected than the object analyst. The reason for this is obvious: if the patient is to obtain, within the clinical process (and then dare to remain within), a deep contact with herself – which is often in itself a confusing experience – if she is to dare opening herself up for the disruptive call that initiates the psychological work necessary for going through an experience – then the patient must, consciously or unconsciously, sense that she really is in contact with the analyst in the latter's capacity as a sensitive, perceptive, friendly, trustworthy, courageous and intelligent other, one that takes responsibility for the process and who safe-guards it as time passes. There is no way to obtain or retain contact with oneself, unless you have a trustful, real and living contact with the other. That traces of transference are present in any psychoanalytical situation is undoubtedly true. However, when the

patient is confronted with early emotions and infantile anxiety, it is of decisive importance that she may do so within the framework of a relationship that is both quantitatively and qualitatively different from the one that invoked the transference in the first place.

5. Interpretations and Free Associations

According to the perspective in the present article, the principal aim of the psychoanalytic work is to aid the patient in opening up to the shattering emotional call that challenges her psychological organization, presently and historically, the type of call that functions as the necessary starting point for all genuine experience. One decisive, clinical challenge in this context is to let the call really become a 'call'. That which puts us out of balance, that which challenges our inner organization, tends to acquire traumatic qualities, attacking us with an overwhelming swarm of unbound and unorganized 'stimuli'. Now, unbound stimuli are hard to handle in any other way than by mental evacuation or by fleeing head over heal. Something with the inner form of a call, on the other hand, opens the possibility of answering emotionally, of starting a process of psychological addresses and responses that will hopefully, at a later stage, help us become more experienced.

In terms precisely of this challenge – to let the call become a call – one might suspect interpretation to become one of our principal, clinical tools. This is of course true, even if we must guard ourselves against interpretive inflation. When trust in the analyst and the analytic process emerges, the patient will approach the emotions, thoughts and experiences that are connected, both historically and presently, with the present crisis; the difference being that this time the patient has at least mustered up the courage to start her psychoanalytical treatment. At this stage, however, these emotions, thoughts and experiences are undeveloped and should rather be called 'proto-emotions', 'proto-thoughts' and 'proto-experiences'. What they are lacking, primarily, is *form*. What we must do, then, is try to get them to assume an articulative 'Gestalt' and thereby start *speaking*.

The crucial thing here is to get *them* to speak. As long as *we* speak them – e.g., by pre-mature interpretations that remain at too great a distance from those proto-emotions, proto-thoughts and proto-experiences we are trying to articulate and verbalize – this will just cover over and thereby increase the confused state that the patient is in. What is essential is that the analyst and the patient succeed in their shared effort to create an environment that may harbor what Freud refers to as *free associations*.

In what has come to be called 'The two Encyclopedia Articles' of Freud (1923, p. 238), Freud introduces his 'Basic Rule' of free associations in the following way:

> The treatment is begun by the patient being required to put himself in the position of an attentive and dispassionate self-observer, merely to read off all the time the surface of his consciousness, and on the one hand to make a duty of *the most complete honesty* [my italics] while on the other hand not to hold back any idea from communication even if (1) he feels that it is too disagreeable or if (2) he judges that it is nonsensical or (3) too unimportant or (4) irrelevant to what is being looked for.

The crucial aspect of Freud's basic rule of free associations, as I read it, is that it tells the patient to be *totally honest and truthful*. Free associations, thus, really are more about ethics than about analytical technique. The success of free associations has often been interpreted in terms of the patient being able to state all her thoughts in the session without stopping to think or reflect. This explanation is too one-sided. That an association is 'free' does not primarily mean that it is quick and thoughtless, a much more important aspect being that it *comes from the patient herself*, rather than being generated through adjusting to (internal or external) demands and criteria – the demand for 'quickness and thoughtlessness' actually being one of them. In free associations, the patient is *herself* in what is said, the patient *expresses herself*, and the patient *is truthful*. The dialogue with the analyst is thus never substituted with a rambling monoloque. The opposite is true: what makes the associations 'free' is that the patient is able to trust the analyst to the extent where she *does not have to flee* into a defensive or chaotic kind of speech but may instead remain emotionally present in the dialogue, becoming able, thereby, to let the call that emerges out of this emotional anchoring become the primary 'authority' of the situation, the centre of attention and the main inspiration for her speech. If the patient becomes the receiver, at a given point, of a sad inner call, if the patient is sad, e.g., because the contact with her own children is so poor, then it might be a free association when the patient is able to say, *with sadness*, 'I am sad'.

