THE ENCOUNTER WITH THE “FAVOURITE PATIENT”

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Abstract: *Starting off with a collection of clinical observations belonging to some psychoanalysts at the end of their career, we have tried to underline the specific of that which we call “authentic” in psychoanalysis (and analytic psychotherapy). The clinical sequences do not come from classic cures. They put into question the reciprocity and nature of the transfer, the therapeutic device, but more importantly showcase the significance of the “intersubjective relation” and of “implicit theories” of the patient and the therapist. These clinical encounters demonstrate the importance of technical reworking in the practice of psychoanalysis in the contemporary world.*

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Psychoanalysts in search of the authentic

In day-to-day language, “authentic” meant incontestable. A painting is said to be authentic should there be no doubt regarding its origins. That which is in accordance with truth is authentic, that which has a reality that cannot be doubted, that is recognised, guaranteed. From the list of synonyms (surprisingly numerous) for the word “authentic” we have selected a few namely: sincere, original, natural, proven, veritable (Explanatory Dictionary of the Romanian language, 2019). The quality of “authentic”, from a psychological perspective, refers to the profound nature of a human being (an ensemble of psychic predispositions that represent the singularity of a person). In the profane vocabulary we have the term of “nature”. The nature of a person is defined as that psychic and moral side, the temperament and character, specific to that person, and unmistakable for another person’s psychic nature.

From a psychoanalytical point of view the situation is less clear. “Authentic” is especially that which occurs in the unconscious, at least if we take into account the classic Freudian definition: “psychoanalysis is the method to investigate the most unreached areas of a person’s psychism, areas that cannot be reached otherwise; it is also a method of treatment for neurotic disturbances, a method based on this investigation; lastly, it is a new scientific theory, consisting in an ensemble of psychological conceptions” (Freud, 1923, 1985, p. 51). As it produces significant recalibrations of the personality, psychoanalysis would allow a human individual to reach that which represents him/her most profoundly, most truthfully. In other words, a person that underwent

an analytical cure will become that which he/she is, after having disposed of the illusions fabricated in the dynamic of the unconscious. The analytic process would initiate some sort of revelation, of unveiling of the person's nature, or of that imperceptible part of the human being, impossible to take note of through conscious working-through (the model of introspection).

Freud developed a theory, a clinical practice, founded an international association, therefore setting the basis for psychoanalytical training. He had many disciples, which can be divided into two categories, *grosso modo*: those who faithfully followed, almost automatically, Freudian directives, and those who (beginning with Ferenczi, but also with the first wave of dissidence, Jung, Adler) introduced technical and theoretical adjustments, going so far as to invent other theories, radically modifying the manner of practice (see the "mutual analysis" experiment of Ferenczi). The notion of "unconscious" itself was repeatedly defined and redefined, and the classic Freudian definition remained one among many others. The unconscious according to Freud, the unconscious according to Jung, the unconscious according to Adler or to Lacan and the unconscious according to intersubjectivists is no longer one and the same!

Therefore, does an "authentic", unique and undividable unconscious exist?

Which psychoanalysis is "authentic"? The Freudian one? The Jungian one? Klein's? Lacan's? Sandler, Renik, Segal etc.'s "intersubjectivist" one? What precisely is authentic in Ferenczi's "mutual analysis", in the experimental attempt to radically change positions between analyst and analysand (an extreme transgressive

gesture, according to some, or profoundly original and professionally honest, according to others, to the extent that Ferenczi, listening to his patients, considered the issue of the analyst's countertransference, of his influence on the cure)?

The answers are numerous, Freud's followers, very different from one another from both a technical and theoretical point of view, were all recognised as ... authentic psychoanalysts! Psychoanalysis societies multiplied, theories were reviewed, definitions changed. What exactly unites these professionals who are separated by many things, especially in what they do, concretely, in their clinics, private or institutional?

The widely accepted answer has almost become a cliché: the reference to the unconscious!

As I said above, the definitions given to the unconscious are far from consensual. For example, between Freud's unconscious and Jung's unconscious there is a radical difference, not just an accent one. They represent two different ways of thinking the unconscious. Jung introduces the notion of "collective unconscious", building a theory of archetypes, another for psychological types, being interested in the traditional divinatory techniques (such as the Chinese I Ching), and medium experiences.

