

Some remarks on psychoanalytic case histories

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Let me start by quoting a paragraph written by Sigmund Freud:

I have not always been a psychotherapist. Like other neuropathologists, I was trained to employ local diagnoses and electro-prognosis, and it still strikes me myself as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently responsible for this, rather than any preference of my own. The fact is that local diagnosis and electrical reactions lead nowhere in the study of hysteria, whereas a detailed description of mental processes such as we are accustomed to find in the works of imaginative writers enables me, with the use of a few psychological formulas, to obtain at least some kind of insight into the course of that affection. Case histories of this kind are intended to be judged like psychiatric ones; they have, however, one advantage over the latter, namely an intimate connection between the story of the patient's sufferings and the symptoms of his illness — a connection for which we still search in vain in the biographies of other psychoses. (Freud 1893–95, 160–61)

The passage starts the discussion of the case of Elizabeth von R., contained in the *Studies on Hysteria*, of 1895. Some commentators have considered that, through the creation of the psychoanalytic case history, Freud invented a new literary genre — in 1930 Freud received the Goethe Prize for his contributions to German literature.

A case history is a reconstruction written as a more or less coherent narrative, and in this sense it has the structure of fiction. Jacques Lacan applied the term ‘fiction’ to the structure of truth itself: ‘Truth has the structure of fiction’ (Lacan 1992, 12). Lacan acknowledged on the occasion that he was using the word ‘fiction’ in the sense intended by Jeremy Bentham, the nineteenth century moral philosopher, for whom ‘fiction’ meant all the forms of linguistic representation that do not have a concrete referent, that is, that represent abstractions, or detached attributes of the things from which they are extracted: words such as ‘relationship’, ‘possession’, ‘power’, ‘inclusion’, ‘exclusion’, and more complex statements that need entire paragraphs to be expressed. Truth has the structure of fiction, according to Lacan, because one can only say it in fragmentary, tangential, elusive ways — yet one can still say it, albeit incompletely and poorly; and one

can say it, as we know from the psychoanalytic experience, *despite* the limitations imposed by language and discourse, and say more of it than we intend. As Freud remarks in *The Question of Lay Analysis* (1926), in analysis one has to tell, and one ends up telling more truth than one intended.

A psychoanalytic case history has the structure of fiction in the same sense as truth has. It reads like a short story, Freud says — but it is not a short story; it is not a novel, even if it resembles one; it is not a journalistic essay, even if it may also resemble one. It attempts to tell the truth of an experience, and does so with the imperfect, incomplete, unsatisfying instruments provided by language. And yet it is an invaluable instrument in the transmission of psychoanalysis — not the only one, but invaluable and irreplaceable. Its essential ingredients have remained the same for the last one hundred and twenty years, since 1893, when Freud, accompanied by Josef Breuer (for whom the enterprise soon proved to be too much) published the ‘Preliminary Communication’, the text that inaugurated the series of written works on an experience that keeps us busy to this day, and whose intricacies, its enigmas and its revelations entice us to return to the ‘classical’ cases, to write up our own cases and to present them to our colleagues in the hope of learning something out of the presentation, out of the transmission of an account of that unique experience that is the encounter of a patient — and ‘patient’ means ‘he who suffers’ — and an analyst, who is someone who has also suffered but who has managed to learn something from his suffering and not just enjoy that suffering.

As a fiction, however, a case history does not concern fictional entities but something of the order of the real: it is a veridical account of a psychoanalytic treatment, where something real is treated with symbolic instruments. The expression discourse of the analyst, as proposed by Lacan, denotes the specific frame, regulation and effects that the treatment of the real adopts in the analytic experience.

As a discourse, or *logos*, the analytic experience evolves along a temporality whose chronology is ordained as a sequence of logical moments:

- 1) the moment of listening (the preliminary interviews);
- 2) the time for understanding (which corresponds to the development of the transference), and;
- 3) the moment of concluding (the ending of the analysis).

A good case history gives a precise account of how the plan has been implemented in a case which is singular, and not just particular. ‘Case’ comes from *casus*, Latin for ‘fall’. A

case is that which *falls* under certain category — so that we refer to a case as a case of hysteria or as a case of paranoia. A case is therefore one of a class, one among others. But a case *history* is the writing-up of singular, unique experiences concerning the singular analysis of a singular individual subject. Aristotle established three categories, still pertinent in logic and in the disciplines concerned with discourse (like psychoanalysis): the categories of the universal, the particular and the singular. A *universal* term includes all the members of a class, and thus involves abstractions — abstractions in the sense discussed a minute ago. ‘All men are mortal’: the term ‘men’ includes concrete, living men, but also past, present and future men, dead men, ideal men, imaginary men. The *particular* are the individual cases that fall within a universal category: when we say ‘a case of hysteria’ we refer to a particular that belongs in the universal category of all hysterics. The *singular* are the individuals considered in their uniqueness, irreducible to any universal category: Dora is a hysteric, but she is not only a hysteric; she has unique features that make her the irreproducible individual that she is, irreducible to any universal category. Aristotle proposed that the singular shares properties with both the particular and the universal — like the particular, the singular concerns a single, individual case — yet, unlike the particular, it is not the member of a universal class but a class of its own. In psychoanalysis we deal with *singular* subjects, *one by one*, and if in our thinking, our discussions and our written accounts we refer to them as *particular* cases (of hysteria, obsessional neurosis, psychosis, etc.) and employ universal categories to organise our understanding of their predicament, in the actual experience, the real experience of the psychoanalytic encounter, we deal with *singular* human beings, in singular, irreproducible, inimitable and irreversible historical moments. For it is not only the patient that is singular in psychoanalysis: the analyst is singular, his interpretations and acts are singular, and despite all resemblances, recurrences and repetitions a session, an interpretation, an entire treatment, occur once and never again. There will never be another Little Hans, there will never be another Sigmund Freud to utter the one interpretation that he offered to that young boy in the course of that inaugural analysis of a child. Every psychoanalytic treatment, and each of its components (each association, each interpretation, each construction, each analytic act) has the status of a *hapax legomenon*, the apt Greek expression that designates ‘a word or linguistic expression for which only one citation has been found’.