If the patient's total honesty and truthfulness are to become possible, it is necessary that she acquires a profound trust for the analyst as a non-judgmental receiver of her free associations, a sensitive presence that endows the associations with force and direction. As Freud points out in the passage right after the one previously quoted, the analyst should:

> surrender himself to his own unconscious mental activity, in a state of evenly suspended attention, to avoid as

> far as possible reflection and the construction of conscious expectations, not to try to fix anything he heard particularly in his memory, and by these means to catch the drift of the patient´s unconscious with his own unconscious. (Ibid, p 239)

As many have pointed out (e.g., Bollas, 2007), the focus, of the Kleinian technique, upon transference interpretations is the exact opposite of the openness recommended by Freud in the quote above. For Freud himself, the crucial component of the analytic technique lies in its *receptive* rather than in its analytic aspect: the analyst is to have no other interest than *establishing contact* with the patient, and this is the aim to support the patient's free associations.

6. Conclusion

If the 'Freudian couple' (Bollas, 2002, ***Free Associations*, p. 7**) succeeds in the shared effort to create a psychological environment that supports the patient's free associations – an associative activity within which the patient can acquire a less stifled, more articulate access to herself, and thereby become an expressive valve for those proto-emotions, proto-thoughts and proto-experiences that challenge the psychological organization – an uncanny form of disintegration is bound to ensue. As soon as the sadness, e.g., of having lost contact with one's children, the claims of the defensively constituted personality, the claims of being autonomous and self-sufficient, will stand forth in all their *emptiness* – and the same destiny will befall all the ideas and associations that are attempts at rationalizing these unsustainable claims. In free association, thus, the defensive organisation of the patient's personality starts to gradually break apart. And this breaking apart is, indeed, a necessary precondition for the call becoming precisely a call, a precondition for the possibility that the call articulated by our free associations may really begin to speak to us. Since the call that initiates a genuine experience is such that it challenges my inner organization, my entire 'world', I cannot heed the call, I cannot hear it, unless I am ready to let myself be changed by it. Hence, I can hear the call of sorrow over the lost contact with my children only when the inner organization connected with my claims of being self-sufficient starts breaking apart, and conversely, that organization cannot start to crumble unless I become able to hear the call and to heed it.

The chief, clinical aim of psychoanalysis is thus to be able to create a psychological environment that allows a shattering, psychological disorganisation to take place. After that, when it comes to the emotional re-orientation, re-organization and re-integration that will follow and that constitutes the process making us experienced – i.e., when it comes to what Freud speaks of as 'the unstoppable progression towards psychic unity' (1921, p. 310) – the psyche has a tendency of so to speak healing itself, as long as it is provided with a psychologically benevolent environment.

In the classical, Freudian tradition, the ideal psychoanalytical treatment tends to be characterized, somewhat slogan-like, as a process consisting of two main moments: 'regression' and 're-organization'. I regard this as being essentially correct. My ambition, in the present article, has been to develop a closer understanding of what this means, and what the clinical challenges are for initiating such a process. I have done this with the help of Hegel's, Heidegger's and Gadamer's theories of what it means to *go through an experience.*

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References

Bollas, C. (2002). *Free Association*. Icon Books.

Bollas, C. (2007). On Transference Interpretation as a Resistance to Free Associations. In *The Freudian Moment*. London.

Bollas, C. (2021). *Meaning and Melancholia. Life in the Age of Bewilderment*. Routledge.

Freud, S. (1921). Group Psychology and the Analysis of the Ego. In The Standard Edition of the Complete Psychological Works of Sigmund Freud, 18 (pp. 69–143). The Hogarth Press .

Freud, S. (1923). The Two Encyclopedia Articles. In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud, 18* (pp. 235–259). The Hogarth Press .

Gadamer, H.G. (1960). *Truth and Method*. The Continuum Publishing Company.

Hegel, G. W. F. (1977). *Phenomenology of Spirit*. Oxford University Press.

Heidegger, M. (1927). *Being and Time*. Harper & Row Publisher.

Heidegger, M. (1971). *On the Way to Language*. Harper and Row Publisher.

McDougall, J. (1980). *Plea for a Measure of Abnormality*. International University Press.

Winnicott, D. W. (1963). The Development of the Capacity for Concern. In *The Maturational Processes and the Facilitating Environment* (pp. 73–82). The Hogarth Press .

Winnicott, D. W. (1987). *The Maturational Processes and the Facilitating Environment*. The Hogarth Press: London.