I will not continue here with a development of Jungian analytic psychology, but I would mention that Freud and Jung's patients were profoundly different, and such was the individual history and personality of these two authors as well, both marked by a "creating neurosis" (Ellenberger, 1970, 1994, p.900). Not to mention the "auto-analysis" that each applied to their own fantasies and dreams, using radically different techniques.

Were the conclusions and development of Freud “authentic” or were Jung’s more so?

Even the fundamental rules (free association, benevolent neutrality, free-floating attention) as well as the pillars of the analytic process (transference and interpretation) were brought into question. In short, over its entire history, the psychoanalytic movement is fraught with modifications, adaptations, theoretical reworking, re-conceptualisations, but especially by technical modifications. There are sometimes vertiginous differences between the first organisation of the first psychoanalysts (the Vienna Psychoanalytic Society, formerly known as the Wednesday Psychological Society for its Wednesday evening meetings) and the “work groups” in Boston (intra-psychic reality versus external reality, benevolent reality versus subjective inter-relational experience, free-association versus conversation/narration, interpretation versus understanding and so on).

“The exuberant diversity of theories is the inevitable result of clinical practice” (Jiménez, 2009). Jiménez rigorously records the contemporary psychoanalytic movement from the past 30 years, marked by controversies that question not only the theoretic unity of psychoanalysis but also its daily practice. A young psychiatrist in psychoanalytical training, Jiménez was shocked by the quickness with which his older colleagues, established psychoanalysts, presented clinical cases in a manner that allowed them to correspond with the well-established conceptual categories or with one theory or another that was in fashion at the time. It was hard to tell, in these presentations, what was actually going on in private or institutional clinics. Such an “idealized clinic” kills any

construction of arguments pertaining to the real case – I would call them “false clinics”, on the model of a “faux self” (Jimenez, 2009). It seems that analysts do not wish (or perhaps cannot manage to) recognize that many of their interventions were not dictated by any psychoanalytical theory, old or new, but merely by the psychology of common sense or heterogeneous elements. In the supervisions practiced by Gunderson and Gabbard with young psychoanalysts and therapists, the authors realised that a series of cures are unending wanderings. It seems Renik reached the same conclusions in 2006. Bringing a series of authors into the discussion, Jiménez concludes that the divergences between psychoanalysts are very significant in what concerns “finding and formulating a patient’s truth.” (Jimenez, 2009)

At least two questions emerge: who determines the truth on a patient and how can this truth be evaluated at a certain moment. Here there are two concepts: the monadic (expert of the unconscious, the analyst knows the mental functioning of the analysand better in its unconscious dynamic); the dyadic conception, according to which the truth on a patient goes back to a co-construction in interpersonal and inter-subjective interaction between the two, and this co-construction depends on the quality of the relationship. In what concerns the implicit relationship (the implicit theory of the therapist and of the patient), returning to Jiménez’ article, it seems that for a long time psychoanalysts were obsessed with searching for the truth in the unconscious. During the last decades, Jiménez says, psychoanalysts lost focus on the “truth of the unconscious” and centred more on the “intersubjective figure”, on what the psychoanalyst and the patient want, on the

relationship between two persons in the detriment of the official theory! So, Kvale (Kvale, 1995, quoted by Jiménez) claims that the classic criteria regarding the unconscious truth should be abandoned, and this would be obtained by favouring observation, conversation (which is nearly stupefying as psychoanalysts have considered, for almost half a century, that respecting the fundamental rule of neutrality, excludes conversation by definition). In the conception of intersubjectivists, knowing the patient would mean a “social and linguistic co-construction of the subjective reality between the two” (Jimenez, 2009)– it is about permanent interpretations and negotiations, “conversation being the last context in which we can understand knowledge” (Rorty, 2000, quoted by Jiménez). It seems that Charcot would have provided an answer regarding how a certain clinical event cannot exist as it contradicts the theory – Charcot’s answer is presumed to have been: “the worse for the theory!” The Boston group considered that change, in therapy, appears if the dynamic of intersubjective negotiations produces moments of encounter between the two (a reciprocal recognition of that which is present in each of them, in the actual state of the reciprocal relationship). Naturally, one should define what a “moment of encounter” means. From the point of view of my clinical practice, of modifications regarding my professional thinking and the concrete means of intervention, I would say that the therapist is the one provoking the encounter, should he/she take notice of and accept as such the patient’s universe. It has nothing to do with “believing” or not what the patient says but with borrowing a certain degree of truth to this discourse. I am thinking of my patient Zayna, 26 years old, who