Lacan insisted that the temporal dimension proper to the analytic experience is that of *history*, which concerns singularities and contingencies, rather than *development*,

which designates predictable events that occur according to a prescribed plan, or a presumed order of evolution. A psychoanalytic case history is thus the history of the treatment as it happened, a record of its events as they occurred.

Freud's case histories continue to be the model for the psychoanalytic history-making of cases. Each of them concerns the history of the treatment, rather than the history of the patient's life. The history of the patient's life is no doubt of psychoanalytic interest; but a history is always a reconstruction, and a historical reconstruction is only possible from a particular perspective, namely, that of the writer of the history, with his conceptual framework as well as his prejudices and intentions regarding the communication of his work to colleagues. Freud was careful to identify the diagnostic category where the case belonged, which means that he approached each case within the conceptual framework that he established. Yet he was even more careful in providing a detailed account of the particular moment of the treatment when he learnt what he learnt about the patient. What he learnt about the patient was prompted by his desire, which is the factor that promoted the development of the transference. He learnt — as we continue to learn — *within* a transference-relation. This is what makes a psychoanalytic case history a history of singularities, as the transference concerns a supposition of knowledge and a relation with an object that are irreducibly singular. Freud's case histories are paradigmatic because they show that the reconstruction of the patient's history is part and parcel of the transference as enactment of the historical reality of the unconscious.

The analyst can only give an authentic testimony of what he heard, what he said and what he did. The rest is hearsay, if I may put it that way. The patient's history as told by the patient is a symptomatic formation, subject to what Freud called secondary revision in his analysis of the dream, and organised according to what Lacan called a primary historicisation, that is, the fact that an event, in order to be inscribed in history, is regarded as historical already at the time of its occurrence. Otherwise the event is a non-event, it falls into oblivion and it is as good as if it never happened. Only the work of analysis, the analytic questioning and critical revision of such history allows us to identify in the patient's life those real events that precipitated the traumatic core of his historical existence. The patient's own imaginary and symbolic (re)constructions attempt to make sense of what strictly speaking are nonsensical events, historical contingencies without the consistency and coherence that the patient's narrative tries to provide. The work of analysis operates on the tendentious reconstruction by the analysand of his own history,

in order to *make* history, a truthful history whose making requires paying particular attention to the *inconsistencies*, *incoherencies* and *gaps* in the analysand's story, and to the fact that this story is told to someone, the analyst, and has been constructed, as it were, for the analyst's benefit. Ferenczi pointed out that once a dreamer has entered analysis this dream is for the analyst. Now, Ferenczi's formula can be extended to the whole of the analysand's enunciations, as well as acts, that emerge in the analysis: they are for the analyst.

An analytic case history is the history of an analysis, written in the terms that the analyst is able to articulate. As a piece of analytic knowledge concerning facts, it makes better sense to organise it following the succession of real events that have occurred in the treatment, and certainly to include in it the analyst's interventions, since these co-determine the production of the analysand, as well as the rationale for such interventions and the analyst's own conclusions about the evolution of the case.

We cannot write a case history following the model of the physician, the psychologist or the social worker, who may well organise the so-called material of the case according to conventional professional categories, such as 'presenting complaints', 'developmental history', 'family history', etc. Such a case history excludes what psychoanalytically is most essential for the comprehension of the case: the temporality and dialectic of the relation between analysand and analyst: who said what, when and to whom — since the experience of the transference leads to the question: *who is speaking to whom?* In other words: the analytic case history is an effort to transmit a truthful historical account of the way analysand and analyst have dealt with the real at stake in analysis: the real of the transference encounter, of the symptom, of the brutal manifestations of the superego, of a *jouissance* which, no matter how low its profile in the analytic experience, never fails to invade the scene at some crucial point.

Hence the value of those case histories — so few of them in the history of psychoanalysis that include a detailed record of every session, or at least of a good sample of sessions. Not that they necessarily involve less bias or tendentious selection than the less explicit case histories; but they provide the reader with invaluable documents that testify to the analyst's consistency between his theory and his practice, his aims and his acts, his desire and his countertransference. It is not perhaps a coincidence that those case histories are of the analyses with children for the most part: starting with Freud's analysis of Herbert Graf, known as Little Hans, and following with Melanie Klein's analyses of Dick, Richard and a few shorter ones; Joyce McDougall's

analysis of Sammy; Donald Winnicott's analysis of the Piggie; Rosine Lefort's analysis of Nadia, Marie-Françoise, Robert and Maryse; Françoise Dolto's analysis of Dominique and a few others, perhaps not so well known.

By transmitting what can be transmitted in writing, the analytic case history gives an idea of what in analysis is radically excluded from transmission, lost on every occasion and yet the incentive for further work.

Breuer, J. & Freud, S. (1893–95) *Studies on Hysteria*. SE II.

Freud, S. (1926) 'The Question of Lay Analysis'. SE XX. 179-258.

Lacan, J. (1992) *The Seminar of Jacques Lacan, Book VII, The Ethics of Psychoanalysis 1959–60*.
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