

Freud's Ewige Wiederkehr

How the psychoanalytic movement doesn't stop making the difference

Wien-Haus, Brussels, Freud's 150th anniversary lecture, 8.05.06

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Introduction

Good evening Ladies and Gentlemen,

First of all I want to thank the Austrian Embassy for the invitation to speak at such a festive occasion. Saturday 6th was Freud's 150th birthday and I am honoured to speak about his ongoing influence in this magnificent Wien-Haus and to such a select audience.

In my gymnasium years I chose German as a third language because I wanted to read Freud in his mother tongue. It is one of the dreams I did not manage to realize so I have to apologize for my use of English.

Already during my adolescence I read Freud's '*Jenseits des Lustprinzips*' ('*Beyond the pleasure principle*'). When I once gave a lecture about poetry and adolescence one of the older woman in the audience inquired uneasily about the suffering I had -in her view- endured. She didn't really understand all the fuss I was making about this awkward period.

As we all know '*Sturm und Drang*' and the boogie-woogie of the hormones are at the heart of adolescence. Indeed, the English author Iris Murdoch makes it all sound plain and simple. She propagates to fuck, fuck and fuck at puberty as (according to her) it is the ideal moment to do so.

It reminds me of the lyrics (?) of a pop song a few years ago '*You and me baby are nothing but mammals, so let's do it like they do on the Discovery Channel*'

Psychoanalysis stresses the point that for example due to language we are *other* than mammals. At puberty the calf-becoming-a-bull knows what to do. Its sexuality is written in its genes and is dictated and programmed by its instincts.

We however are subjects, we have choices to make. Choices of words and choices of acts.

What it is to be a man, to be a woman, to love and to lose, to live and to die.
And whether we choose for *invention* or *convention* inevitably we are condemned to fail in finding the *right* words or the *right* acts.
In fact this failure is our *human* greatness.
We *are* the sum of our choices.

Wiederkehr

Intuitively I chose as the title of my lecture a *Spielerei*, loosely referring to Nietzsche's concept of the '*Ewige Wiederkehr des Gleichen*'.

On numerous occasions Freud has undergone the same fate as the American author Mark Twain. Supposedly dead Twain reacted that the news of his death was somewhat exaggerated. In a pun we might argue that Freud (like a cat) has nine lives. *Er kehrt immer wieder* and this in spite of the popular sport of Freud-bashing whereby he is accused of all the sins of Israel.

Of course, physics didn't end with Newton and psychoanalysis didn't stop with Freud. Although we should not forget that except for the ultra small and the ultra large Newton's inverse square law (gravity diminishes with the square of the distance) *still stands*.

By the middle of the 20th century psychoanalytic ideas had spread throughout the human sciences and mental health care. After the introduction of psychopharmacological agents in the years following World War II and the rise of a whole range of behavioural and/or symptom-oriented therapies psychoanalysis threatened to lose its importance.

The pharmaceutical lobby invests astronomic amounts of money in the promotion of its products. Focussing on measurable symptoms and not at inner, subjective reality medical and behavioural practices seemingly produce better proven effectiveness.

Whereas psychoanalysis retained its prestige within the world of culture and the human sciences it is considered to be unscientific and anachronistic by the world of natural science, of health and government authorities.

Psychoanalysis is also wrongly reduced to only one kind of therapeutic practice several times a week on the couch with the analyst out of the patient's sight.

Quite evidently however psychoanalysis has *evolved* in theory as well as in practice. Melanie Klein, Wilfred Bion, Donald Winnicott and Jacques Lacan are among its most important contributors.

Nowadays psychoanalytic therapists work in settings for the newly born and for the elderly. They facilitate the first contact between baby and parents, contribute to emotional development in play therapy with toddlers and primary school children, help adolescents to find themselves as independent sexual beings, inspire the work with the most diverse and severe psychopathology. They do so in individual psychotherapy face to face, in the play room, in group, couples or

families and in ambulatory or hospital settings.

Science

Huge studies on the importance of *attachment* and its trans-generational transmittance as well as developments in *neurobiology* and *memory* research have strengthened the evidence for long existing psychoanalytic ideas. Numerous comparative *outcome studies* have made up scientific arrears.