told me, during our first session, that she'd killed her mother when she was 8. I kept silent, taken aback. Zayna unloaded the entire wrath she had accumulated for years against the "psy community". She called upon me to answer! "What to say, in front of destiny?" , I said. Zayna flinched: "you believe in destiny? A psychoanalyst thinks destiny exists?" This exchange marked a moment of encounter between me and her, an encounter linked with "destiny". Zayna's actions when she was 8 provoked within me a series of associations, more-or-less free, from the Greek tragedy to the Romanian curse, to the Arabian charms. Therefore, my intervention functioned as prime container, a first element of order. That precise moment caused a rupture in Zayna's litanies, rousing an interest regarding my identity; this was the beginning of transference.

It seems that successful therapists utilise a wide array of techniques that greatly surpass the technical limits prescribed by the official theory. Gabbard and Western (Gabbard and Western, 2003, quoted by Jiménez) consider that, in working with patients, one should put aside the quality of a technique to be psychoanalytical or not, instead focusing on the quality of a technique's usefulness. In any case, the authors quoted observe that in the actual stage (I would add in the actual world) it is impossible to tie therapeutic action to a single mechanism! According to them, a methodologic pluralism ought to be introduced, even if it is in the detriment of psychoanalysis (Luyten, Blatt and Corbeley, 2006; Canestri 2006; Tuckett et al., 2008, quoted by Jiménez). Jiménez concludes by stating that a "new beginning" is the only thing that would allow psychoanalysis to be saved! In fact, he does not say "saved" but "revitalised".

Here I would mention the group of clinical research, the “Working Party”, created in 2006 by Evelyne Séchaud¹², a group that first of all aligns itself with clinical exchanges, focusing on what psychoanalysts (and psychotherapists) concretely do in the practical work with patients, on the diversity of theories (even non-analytical ones), on aspects of methodology.

What seems to me important is that a series of psychoanalysts are about to renounce the structural approach (impulse stages, original phantasies etc.) for a more, let’s say, pragmatic approach, in the immediate relationship, as the therapist’s intervention combines different techniques and their more or less implicit theories!

Nicolas Georgieff and Mario Speranza (2013), support the hypothesis according to which “it could be assumed that throughout the entire development/growth of a child, that which is operating is reciprocity, in such a way that it would be impossible to attribute a behaviour to a singular particular system (Georgieff and Speranza, 2013). For example, attachment seems inextricably linked to the sexual, to the semiotics of the superego messages, of the types of familial ties within a culture, of the significances that accompany them”.

Beatrice Beebe proposes “forms of intersubjectivity”, expressions of diverse dyadic systems (a concept borrowed from the theory of dynamic systems used in various scientific fields) (Beebe, 2003). Beebe and collab. preferred the general meaning of the word, which favours the reciprocal influence of persons in the dyad, the

¹²Séchaud Evelyne, psychoanalyst, member of the APF, President of the European Federation of Psychoanalysis between 2004 and 2008, N/A.

verbal relationship supported by a non-verbal/pre-verbal one (Beebe and collab., 2003). A neurosciences researcher claims that the change occurs, in the patient, in an implicit and unconscious manner (“unconscious” not in the structural sense but as a process, meaning without the person realising it) — in this case it is not the verbal interpretation which matters but the affective, non-verbal exchange itself (Pally R., 2000).

Whether it is about the “intersubjectivists” in opposition with traditional psychoanalysis up to the point where “one might ask in what way the result would resemble something which could still be called psychoanalysis”(Jiménez, 2009), or about those who, from the start, underline and focus on the analyst/analysand mutual influence and from it deduce practical modifications, both accept that the style, the words used, verbal interventions and gestures, the silences of the therapist are part of the therapeutic process itself (Devereux, 1965).

