

WORKING-THROUGH AND CO-THINKING

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If one takes only into account papers published on this topic, the story of the studies on working-through has known many eclipses. This concept was first mentioned by Freud in nineteen fourteen, then quoted by him twelve years later in reference to the inertia of libido, and it was taken up again by Fenichel in his technical writings in nineteen thirty nine. In nineteen fourteen, Phyllis Greenacre noticed the scarcity of publications on this subject. It is only in the nineteen hundred eighties that many papers began being published on this topic, so much so that Charles Brenner entitled his excellent review of this question, “Working through: nineteen hundred fourteen – nineteen hundred eighty four.” Another silence followed, and now, in two thousand seven, the question is asked anew. What usage do we make today of the concept of working-through?

In my view, two fields of clinical thinking seem closely linked to this concept – the notion of impasse and the notion of intersubjectivity. Studies on the clinical aspect of impasse go back to the seventies. As any other clinical concept, the concept of impasse has been the subject of various interpretations, but I consider that the position developed by Horacio Etchegoyen is a fundamental one, or is at least of a great heuristic value (...). According to his point of view, an impasse can be defined as a failure of working-through. This may be a too limited viewpoint, but it has the merit of pushing us forward in our understanding of working-through, by making us define its negative, in some sort of way.

A short clinical vignette will help me exemplify the link between impasse and working-through. Mister Th. is fifty years old. He has been married for eight years and has two young children. He is very successful in his professional career, but his intensive activity to reach success results in quite severe difficulties in his relationship with his wife. He started his analysis ten years ago. He came to analysis because of repeated drawbacks in his love life, difficulties in his social contacts and for a depressive tendency. During the course of his analysis, what appeared was a defensive narcissistic disposition which hinders him considerably in his professional and family life (his is extremely arrogant, incapable of

empathy, poor in his libidinal cathexes), and he also has obsessional defense mechanisms (he is extremely preoccupied with order and cleanliness, perfectionism, doubt and irresoluteness, rationalization and isolation). During the analysis, these dispositions became more and more conscious. He overcomes them in part in his outside life, but complains a lot about the difficulty he feels to do so. He gives many details about his failures to go beyond these dispositions, as if these failures were as many premisses of the failure of his analysis. Nevertheless, he continues his treatment faithfully. He doesn't miss a single session but arrives systematically late, and shows markedly at the end of every hour how relieved he feels. He talks in a very repetitive way, reports very carefully the pathology of his every day life, as he does his past remembrances. In every moment, he looks for his therapist's approval. The latter's interpretations are either challenged with denegations and rationalizations, or acknowledged, but then, he nuances and appropriates them as if they were the expression of his own understanding of facts. All these defense mechanisms are acknowledged but never miss an opportunity to return spontaneously. Mister Th. is aware of the difficulty. He wonders if he's capable of undergoing psychoanalysis, while insisting on his decision to continue.

Mister Th. has very well perceived the way the analyst listens and interprets what he says. He often acknowledges its relevance, but says he is unable to apply it to himself. For many years, he qualified himself as totally unable of feeling empathy, and today, he is as much deprived of any capacity at self-observing his own psychic life. There is a need, at every moment, to take up again his negation of insight. Working-through indeed means repeating and repeating.

The second field of reflection which seems useful to me in order for us to understand working-through is the field of intersubjectivity. Here, I will not bring up again the ambiguities which presently surround this concept. I consider it in the sense of an induction of thinking through which the conscious and unconscious associative activities of a subject in analysis, influence the associative chain which unfolds in the interlocutor's mind. This is a mutual process of empathy (Bolognini) which I suggested to call "co-thinking" (Widlöcher...). Mister Th. complains about his lack of empathy with others but he cannot bear the homosexual erotic intimacy which results from the induction effect of my interpretations on his own interpretative network.

Can recent developments in psychoanalysis allow us to shed a new light on, or at least, give more life to, the concept of working-through? Let us go back one moment to the issues which still seem to be in debate in this respect.

- Is working-through an intra-psychic process, belonging only to the analysand, and whose necessity we should respect, as Freud invited us to do in nineteen-fourteen, or is it an inter-psychic process, belonging to the cure (ou “treatment”), which we should try to transcend, as Fenichel suggested?
- Is it the result of an inertia of the id’s libido (Freud, nineteen twenty six), or of a process of the ego’s resistance, as Freud suggested in nineteen-fourteen, and as many authors after Fenichel have taken up?

The technical consequences of these two questions are important. Should we “let it be” (ou “not interfere”?) as Freud suggested, a position taken up by many clinicians, following Lacan in France (the “time to understand”) and which often leads to the “interminable” analyses to which we are confronted? Or should we intervene, either through a systematic and repeated interpretation of resistances, as Brenner suggested, or by trying to revive (re-actualize?), in the treatment, resistances which only reappear outside the sessions, as Greenson suggested (...)?

In order to try to extricate ourselves from these technical difficulties, while taking into account the contributions of the clinical work on impasse and of the significance of intersubjectivity, I will put forward three propositions.