Anno 2006 a psychoanalytically inspired semi-residential programme (*'Mentalization based treatment'*) is the treatment of choice for severe personality disorders. As such it is scientifically acknowledged in the treatment guidelines of the American Psychiatric Association.

But also for other mental disorders psychoanalytically inspired treatments are making a scientific comeback.

Nowadays according to the World Health Organisation depression for example is becoming the most important health problem in the West. One out of six persons will have to confront depression during his/her lifetime. It is a proven fact that short and/or symptom oriented pharmacologic and/or (cognitive) behavioural treatment most often provide only *limited* and *temporary* results.

In each depressed individual the irreducibly singular aspect of his biography and of his childhood and youth in particular must be taken into account to achieve ongoing therapeutic success.

I sometimes wonder if one really has to be a psychoanalyst to accept that symptoms are by definition surface phenomena of a deeper process. Anyway it is one of the founding principles of psychoanalysis that the whole of psychology and psychopathology is rooted in the inextricable *mixture* of biology and early emotional development that is the *kernel* of the Unconscious.

In an orthodox Freudian view neurotic symptoms are the result of unconscious conflict that is rooted in early development. Yet neurosis has disappeared altogether from the Diagnostic and Statistic Manual of Mental Disorders. This diagnostic bible was exported from the United States to the rest of the world from the 1980s onward. In it neurosis is replaced by a proliferation of anxiety and mood disorders. Knowledge of their origin seems to have returned to pre-Freudian *Dark Ages*. Implicitly causality is attributed to biology or life-events that are supposed to exert their influence in a universal way, quite separate that is from the individual's life history.

Wiederholung(szwang)

But the title *'Ewige Wiederkehr des Gleichen'* not only refers to the ups and downs of psychoanalytic relevance and popularity. Also and most importantly it refers to some Thing else. Definitely *the* determining principle of the Unconscious is indeed involuntary repetition, *Wiederholung* and even *Wiederholungszwang*.

I am sorry to say that fate or *Schicksal* is *not* written in the stars.

We should not '*put the blame on mame*' but neither are our more or less apelike ancestors to blame for our misery.

The fact that mankind spent 99.5% of its existence in the African savannas where we lived in herds of 50-100 members as hunters and gatherers may offer some *distal* explanation for our behaviour.

No doubt every psychoanalyst will acknowledge that we are born with a certain genetic *predisposition*.

But we try to look for more *proximal* explanations, within the ontogenesis and not the philogenesis of the subject.

And as far as stars are concerned: the only constellation that really matters are the fantasies, dreams or nightmares of our parents who are at least as determining for our destiny as our chromosomes.

Schmerz

Due to its long time dependency the '*Schmerz*' that leads to the human cry (for help) is from birth onwards *translated into language* by signifying symbolic processes. Also the internal or external '*Erregungszuwachs*' that is the cause of both '*Schmerz*' and cry is constantly transformed and denaturated by the (m)Other. She indeed provides symbolizing en mentalizing capacity, that produces a kind of psychic skin, a '*Reizschütz*'. This is why contemporary psychoanalysis changes the Cartesian Cogito '*I think therefore I am*' into '*She thinks therefore I am!*'

Last but not least adulthood implies a continuous, more or less conscious decision making so as to create one's own destiny.

Furthermore we should warn against narrow-mindedness. It is a strictly psychoanalytic view that nature and nurture have a mutual influence. In a visible and measurable way the brain develops in response to cognitive and emotional experience: the so-called *neuroplasticity*. Purely by the power of words the nervous system can work differently so that a mother can have a caesarean section while singing the blues. It is the miracle of *hypnotic trance* that convinced Freud überhaupt of a *psychic causality* and of an inner knowledge whereof the individual is *unaware*.

Physical and cerebral disorders can on the other hand cause psychic or personality change. And parents can be seriously physically and psychologically affected by the continuous intensive care a cry baby imposes upon them. Neither in the nature/nurture debate, nor in the brain/mind dilemma there is any room for simplicity.

Character is fate

It is a quintessential psychoanalytic discovery that above all our fate is written in our infantile past and in the resulting and ongoing influence of the Unconscious.