In his article “Renouncing identity, a defence against aneantisation”, Devereux approaches the issue of constructing a person’s identity in the perspective of the first experiences of attachment to those around (family members, friends, a wider group, society) (Devereux 1965, 1967). The author himself hid his identity and at the same time stated it obviously, by modifying his name (denying it explicitly and affirming it implicitly). Defending by hiding identity is also a form of attack, as “renouncing as well as disguising identity are both defensive and offensive actions. The protective colouring of the tiger or leopard hide them from predators, as well as prey” (Devereux, 1965, 1967). Devereux, never made a statement without providing a concrete, clinical

example. Devereux, a psychoanalyst, was interested in ethnicities and traditional therapeutic systems, not just as an ethnologist, but also focusing on the person who lived, over several generations, the experience of constructing identity in a multiple community and linguistic space. Devereux's works (I repeat, all theoretical references were supported by clinical examples), raised the issue of transforming an environment (brute) into fact, belonging to a particular field (psychology, sociology, psychoanalysis, ethnology). The "wild" event becomes a given (an information) if it is the subject of a reading that turns it into a fact with meaning. The multiplicity of readings validates the principle of complementarity, a principle that does "not exclude any valid method or theory, but tries to coordinate them" (Devereux, 1955, 1985, p. 79). In these conditions, what does the "authentic" mean in psychoanalysis? And, after all, who was the... authentic Georges Devereux?

Georges Devereux, born GyorgyDobo, is a French-American psychoanalyst and anthropologist, of Hungarian origins, born in Romania, in Lugoj, on September 13th 1908, in a Jewish family which went by the name of Deutsch, in reality Weissmeier, with a lawyer as a father, a socialist neologist, and a conservative and Germanophile mother.

It would be useless to specify that, in these conditions, Devereux's research cannot be inscribed in a linear process. In what concerns psychoanalytical research, Devereux claims that the only "objective" material that can be worked on is countertransference (of what the analyst concretely does during sessions).

**Who are our patients,
or encountering our “favourite patient”**

I will refer to a recently published book, a tome of psychoanalytical testimonies. Seventeen psychoanalysts, trained in different schools, were interviewed by a journalist, Violaine de Montclos (2016). Asked by the book's author who their favourite patient was, the seventeen psychoanalysts evoked that patient they called the “founding patient” – not the first or among the first patients, nor the most difficult, nor the most successful or unsuccessful. The interviewed analysts evoked the way in which they were radically transformed following the encounter with what would become their “favourite patient”. Thanks to this patient, the respective analysts understood what they hadn't managed to throughout the years, in their own cures. Therefore the “favourite” patients were those who exasperated the analyst, imposed modifications onto the clinical device, and dissolved theories. No such thing as free association in their case, neutrality even less so, not even the interpretation of an assumed transference (if there was one, in all of these cases it does not answer as or correspond to what psychoanalysis schools define as transference). What the 17 psychoanalysts evoke, sometimes nostalgically, sometimes bitterly, but in a manner so lively that events seem recent, current, reveals the major impact that the “favourite patient” had on his/her analyst. It is pointless to point out that the psychoanalysts had conducted several analyses, several controls, were recognised and established in the field.

I will extract a few fragments.

Jean-Pierre Winter, in analysis with Lacan for six years, is summoned by Martin's father to treat his 12-year-old son. The father is also undergoing a cure. Slightly embarrassed that he is being solicited by a colleague, Winter accepted to take care of Martin. From the start, the boy seems unpleasant to him. "A hazy look, with very short hair and a face like an obese doll" (De Monclos, 2016, p. 13). In short, this patient increasingly gets on JPW's nerves, exasperating him, boring him, putting him to sleep. Martin becomes the analyst's obsession, for months Winter speaks of Martin to his colleagues, supervisors, friends. In the mind of his psychoanalyst Martin produces a background noise of variable intensity. Naturally, Winter is not satisfied with his colleagues' advice, nor with the observations of his supervisors – all serving him the well-known clichés, encouraging him. In short, they prove to be just as much a source of annoyance as Martin. One day, Martin mentions his father's analysis, who, just like Martin himself... Winter is fuming, he interrupts Martin, shutting him off with no right of appeal! "No, Martin, you don't do what your father does! Here you never speak of what isn't working, of your problems! Let that be clear!" (De Montclos, 2016, p. 22). Shocked by the therapist's wrath, after a moment of silence, Martin evoked an anniversary, and the date of that anniversary brings into discussion the death of an important member of the family, a paternal forefather! The theoretical elaborations on the subject of the later clinical material was not important. What was important was that after months of... nothing (it is not my impression, but Winter's evaluation) the analyst breaks the lukewarm complicity

between the two, a complicity created by the care for respecting a professional dosage of both neutrality and frustration (conceptual deprivation). This break, with an eruption of affects (from the initial aversion and boredom to the later annoyances, the countertransference of the analyst manifests in all its splendour), therefore this break allows the manifestation of the dead in question, the dead man no one was thinking of anymore...

