

Human Suffering and Contemporary Psychoanalysis Contemporary

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SUMMARY

Nowadays there are evidences the psychoanalysis traditional clinic is insufficient to deal with human suffering generated by the traumatic conditions of the current life. Considering this, we have researched in “Ser e Fazer” (Being and Doing), about clinic strategies to consult inspired in Winnicott psychoanalysis and based in Bleger concepts. These strategies basically introduce expressive materiality as emotional communication mediation and use a specific way of therapeutic intervention, known as *holding* or setting *handling*. Fortunately we have got good clinic results and our clinic service has inspired plenty of master degree, doctorate and scientific initiation projects.

KEY WORDS: Psychopathology – Psychoanalysis – Winnicott – winnicottian art therapy – differentiated clinical settings

Inspired in Winnicott thoughts, we consider psychopathology is a theory about human suffering. We understand psychoanalysis as a method, a privileged way to comprehend human emotional experience.

Being a method, psychoanalysis has a revolutionary and transforming presumption: the radical belief that every human behavior has an emotional sense, belongs to human event, even if it seems to be crazy, strange, cruel or apparently impossible to comprehend (Politzer, 1928). Considering this, psychoanalysis presents itself like an interpretative method, once it doesn't state limits to

comprehend human phenomenon, even when the clinic strategies are not oriented by enunciation of interpretative sentences. It can be used in the clinical setting based on holding and handling of the therapeutic attachment, looking forward to promote continuity of being through agonistic fields rupture (Winnicott, 1962; Vaisberg, 2003) would reduce the patient to an object that is going to be evaluated by a subject that thinks what we consider as a misunderstanding generated when we think the construction of a rigorous and trustworthy knowledge would demand the imitation of positivists concepts (Santos, 1987). It would reduce the patient to an object that is going to be evaluated by a subject that thinks, like it happens in any "scientific practice" related to social exclusion of specific people or social group.

To abandon the positivist optic it is necessary to reconsider the psychology foundations as a science (Galimberti, 1999). The author understands it is essential to abandon the notion of psychological subject as someone that has an abstract psyche apparatus, in favour of recognizing the human action as a phenomenon that really matters to be known. This proposal, formulated considering a philosophical phenomenological thought, keeps affinities with Bleger's ideas (1963), author we have been using for decades¹, that follow Politzer's ideas to abandon the abstract theories that are far from life. Trying to escape from metapsychology abstractions, Bleger (1958) first suggested a psychology based on human drama. After he adopted the expression conduct psychology. He understood conduct was every kind and all kinds of human manifestation that predominantly happens at symbolic area, or at body area, or even at the area which involves action on environment. To Bleger, psychoanalysis could be rigorously

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defined as the most including approaching of the human happening if it is from a psychological perspective that makes sense to the emotional angle.

We retake here these questions because we are interested in a back regard to life and to inter-human meeting². So we repudiate the studies that work with dissociated representations, psyche apparatus, conscientious and unconscientious systems, pulsions, etc. So we have to search for new clinical practices capable of contemplate human phenomenon, respecting its true existential condition. Considering this clinical and theoretical place, we intent to comment human suffering and exclusion. Then, we intent to explain our purpose of the developpement of a psychotherapeutical settings different of tradicional psychoanalysis.

Suffering as exclusion of human world.

Even if we make a superficial examination of post freudian pschanalysis contributions, we can to be easily convinced that the plurality of theotical formulations can be related to the fact that the differet authors have been interested in different phenomena related to their clinical experience. This is a complex issue, but at the present moment we believe it is enough to evidence that different authors that construted theories related to different clinical matrices (Mezan, 2.000).

² We say inter-human meeting because we believe, as said Winnicott (1945), that the constitution of subjectivity is a human conquest along his development, considering the baby, at the beginning of life, does not exist as person in his own point of view. Less fortunate people, who had suffered early age intense ambient invasions, or, if we abandon a simplified development perspective, who had been victims of events excessively tragic along their existence, they do not acquire or they lose the feeling of continuity of being. This results in a deep existential emptiness and a fall in primitive agonies.