According to the pre-Socratic philosopher Heraclitus character is fate.
This fate is located inside and not outside. And so are most of the causes of psychic suffering.
Strange as this may seem it is good news for patients and therapists alike.
How on earth would we be able to do *anything* if the cause of all trouble would be situated outside of the consultation room and thus by definition way out of reach?

Different antropologies

Medicine and behaviourism see man as a *rational* being. Man can be misled by irrationality but there is a firm *belief* that he can be guided onto the right path by the strength of reason. Implicitly there is a belief in a distinction between normal and abnormal, sickness and health and there is an almost naïve therapeutic optimism: given the right pill or technique all problems can be solved.

Psychoanalysis has a fundamentally *tragic* view on the human condition. Between normality and abnormality there is a continuum. We all have our inner conflicts, our islands of hidden madness. We can all react with psychosomatic illness under stress and we are all capable of perverse fantasies and impossible dreams. In fact, according to Freud the difference between normal and abnormal evaporates when we dream. We are all disturbed by forbidden libidinal or aggressive urges, with incestuous or parricidal tendencies. And we all wrestle with impossible desires for example for omnipotence or androgyny.

I don't know if we are the offspring of Adam and Eve, but we are definitely the children of Narcissus and Oedipus.

In a psychoanalytic opinion man will always be disturbed by drive, by frustration and conflict. And normality is a mirage. After all, what is a healthy way to cope with the loss of a loved one? Which of the fifty ways to leave your lover is to be advised?

To give some extra oxygen I will now proceed by showing you a little story by the famous French cartoonist Sempé.

It may be considered a silent movie that illustrates several key issues of psychoanalysis that we began discussing. It will be made clear that these issues subvert and are in sharp contrast with the logic of psychiatry, medicine and everyday common sense.

(cartoon Sempé)

Common Sense

I hope these drawings provide convincing evidence that advice and common sense have only a very limited therapeutic impact.

According to the French philosopher René Descartes common sense is the only good that is admirably and justly distributed among human beings: every living soul thinks he is blessed with plenty of it. This of course is one among many universal delusions.

Nevertheless, armed with this so-called common sense everybody (and this includes many therapists) has valuable insights free for sale when emotional, relational or psychopathological issues are at stake. Especially when the commentator is not at all involved and can proceed unhindered by any surplus knowledge whatsoever.

Psychiatry, psychotherapy and psychoanalysis have (and alas sometimes *deserve*) a very *ominous* reputation. Many television broadcasts confront us with the close-up of a barred window or the shabby furniture of the isolation cell. Films like ‘*One flew over the cuckoo’s nest*’ or the opening images of ‘*Amadeus*’ keep on determining the scant image of psychiatry. Thanks to the oeuvre of Woody Allen psychoanalysts are no more than a running gag. If they are not presented as sexually frustrated weirdo’s who abuse already traumatized patients.

Meanwhile most of the people that are burdened by psychic suffering try to *conceal* rather than to *heal* it. They are ashamed, feel guilty and do not want to know there is something wrong inside. They see the mental health care system as the unsafe playground of guru’s and charlatans, both even crazier than their patients.

When they *do* consult a therapist they are full of great expectations and in search of a magical formula that will relieve them of their suffering. In this way they are much akin to one of the most famous psychiatric patients in world literature: lady Macbeth.

Shakespeare: Macbeth and King Lear

With your permission I will briefly quote from Shakespeare's 1606 play. It is often described as an ‘*anatomy of evil*’. In French this even sounds better and more apt: ‘*une anatomie du Mal*’. I’ll start with lady Macbeth’s plea to her doctor:

Canst thou not minister to a mind diseased, pluck from the memory a rooted sorrow, raze out the written troubles of the brain and with some sweet oblivious antidote cleanse the stuffèd bosom of that perilous stuff which weighs upon the heart?

To this request the doctor answers:

Therein the patient must minister to himself.

Disillusioned lady Macbeth replies:

Throw physic to the dogs. I’ll none of it!

In this age-old fragment we encounter the patient who demands a medical prescription to solve his problems. The patient who is not eager to confront himself, to see inside or to look for insight. On the contrary: an ever recurring fact for every experienced therapist is the patient’s almost universal *passionate blindness*.