Pierre Sreliski, analyst, has had Jean Luc in analysis for over 30 years. Streliski also underwent two analysis cures but three decades are a record for therapy! In fact, it is not really a cure, rather a “face to face”. A face-to-face for 30 years, between two strangers, that helped JL feel a little better and nothing more!

JL began a first analytical cure when he was 18 – an endeavour entirely unfamiliar for someone who grew up in a farmer environment. A solitary adolescent, in love with books and ponds, JL could not find his place among those his age. Analysis changed nothing, and he attempts suicide, followed by a long period of hospitalization, the diagnostic of schizophrenia, the treatment, the tutelage. In the end, JL reaches Strelitski. JL demands many sessions, does not abide by the times established, sometimes skips or comes in late loaded with books which he leaves in the analyst’s office (well-known but mixed authors, such as Beaudelaire, Cioran, Jankelevitch). Strelitski “believes in psychoanalysis” (De Montclos, 2016, p. 29) why would he let himself be invaded so otherwise? In the end, it is a belief like any other; we also shared it, especially during training. Streliski claims he was never bored with this patient. Furthermore, Streliski stated that JL formed him as an analyst. “Family head and precocious analyst” (De Montclos, 2016,

p. 32), Streliski advanced in his profession with firm, unwavering steps down a straight, smooth path!... The patient JL scrambles his road, shatters the syntax, expresses himself like a character in the Theatre of the Absurd, inventing and mixing words, submitting his “creation” for Strelitski’s evaluation, and, in particular, constructing scripts. With JL, Streliski feels as if he is in a Eugene Ionesco play. For 30 years (Streliski is now 64, JL will be 54), both analyst and analysand grow old together. One day the patient hands the therapist a business card, with the following words on it “Jean-Luc S. self-taught apprentice poet” (De Montclos, 2016, p. 34).

Serge Hefez considered himself most fortunate, thanks to Elena, an “*exciting case of hysteria!*” (Montclos, 2016, p. 54). After six years of “Spartan” analysis with Serge Leclerc, with Serge the analyst mute for most of the analysis, a few years of supervision followed with Jean Clavereul, in particular with the case of Elena—I would add “of Troy”, as this woman “seduces as easily as she breathes” (De Montclos, 2016, p. 54) Supervision throughout which Serge Hefez strives to play the role of the perfect analyst. In the same manner, Elena presents herself as the perfect patient. For seven years, tirelessly, Elena/Helen tells her story, reveals herself, relives her life, and brings to light a sexual traumatism. Hefez is already familiar with all aspects of the story, gets bored, and falls asleep. One day, talking of her mother for the umpteenth time, Elena/Helen mentions, in passing, that the mother had lost a brother during adolescence. Suddenly Serge the analyst wakes up: his own mother had lost a brother in her youth. For a fraction of second, Hefez feels there is a slight communication between himself and his patient, something akin to “thought-transmission” (De Montclos,

2016, p. 61). Therefore, Hefez remarked, the common element they shared was that, as children, they were confronted with their mothers' mourning (at having lost a brother).

"In the multitude of elements that circulate between an analyst and his/her patient, some are still unformulated, untheorized by Freudian science. They are of the thought-transmission order" (De Montclos, 2016, p. 61).

Paul, **Michel Larivière**'s young and beautiful patient, met a tragic end. He died following an unfortunate freshman ball. Paul died exactly when his life was beginning to gain order. Ten years younger than his analyst, Paul profoundly impresses Larivière. A child prodigy, embarrassed, shy, systematically self-sabotaging his qualities and talent, Paul remains an enigma to all (parents, relatives, colleagues, professors). Already at the second session, the analyst is more than surprised, he is fascinated by the 23 year old boy that evoked feelings of affection, empathy. For Larivière it was impossible to abide by the analytic codes of conduct, all elementary conventions fell apart. So Larivière confessed to Paul how worried he feels for him, how sad he would be should something happen to Paul.

