

The Most Important Things Every Psychotherapist Should Not Know

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In the medical tradition the doctor conducts an evaluation, determines the diagnosis and implements the treatment. The patient listens and follows doctor's orders. But that changed when Sigmund Freud discovered that, with psychological problems, the doctor needs to listen to the patient and conduct the treatment following the patient's free associations. In other words, the psychotherapist needs, in a disciplined way, to know how to not know.

Freud wrote, "... in his medical school a doctor receives a training which is more or less the opposite of what he would need as a preparation for psychoanalysis." He said medical training gives "a false and detrimental attitude" aimed at looking for somatic determinants and trying to treat them (Freud, 1926, 1959, S.E. XX, p. 230-231).

Freud believed an analytic education required study in biology, the science of sexual life, and psychiatric symptomatology. But in addition the analyst needs instruction in "the history of civilization, mythology, the psychology of religion and the science of literature" (Freud, 1926, 1959, S.E. XX, p. 246) Freud's ideal psychoanalytic training program immerses the analyst in symbolism and analogical thinking and attunes the analyst to the metaphors embedded in the patient's dreams, fantasies, symptoms, slips, free-associations, repetition compulsion, transference, and so on.

The therapist should know psychopathology, psychosexual development, multiple theories of personality, and how to establish a psychotherapeutic relation, interpret the resistance, use the counter transference, and recognize and work with the repetition compulsion. Beyond that we must be prepared to wonder.

Analytic work is not a guided tour. It is more of a wilderness expedition in which the patient and therapist head off into the unknown - the unconscious - with the spirit of adventure and the goal of discovery. The therapist needs to have skills in the exploration of the unconscious but beyond that the analyst should not and cannot know what he or she will discover.

In counseling we talk with the patient directly about the problem at hand. In analytic work, however, we invite the patient to free-associate - to speak in a free and uncensored fashion. The therapist's attitude is one of following the associations. No therapist should ever know the patient's next association. We listen with free-floating attention, not anticipating what will be said next and always open to hearing something new.

The therapist must not assume to know the patient's experience. We can never know the meanings of every word, gesture, or aspect of the patient's life. When a patient speaks of home, family or work we can't help but create an image

of those places and people in our minds. But we are always surprised when we actually meet a patient's family or get some peek into their personal life outside the office.

No dream is ever definitively interpreted. *We never know the dream's "true" meaning.* Dream interpretation is a hermeneutic art in which even interpretations is subject to further interpretation.

In therapy we sometimes experience poignant moments of deep understanding, an I-Thou experience. *But even the authentic encounter has unconscious components.* If we accept the proposal of the unconscious, everything self-evident must always be held in doubt.

The therapist can have great empathy and understanding but can never know and should never think that he/she knows the patient's experience of the therapy. We often hear a patients say, "I have been thinking a lot about what you said in our last session." We then discover the patient has picked up on an obscure comment, has distorted something we said and found it useful nonetheless or remembers something we can't remember and can't imagine ever having said.

Certainty is to be avoided in clinical work. Recognizing the operation of the defenses, the object relations, and the repetition compulsion can sometimes give the illusion we are colonizing the unconscious, as though we know what's going on in there. But the unconscious is by definition unconscious. It is not the therapist's job to know what is going on in the unconscious. It is the therapist's job to read the resistances on the surface and help the patient say what is difficult to say. Yes, 'where id was there shall ego be' but there will always be vast tracts of the id, ego and superego that remain unconscious. The psychoanalytic attitude is one characterized by humility, doubt and an enduring openness to the unexpected.

The use of intuition, the therapist's fantasies, enactments, parapraxes, bodily states, and other aspects of countertransference experience, can provide useful clinical information. But *the countertransference is always perceived through the subjective lens of the therapist and is vulnerable to distortion.* The countertransference is not a direct telephone line from the patient's unconscious to our conscious. We can be open to it but we always need to check it out. As a colleague once told me: "The only problem with an open mind is that all sorts of things can fall into it." It is not enough to be open to our countertransference; we must maintain a discriminating attitude to determine how much belongs to the therapist and how much to the patient.

Some patients come to us and want to know what to do or how to be fixed. The self-perception is almost that of a concrete, rational machine in need of repair. To be inducted into an analytic psychotherapy is to be inducted into one's humanity. To do this we confront the patient's self-perception, view of "illness" and his/her ideas about our role as "healer". Along the way the patient may learn that to be human is to be incomplete, identity is a collage of identifications, psychological "illnesses" are not the same as medical illnesses, after neurotic suffering there is still normal suffering, life is full of ambiguity and uncertainty,

and therapy is a place to speak in a free and uncensored fashion, to unpack, to take inventory, to overhear oneself and, in doing so, learn to keep as few secrets from oneself as possible and thereby learn to live more comfortably in one's own skin.

Pt: What should I talk about?

Th: What is on your mind?

Pt: Where were we last session?

Th: Where are you now?

Pt: Where should I begin?

Th: Right here. Right where you are.

Years ago I saw a little boy in non-directive art psychotherapy sessions. In each session I gave him a piece of paper, crayons and the invitation to draw whatever he wanted. He'd put crayon to paper and little by little figures of great importance would appear: Godzilla and King Kong fighting, roller coasters going out of control, boats crashing, and other similar family situations displaced and projected into the world. Then one day, before beginning to draw I heard an expression of the true spirit of the psychotherapeutic adventure. With crayon in hand he looked up at me and said, "I can't wait to see what I am going to draw today!"

Yes, what will I draw that I've never drawn before? What will I hear that I've never heard before? What will I see that I've never seen before? What will I say that I've never allowed myself to say before?

REFERENCE:

Freud, S. (1926/1959a). The question of lay analysis. In James Strachey, Ed. & Trans. *Standard Edition*, Vol. 20, 183–258.