The French psychoanalyst Jacques Lacan refers to the German philosopher Hegel who in his ‘*Fenomenologie des Geistes*’ speaks of the ‘*schöne Seele*’, ‘*la belle âme*’: the person who

projects his disorder onto the world around him, thus denying his own responsibility for what goes wrong in his life.

Obviously the attitude ‘*Wir haben es nicht gewusst*’ is a salvation from all possible guilt. And of course we can also cite Kaiser Wilhelm II about the first World War: ‘*Ich habe es nie gewollt!*’

This is the excellent foppery of the world, that, when we are sick in fortune, often the surfeit of our own behaviour, we make guilty of our disasters the sun, the moon, and the stars; as if we were villains on necessity, fools by heavenly compulsion, knaves, thieves and treachers by spherical predominance, drunkards, liars and adulterers by an enforced obedience of planetary influence

Shakespeare again, this time from ‘*King Lear*’.

Reason and rationality

So far the psychoanalytic critique of *common sense*.

Returning to our cartoon we also learned that we should indeed not overestimate the effect of *reason* in the tackling of emotional problems.

According to the English philosopher David Hume reason is the slave of the passions. And according to the English psychoanalyst Wilfred Bion reason is emotion’s slave and exists to rationalize emotional experience.

On the other hand this does not mean that reason has no role to play. Freud is like Polonius who says about Hamlet: ‘*though this be madness, there is reason in it*’.

But it is a *special* reason. It is the unconscious reason and this Unconscious has its own laws and ruling principles, that are distinct from everyday and common sense reality.

In a one-liner: the Unconscious is repetition’s headquarters.

It contains the knowledge of repetition, ‘*das Wissen der Wiederholung*’.

Two products of the Unconscious are exemplary of this repetition: the symptom and the transference.

The symptom

First of all we will focus on the symptom and before delving into psychoanalysis we will examine its medical status. For medicine the symptom is a sign of illness. Health is then defined as the absence of symptoms.

Thanks to the exponential growth of medical success and technology life expectancy has increased with 20 years since the second World War. In psychiatry we have seen the introduction of antidepressants and antipsychotics. Their use has dramatically increased the quality of life of millions of psychiatric patients worldwide.

An other side of the coin is the nowadays almost utopian and totalitarian medicalisation of happiness and well being. Deeply personal and existential suffering is reduced to a kind of mental appendicitis: a technical problem that is to be remedied by swift medical action. In the textbooks it is succinctly put in Latin: '*Cito, tuto et iucunde*': quickly, reliably and with minimal discomfort for the patient..

In this climate it is almost *heretic* to say that suffering is a source of mental or spiritual *growth* and *wisdom*. Or that it is the incentive for change and may open new possibilities. We should not forget another essence of resistance or *Widerstand*: the only person who welcomes change is a wet baby!

Science

True science is characterised by questions and uncertainties. But the science that is nowadays declared holy is the modern substitute for religion. It creates an illusion of transparency and measurability. Numbers, models and formulas cause the so-called physics envy.

Everybody who is frustrated by the mysteries and complexities of human reality longs and looks for these facts and figures. Their market value is indeed politically and economically impressive. But learning by bitter experience man realizes that the growth of knowledge and technology does not necessarily contribute to dealing with these complexities. And if these complexities cannot be *reduced* there is a strong tendency to simply *repress* them.

'*Geisteskrankheiten sind Gehirnkrankheiten*'. This statement of Wilhelm Griesinger is exemplary for 19th century psychiatry. By the end of the 20th century and after the '*decade of the brain*' with its brain-imaging and molecular biology there is a revival of this reductive view on mental illness. Psychiatry loses its mind!

The Freudian momentum

Sigmund Freud was not satisfied with this kind of psychiatry as it does not account for the *content* and *significance* of psychopathological phenomena. The fundamentals of his new science were built on his *abstinence* and *neutrality*. He refrained from prescription, encouragement and advice. He also refrained from magnetism, hypnosis and suggestion. There was a global therapeutic *reduction*, the suspension of every *material act*.

Freud refused to answer to the patient's demands knowing that he *did not have* any answers. Instead of *looking* at an *object* that has to be treated he started *listening* to a *subject*. Following the rule of free association a transitional space is opened where the always particular truth of the patient can come to light. By a willing suspension of belief, of disbelief and of knowledge psychoanalysis can become a creative process allowing the patient to arrive at personal and ethical choices.