"Michel Larivière did 15 years of analysis, 10 on the couch of various Lacanians whose sepulchral silence was only interrupted by two short phrases (...); he came to hate this dogma of silence as well as so many other voluntary rigidities of psychoanalysis" (De Monclos, 2016, p. 82). With Paul everything took place outside the rules. Paul loves martial arts, just like his analyst. Paul loved horse-riding, and, so does Larivière. Paul suffers from excessive timidity, encountering relational difficulties, feeling like from another world

– Larivière partially recognises himself in these traits. One day, Paul regrets having been left without a horse at the horse-riding club. Suddenly, Larivière hears himself offer the patient his own horse! Exactly after this “transgression” Paul changes curiously, renouncing risky behaviours, limiting his alcohol intake, resuming his veterinary medical studies and coming back to life. Shortly after this almost miraculous comeback, around the beginning of the school year, the freshman ball held by the school of veterinarian medicine takes a turn for the worst – Paul’s colleagues mock him for refusing to drink and take drugs. Paul complies with the group but has it under control. Near morning, he gets behind the wheel, not drunk but merely very tired. He has an accident and dies. A wise old man would say it was his fate, destiny. Not, after more than 30 years, Larivière stated that Paul was the best case he ever had. The analyst finally understood how much he and Paul were alike, and how much the young man’s death marked him.

Patrick Landmann receives a request for analysis from a social worker, Maryse, 40 years old. A tall, thin woman, with mediocre attire, no makeup, in short an unpleasant character. Maryse complains about her lack of authority, the children do not respect her, it is impossible for her to control a classroom of pre-schoolers. Maryse knows how an analysis occurs, abides by the rules, does not skip sessions and engages in free association, talks about her father, about her husband who she cheated on. Obviously, Landmann, a fully-fledged analyst, does not react. Maryse gets annoyed, she rebels, she is sure the analyst is judging her, with what right? Maryse comes from a family based in the north of France, her father was a locomotive mechanic, conducting many. WWII starts,

the Germans changed everything, the train schedules and routes. As Maryse remembers and recounts, Landmann feels worse and worse, he is being taken over by a seething rage, in the end he cannot contain it and lets it out: “Aha, your father was a train conductor... did he by chance not also work on trains carrying deportees? Did you ever ask yourself?” (De Monclos, 2016, p. 135). This phrase was incredible from a psychoanalyst, how could he let it come out? Maryse has a catastrophic reaction, her whose father was a communist, with an irreproachable attitude! Landmann knows several members of the family were shot in the woods and thrown in a mass grave. Maryse’s analyst had been leading two long analyses, speaking for years about the Holocaust. Maryse had been coming to session for nearly four years, twice a week, same day, same hour. Suddenly, one day, Maryse tells him today would be their last session. She found another psychoanalyst, a woman, someone who listened to her. What happened in fact in Maryse’s head? Several years later, Landmannexposes the case in a colloquium, a cure with an unsuccessful conclusion. His colleagues gratify him with various clichés, Landmann is frustrated. Immediately after the colloquium, Landmann dreams his mother dies from a sudden illness. The dream re-actualises his entire familial history. Landmann realises that the people who marked his belonging in this family were two grandfathers: his paternal grandfather, shot by Nazis, and the maternal grandfather, considered a scoundrel for leaving his wife and children for another woman. Maryse’s sudden departure, her repeated accusations, marked him so much that he had to rethink the familial tragedy he knew of but carried within him without having processed it. For ten

years (two analyses), Landmann only spoke of these things, reaching a complete saturation. Meanwhile, Maryse, through her negative transference, I'd say through her "wild interpretations", but especially through her brutal, absurd disappearance, made him realise how filled with hatred he was towards those who had absurdly shot his grandfather, an aunt, an uncle. "Brutal and absurd", these are the keywords: his paternal grandfather was gone in a brutal and absurd manner, killed by Nazis, while the maternal grandfather abandoned his wife and child in a brutal and absurd way, Landmann's mother died brutally and absurdly, killed by a sudden illness, and Maryse left him brutally and absurdly, without any sort of warning. What meaning can we construct for certain life events that are of the "world has collapsed" nature? Three decades later, Landmann, retired, meets Maryse, also a retiree. She recognises him, he remembers. While she thanked him, he mumbled, dazed, a few polite words. How could he tell her that out of the two he was the one most marked by their encounter? How could he explain how much she helped him understand his own life, that those ten years of analysis did not have the same effect as Maryse's sudden departure had had?