1/ We should consider the insufficiency of working-through in the patient as an incapacity to interiorize the analyst’s psychological (psychic?) listening and interpretation activity. What is at hand is the necessity to introject the interpreting analyst (Strachey, nineteen thirty four), to interpret the interaction between patient and analyst at an intrapsychic level (O’Schanghnessy, nineteen eighty three), to share the associative work with the patient (Sedler, nineteen eitghty three). It is in order to avoid the ambiguities of the word intersubjectivity that I suggested the term co-thinking for describing the effects of the analysand’s representations’ associative process on that of the analyst.

The term co-thinking does not refer to some new expedient, but strives to describe a mutual developmental process of the associative activity. Words (the acts of thinking expressed through speech), and what is signified between them, their associations, the words left out, censured, etc., originating in the speech of one penetrate the thought or the other, becoming thus his own objects of thought. The effects of meaning they produce depend on the associative context from which they are extracted and on the associative context they create in the other.

Co-thinking can be considered as the means through which communication from unconscious to unconscious takes place. From the point of view of dynamics, the

transference-counter-transference interplay fits into the content and the associative dynamics of co-thinking.

The associative networks produced in the psychoanalyst should be treated as an expression of the analysand's psychic life. This contributes in part to an effect of empathy, but, inasmuch as elements missing in the associative network are at play, the psychic work operating in the analyst enables him to recognize unconscious representations or associations in the analysand and to lift repression. In this way, hypothetical representations, waiting interpretations, are constructed, which, at some given moment, will be able to come to the analyst's mind, as words to communicate to the analysand in order to open new tracks for his associative networks. Co-thinking builds the repertory of potential interpretations, of "key representations" capable of "unlocking" a preconscious system which is resisting the pressures of the unconscious.

The induction of thinking and the process of co-thinking which results from it are totally different from other modes of expression of the transference-counter-transference relationship. It links patient and analyst through a merging process, a primary identification. Whereas on the contrary, other modes of expression allow the acting out of an interpersonal scene, imagined or materially enacted in the setting of the session.

Here, I would say that, not only the work of co-thinking and the associative and interpretative activity it leads to in the analyst should be heard by the patient (accepted, challenged or nuanced), but also, that an associative and interpretative activity should be induced and acknowledged in himself, mirroring that of the analyst. Co-thinking doesn't only go from the analysand to the analyst, but also from the analyst to the analysand.

2/ In order for the emotional load of this associative work to operate, one should of course take into account the weight of transference and of resistances that go with it, but also the nature of the associative links the analysand has to interiorize. To associations of an explaining and causal type, as well as to those of a semantic type (which link representations through a community of meaning), it seems to me that one should try to develop a listening and interpretations bearing on contiguity associations, that is, on the way in which, at a given moment of the treatment, one thought follows another. The contiguity link during the unfolding of the associative chain in the temporality of the treatment carries indeed a cathexis force linked to the "hic et nunc" presence of an instinctual impulse (drive motion?).

Mister Th. is very used to cut the associative process. He skips from one topic to another, considering his interest in the first topic is exhausted. At the beginning of a session, he makes me notice that the piece of cloth that protects the couch at the patient's feet is

missing, and he adds with a dry voice: "It was already like that yesterday." I make him realize his provocative tone of voice. He protests, but after a few minutes, he acknowledges the aggressive aspect of what he just said and compares it with the way he speaks to his wife and to his professional relationships. He will not change. The analyst should always be by his side in order to make him notice it. After a short silence, he says, "My wife would like to live in your area." This alludes to a plan of moving he is preoccupied with and to the fact that he blames his wife for looking for too expensive apartments. I only say to him, "The analyst shouldn't leave you, or your wife should come to the analyst." After a few moments of silence, he thinks about the fact that his wife should tolerate and understand his tone of voice, as the analyst does, and he admits the link with the conflict about the apartments.

It seems to me that what is interesting in underscoring, when it is possible, the interpretation through associative contiguity, depends on several reasons.

Contiguity cannot be denied. What can be is the existence of a link. But in case the link appears, one cannot deny that it results from an actual drive and/or defensive cathexis. When the link is acknowledged intellectually, the force that puts it into action is generally greater than the force which enables to recognize a proximity of meaning between an actual psychic action (ou "act") and a memorized representation.

3/ Treating the patient's resistance condition by putting it in relationship with the unacknowledgment of the interpretative link resulting from the analyst's co-thinking work focuses more concretely on the object of resistance, whether this resistance is due, as it seems to be in Mister Th's case, to a refusal to interiorize the psychoanalyst's thinking, depending on narcissitic and homosexual defenses, or, whether it is due, in other cases, to the maintenance of a link of libidinal "possessiveness", or to an association between the two. What seems important to me is that the interpretation of resistance should not only bear on the patient's transference dispositions, but also on the psychic work of working-through itself.

To conclude, I would insist on the fact that in the end, it is the analyst's associative and interpretative work which is the subject of working-through, or the subject of resistance to working-through. The lifting of resistance should enable the patient to experience an emotional satisfaction by means of interiorizing the analyst's associative work (Ferro, nineteen ninety three, Greenson, nineteen sixty five), by means of experiencing a familiarity with his own resistances (Sedler, nineteen eighty three), a familiarity shared with the analyst. Repetition is on the side of the analyst's co-thinking, its role is to obtain its acknowledgment on the patient's side.