Freud did not fall into the trap of therapeutic *hubris* or pedagogic *pride*. He refused to identify with the transference of the patient that fantasizes the therapist into an almighty, all-knowing, all-enjoying God-like subject.

The psychoanalytic symptom

Finally for Freud the symptom is an *involuntary* phenomenon that *repeats* itself, that is *not understood* by the patient nor by his environment and that makes him ask for *help*. The symptom causes *suffering* but also seems to provide some sort of *strange pleasure*. Essentially it is a significant and creative *trying to come to terms* with unbearable psychic content. It is a form of *self-treatment*. According to the principle that the patient is always right, '*le patient a toujours raison*' there must exist an albeit *unconscious reason* for his symptoms or behaviour.

The cartoon illustrates that an approach that is too symptom-oriented *may* abolish one symptom but that an unknown internal source generates a substitute symptom in a variation on the same theme.

We all know from experience that the road to heaven is paved with good intentions. Freud introduced the concept of the '*Wiederkehr des Verdrängten*', the return of the repressed that underlies symptom formation and/or neurotic behaviour.

Transference/Übertragung

Another repetitive phenomenon is the transference or *Übertragung*. It is a phenomenon that has a formative and a de-formative influence on man's relationship to the outside world. Early affective experience towards the primary environment is (in up-to-day language) stored in an implicit memory system that is altogether different from the *explicit* memory system.

Nobel prize winner Eric Kandel and others have done impressive research into neurobiology and memory and it is widely accepted that there are 2 kinds of memory: one explicit, narrative, autobiographical. It is the realm of what can actually be *remembered*, but also be *repressed* by shame, guilt or anxiety. It can be discovered by analyzing the patient's free association. As you all know this is the fundamental rule of psychoanalysis. The patient is urged to say whatever it is that imposes itself on his mind.

On the other hand there is implicit and procedural memory. This memory manifests itself under the guise of *repetition*. It shows itself by way of acting (the faculties of walking, talking, reading, cycling are part of implicit memory) but also by way of *inter-acting* (meeting, separating, attachment and loss, rejoicing and grieving). Within therapy it can be interpreted as transference.

The relationships with what we have made of our primary caretakers and significant others are repeated and *transferred* onto later situations and characters with whom we interact according to these infantile patterns.

I repeat: what we have made of the Other(s) of our childhood because the image we have

constructed is always more or less influenced by fears, wishes or fantasies!

Unbehagen in der Kultur

In one of his later works '*Das Unbehagen in der Kultur*' ('*Civilisation and its discontents*') Freud argued that mankind inevitably is disturbed by drive and conflict. Moreover in human beings there is a hidden motivating force towards a strange pleasure.

These pleasure-seeking forces are stronger than the so-called 'natural' tendency to harmony and health. It is a dis-discovery that makes psychoanalytic truth in a fundamental way essentially subversive. The workaholic businessman of Sempé's cartoon is definitely a victim of this pleasure that is *both most intimate* and *most alien* to him.

Upon entering the United States Freud said that his hosts didn't know he was going to bring them the *plague*. We are probably also familiar with his statement that psychoanalysis causes a *narcissistic* blow to man's self-image: after Copernicus who introduced heliocentrism and Darwin who discovered man's descent from the apes, the Unconscious implies that we are not even the master in our own house!

Das Ding(-an-sich)

In the film '*Heat*' Vincent Hanna, played by Al Pacino says: '*All I am is what I'm going after*'. As the cartoon has shown us there is a desperate and maladaptive passion working within. This passion is centered around the eternal longing *das Ding(-an-sich) zurück zu finden*, to find and refind the real Thing with its supposed infinite bliss of *unmediated immediacy*.

The essence of every symptom is its involuntary '*Ewige Wiederkehr*'. It is the '*Wiederkehr des Verdrängten*' as the inevitable symptom of the Unconscious. This Unconscious is a fact of life: *menschlich, alzumenschlich*. It is a mental illness for which there is no cure. I would say this is good luck. The alternative would be the artificial and dehumanizing happiness of a Brave New World!

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