Robert Neuburger is about to say goodbye to his last patient after 17 years of analytical cure, nearly a generation. But this patient was not his favourite one. When Violaine de Monclos asks him, Neuburger thinks on the question a while before deciding. He will speak of his encounter with Youri, a 50 year old Russian male, married with children who are grown-up, a millionaire. His wife has cancer and Youri has just fallen for another woman. Torn between two women, between his old duty and his new love, Youri swallows

down psychotropic medication. Neuburger practiced a more nonconformist psychoanalysis. A young psychiatrist, Neuburger had already had the audacity to modify, in secret, a research protocol for the testing of an antidepressant (he had disposed of all active ingredients). The result was that Neuburger had discovered, by accident, the power and effect of suggestion. In what concerns his own analysis, Neuburger remembers, in passing, at once amused and astounded, that after 7 years spent on the couch he managed to not tell his analyst anything important. Youri, the patient, had become a millionaire overnight: a recently deceased uncle had named him sole heir for his entire fortune. Obviously, Youri took care of the entire family (nephews, cousins, aunts) but such an inheritance came with other pressures. Why him? What was this uncle thinking? Neuburger interprets: "... feeling guilty for the women he seduces, he makes up by supporting them, paying a financial and psychic tribute, which allows him to feel alive" (De Montclos, 2016, p. 164). Suddenly, Youri feels better. He tells the analyst his services are no longer required. 75 years old, Neuburger claims that "Youri, my three-session patient, allowed me to overcome a decisive stage in his own analysis" (Montclos, 2016, p. 165). Because, like Youri, Neuburger lived his life in a permanent and profound feeling of guilt, "always dedicating himself to others, to those close to him, to patients, to the point of alienation" (De Montclos, 2016, p. 165). Born in 1939, in a Jewish German family, Neuburger carries the first name of a grandfather who had committed suicide to avoid being captured by Nazis. Shortly before his birth, his parents had sheltered two children of an aunt who had had to run away. So, after Robert Neuburger's birth, his young

mother had to take care of three children, two about 4-5 years old and a baby. Unable to manage all three and having to escape herself and hide with her new-born, the mother hands Jean, one of the nephews she was taking care of, to an association that sheltered Jewish children. Unfortunately, all children handed to this association were deported and murdered in Auschwitz. Robert Neuburger concludes: “I was born guilty and grew up guilty (...), I took the place of this dead child, dead because of me, of my birth” (De Montclos, 2016, p. 167). Suddenly, Neuburger sees the leading line of his entire life thanks to Youri, the Russian over-night millionaire, with wealth gained by chance, a lottery of life... while he, Robert Neuburger, won the lottery of life when his cousin Jean lost the same lottery. As if the luck we have costs someone else his/her own.

“When we survive in the detriment of others, we exhaust ourselves in trying to redeem ourselves, we’re always paying our debts” (De Montclos, p. 167). Throughout his years of analysis and supervision, the psychoanalyst Neuburger did not comprehend an essential concept: the force of wound caused by debt, the ravages of this wound across multiple generations. A debt that cannot be repaid, meaning a debt where only destiny is to be held accountable.

In place of conclusions

Psychoanalysis, as a personal experience that reveals that part of the psyche called “unconscious”, can only reach a limited knowledge of the respective unconscious. Managing to reconstruct illegible psychic vestiges, whose legibility depends on multiple translations or readings, psychoanalysis cannot manage to decipher

the original text, more often remaining inaccessible. Theoretical concepts of psychoanalysis, founded on subjective clinical experience, have an operating value (meaning they produce an effect in the patients) but they cannot reach the truth at the origin. Therefore, the original experience provoked by the original event is impossible to recover as such. In exchange, Freud stated, by following the search of the analysand, the analyst succeeds in “guessing”, more precisely constructing, eventually replacing what was and will remain repressed.

“Quite often, we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory. The problem of what the circumstances are in which this occurs and of how it is possible that what appears to be an incomplete substitute should nevertheless produce a complete result – all of this is matter for a later enquiry” (Freud, 1937, p. 271, 278). Considering that psychoanalysis is a subjective experience from a practical point of view, and an “empirical science” (Freud, 1923, p. 72). from a theoretical point of view, Freud sees the future of psychoanalysis in permanent change and re-adaptation of hypotheses and theoretical elaborations. Therefore Freud himself displaces the focus, from interpretation to subjective experience and construction.

