

What distinguishes a psychoanalytic case history?

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My answer to the question ‘What distinguishes a psychoanalytic case?’ comes in two parts.

Firstly, because, like all questions, the present one presupposes at least the beginning of an answer, the first part of my answer is to change one word in the question, and to ask, then: What *makes* a psychoanalytic case?

Secondly, my answer to the reformulated question is that, bearing in mind that a number of intermediate steps need to be articulated, what makes a psychoanalytic case — what makes a case psychoanalytic, a case *of* psychoanalysis and *for* psychoanalysis — is, ultimately, the analyst’s desire — in the sense in which Jacques Lacan uses the expression. For what constitutes a psychoanalytic case is the product of analytic work, that is, of the work of an analyst, whose *offer* of analysis logically *precedes* the *demand* for it. Freud created psychoanalysis and this creation simultaneously generated a demand for analysis, which did not exist before Freud. The same dialectic of offer and demand has since Freud been reproduced with all of our patients, who then become (but not always) analysands. Now, it is practically and rationally impossible to establish that somebody is going to benefit from the psychoanalytic experience as a patient and later as an analysand, and that the analyst will be able to sustain that experience by providing what is required of him or her before a piece of analytic work is at least attempted. Freud called this piece of work ‘trial treatment’, and Lacan ‘preliminary interviews’, which are crucial for the development and orientation of the transference and the setting in motion of the analytic discourse.

The question ‘What distinguishes a psychoanalytic case?’ is ambiguous, as one may think that it implies the existence of certain objective traits that can be observed before any analytic experience takes place, that is, outside the analytic discourse. Opposed to that is the view (which I am supporting) that what distinguishes a psychoanalytic case can be determined only *within* the analytic discourse, which entails an engagement in a human social bond. Even at the time of the preliminary interviews this engagement has to occur for anything psychoanalytic to happen. This in practice means that the analytic method that Freud created is at this stage already in action, in its two dimensions of analysis, in the sense of interpretative deciphering, and of dialectic, in the sense of a creative, formative dialogue in which each of the interlocutors acts upon the other.

In so far as this formative and performative dialogue involves an engagement, which is an engagement of desires, it falls entirely within the field of ethics, in the most practical sense of the term. In this sense, all technical problems in analysis, starting with the questions of how to begin a treatment and the criteria for the selection (that is, inclusion or exclusion) of patients, are simultaneously — and more importantly — ethical problems, as they concern desire, what is good (for both the patient and the analyst), what is not so good, and the most intimately significant acts which, for someone who is in analysis, have always the additional dimension of the influence of the transference-relation and the variations in understanding inherent in the time for understanding (which takes most of the analysis).

If one follows Freud's recommendations on matters of technique (which he cautiously introduces as being derived from his singular experience, as not offering any guarantee of efficacy when applied by others, and therefore as not to be taken as a canon), it is clear that a rational indication for psychoanalysis can only be made through the work of analysis, and that external criteria are not applicable. An analytic case is a case, and 'case' means 'a fall' or 'something that falls' — something that falls within a category, a class, a nosological entity, a clinical structure. Thus, we speak about cases of hysteria, of schizophrenia, of phobia, and so on. When we speak of 'cases' this way, we are referring to cases as the particular instances of a universal class. In the context of a conceptual discussion this is legitimate. But in the analytic experience, including the concrete experience of offering analysis to someone, the categories of the universal and the particular are insufficient: it is the category of the *singular* that matters most — that which makes the patient a unique being, incomparable, irreproducible; hence our 'one by one' approach. Aristotle had already established that the singular shares properties of both the universal and the particular: like the particular, it concerns a single case, but unlike the particular, it is not the member of a universal class, but a class of its own.

The analyst's desire concerns, precisely, only singularities, or 'absolute difference', as Lacan put it.

In the history of psychoanalysis there have been, however, attempts at defining 'objective' criteria that could be applied to patients before any contact with any psychoanalyst; criteria which are presumably derived from clinical experience, both psychiatric and psychoanalytic. Thus, following a model prevalent in medical practice, the notion of 'indications for analysis' was introduced; Anna Freud and other analysts of the ego

psychology school wrote extensively in defence of such ‘indications’ — meaning, the positive recommendations for analytic treatment in cases deemed suitable for it. Following the same logic, ‘contraindications’ for psychoanalytic treatment have been established, on the basis of empirical evidence, i.e. failures in the attempts to apply psychoanalysis to patients within certain diagnostic psychiatric categories, or categories derived from other fields, such as education or criminology.

It could be argued that Sigmund Freud himself lay the basis for the notions of indications and contraindications in psychoanalysis. Thus, in 1904 — before the series of papers on technique — he wrote that psychoanalysis cannot have unlimited application (Freud 1904, 253–4). A year later, he insists on some contraindications (Freud 1905, 263–4). In his case history of the young homosexual woman, he discusses a different type of contraindication, where the patient’s subjective position is more clearly involved in a direct way (Freud 1920, 150). In his *New Introductory Lectures* (Freud 1933) he expressed some reservations regarding psychoanalysis with children, in line with Anna Freud’s idea of the impossibility of working in psychoanalysis with children in the same way as one does with adults (which was Melanie Klein’s position). And as late as 1938, in the *Outline of Psycho-Analysis*, he maintained his initial views on the limitations in the treatment of psychotics. He never, however, advocated the use of forms of assessment to determine the suitability of a patient for psychoanalysis external to the analytic experience itself, such as psychometrics, projective techniques or a psychiatric evaluation.

In psychoanalysis we cannot proceed as the medical practitioner or the veterinary clinician, who indicate a form of treatment and contraindicate alternative forms on the basis of the objectifiable signs and symptoms of a given condition. We (and the patient) learn about the patient’s life and work from what he, and only he, says. As Freud put it, ‘he is to tell us [...] what he does *not* know’ (Freud 1940, 174). And this can only happen within the analytic discourse.

Nobody has been born analysand or analyst. These are positions in life which are acquired through an experience; an experience of desire: the analyst’s desire. Nobody has been born a psychotherapist, or a psychotherapeutic patient, either. There is a choice in these things; of course, the choice for analysis can be exercised only if there is an analyst.

Freud, S. (1904 [1903]). 'Freud's Psycho-analytic Procedure'. SE VII. 248–254.

Freud, S. (1905 [1904]). 'On Psychotherapy'. SE VII. 256–268.

Freud, S. (1920). 'The Psychogenesis of a Case of Homosexuality in a Woman'. SE XIX. 146–172.

Freud, S. (1933). 'New Introductory Lectures on Psycho-Analysis'. SE XXII. 3–182.

Freud, S. (1940 [1938]). 'An Outline of Psycho-Analysis'. SE XXIII. 141–207.