I would therefore say that it is the patients who are authentic, even those with a “faux-self” (Winnicott, 1960, p. 119) or an “as if...” (Deutsch, 1942) personality, or suffering from a deformation

of what Jung calls the “persona” (Ellenberger, 1970, p. 724-728). The manifestations of patients, their theories are authentic, be they revealing or concealing experiences, events, personal and extra-personal situations.

Returning to Devereux, he considered that resistances to the therapeutic process would come from the disguises of identity, as these disguises have both a defensive and offensive role. Since identity is multiple, not all of identity’s dimensions have the same consistency or importance. Insisting, among other things, on the therapeutic intent as it emerges from various techniques organically articulated with diverse theoretical concepts, Devereux supports “therapy-oriented-towards-the patient rather than that-oriented-towards-disease” (Devereux, 1982, p. 198). During the first session of a psychotherapy which proved to be a founder for ethno-psychoanalysis, Devereux presents himself then addresses the patient Jimmy P.: “tell me your name in your language, the language of your people”. It is exactly the moment when a meeting between the two protagonists is produced, the psychoanalyst Georges Devereux and the Blackfoot Indian. The conclusion of this working through resided in two letters: that of Devereux to the patient and the patient’s reply – the content of the letters and, in particular, their style, expresses the resolution of the two’s separation (the liquidation of respective transferences), in fact a transformation of their relationship, a “sign that the professional interaction between patient and therapist reached a satisfying end, that it is about to become a simple social rapport between two human beings” (Devereux, 1982, p. 513). The signatures are also revealing: “Your Friend, G.D.” and “Your Friend, P.”.

Eugen Papadima commented on the actual changes in contemporary psychoanalysis in an interview taken by Liviu-Dorin Bîțfoi on the occasion of the 25th anniversary of the Romanian Society of Psychoanalysis:

“As a result of its new tendencies, contemporary psychoanalysis evolved so much in comparison to the classical one that sometimes it gives the impression it is no longer “true” psychoanalysis. I am referring to the clinical orientations with a character more closely tied to the rigours of scientific thinking, to the “intersubjectivity” movement, to the “relational” one, as well as to the “implicit relational knowledge” (proposed by the Boston Group).

In 2015, Tobie Nathan, for the first time in Romania, following the footsteps of his master, Georges Devereux, held two conferences in Bucharest. Among other things, he talked about the crisis that affects actual psychotherapies, including psychoanalysis. This crisis is not “the expression of rival bands settling old scores, arguing over the same, single territory – in short, let’s say between psychoanalysis and CBT, as the debate began here before becoming public. The protagonists are at least three, not just the two previously mentioned: psychoanalysis, CBT (if we are to retain at least these two large groups) and the beneficiaries. (...) This crisis is the sign of a profound mutation of our field, which will have to adapt to the world in change. (...) Psychotherapies are on the path to missing out on other current problematics, that of homosexual marriage and adoption for homo-parental couples, the problematic of transsexuality and other topics related to gender and the “expertise” statute...”(Nathan 2015, p. 19).

I would conclude by returning to the clinical episodes cited above.

First one ought to remark that these patients have nothing in common, nothing to make them alike, as persons. They do not belong to the same psychopathological categories (psychiatric or psychodynamic). Sometimes it is about precise symptoms, other times about a demand (consciously expressed) to analyse, otherwise about an advice, while sometimes the patient requests a “psy”. It would be hazardous to consider that these out of the ordinary patients can be reduced, in their more-or-less conscious motivations, to a list of phantasms or the generality of human discourse. Of course, we know that no serious professional would come to such a reduction. However, to me it seems important to underline that for each of these respective psychoanalysts, the “favourite patient” was the one who revealed what they had not uncovered in their own analyses. Favourite patients are those who manage to liberate the analyst from professional automatisms unconsciously exercised.

I would dare to state that sometimes psychoanalysts leave the systems that formed them, leave behind their belief in psychoanalysis, obliged by the patients, becoming authentic therapists. It seems that in 1970s/1980s France, the years 17 psychoanalysts were trained, especially in intellectual and artistic environments, psychoanalysis imposed itself as that adventure of self-knowledge that liberates the being from the shackles of illusion, revealing the authentic, fundamental desire.

As far as I am concerned, I was lucky to have favourite patients, “founding” patients who forced me to take into account

languages, geographic spaces, historical events, and last but not least, destiny. I would conclude with a question, perhaps a fantasy, which comes to me often: if Freud would be among us today, what theory would he invent? And, in particular, how would he have approached my favourite patients...

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