The Winnicott's clinic has a matrice which is clearly enunciated by the author (Winnicott ,1945) as psychotic suffering, essentially related to the impossibility of the individual to feel himself as real. To Winnicott (1978), the most important action of the psychoanalytic treatment occurs with psychoneurotics patients, and it consists in bringing to conscience what was unconscious. That is obtained mainly by re-live that occurs in the relation between the patient and the analyst. The psychoneurotic apparently functions from the conscience, feeling himself a little uncomfortable to what is outside of the conscience reach. The desire of knowing himself seems to be one of the psychoneurotic characteristic. To these people, the analysis brings an increase of the autoconsciousness, and a higher tolerance with the unknown. On the other hand, said Winnicott, to psychotic patients, and to "normal" people of psychotic type, there is the least interest of acquire more conscience of themselves. They are mainly interested in living their feelings and in their mystic experiences, and suspecting of the intellectual self-knowledge or even disdaining it. The author understands this patients do not expect that analysis will make them more conscious, but that gradually they can becoming hopeful to feel themselves as real ones.

This part of the text clearly shows how much Winnicott had been interested in psychotics and in "normal psychotics", how much he had been compromised with the desperation of those who can not feel themselves alive and real, whose lives have not sense, once they feel absolutely incapable to enjoy it. We can think at first Winnicott was specifically dedicated to psychosis clinical matrice, based on Freud's (1924) concept of personality structure.

However, we can even think that when Winnicott spoke about "psychotic type normal individuals", he has reported to deep existential distresses, present

in everyone, but vehemently manifested on people called “psychotic”. Those would be emblematic of suffering presents in all humanity. So Winnicott has not separated individuals according to personality structure. He was talking about a kind of suffering that compromises life, because it can result in alienation of reality or because it can manifest as submissive adaptation to reality. We can say that people with this kind of suffering are unable to play³, and to enjoy the third area of experience called transicional by Winnicott(1971).

Nowadays it is mentioned a lot the fact that psychanalysis have not sufficient dealt with new ways of suffering genereted by current life. It is true the current way of life has contributed a lot to alienate people from true human dimension, as humanity has been developing an activist consumism promoted by strong economics interests. This consumism has a main consequence wich is the increasing of social exclusion of the economically less favored class and the increment of vliolency. The increment of violency we are talking about can be international, like, for instance, recent Iraq war promoted by USA, or national, like the true civil war, not so evident, that occurs at the big cities. Considering the economic exclusion brings exclusion effects to everyone, dominaters and excluded, related to reduction the possibilities of human worthy coexistence, where pelople keep able to have a ethical recognizement of alterity, it is understandable that people have been suffering the feeling of an exitencial empty related to futility of life.

Considering this kind of trouble situation, Winnicott (1960) started to think about false and truel selves, understanding only things that emerge in a criative

³ In a rigorous sense, playing in Winnicott's work, must be considered as an existential position, which depends upon the holding supported by the environment when it is good enough. When environment imperfections occur, playing is not possible. .

way from the nucleus of each one's being can be lived as real. And this depends on maintenance of the human feeling of continuity about being himself and about the world (Winnicott, 1945). An apparent normal life can be kept when you have false self, while person remains absentee of himself, excluded from his own life. False self is a dissociative defense which hides the authentic life, but allows true self, that is kept occult, survives.

Considering primitive emotional development, different from Klein followers, who think the symbolic ability is always present and working, Winnicott (1945) thinks baby in the beginning of life does not exist since his own point of view. When he has just been born there is an incipient feeling of being continuity. And if this feeling is not interrupted by ambient invasions, which would cause primitive agonies, it will allow the "presentify" of baby's self in his body and in the world. When the child sucks, he can, thanks to his devoted mother, live an omnipotent experience of creation/meeting of the mother's breast that he needs, which increases his capacity of being present, or his capacity of being present and of accumulating self integrative experiences. Some therapist, that adopt a developmentist understanding of Winnicott's thoughts, concluded that at the first childhood, good mother's care makes person avoid unthinkable anxieties, which are the deeply horror experience of eternity and infinity as a huge existential empty.

However, if we read Winnicott not in a restrict literal way, we can clarify certain clinical phenomena that otherwise we could not. So, we can think that wherever someone's continuity sense of being is interrupted by dramatic happenings, the possibility of being present at his own experience is interrupted. False self, as a defense, starts to work taking care of the apparent continuity of life. This dissociated acting of false self can cheat everyone and the own person,

what can be effective for a while, avoiding primitive agonies. However, if the person is living from false self, he does not enjoy the feeling of being alive and the sensation of being real. It is an absence of his own that works as a defense, which is a radical exclusion of his own life and of coexisting with others human beings. We can use, for instance, an experience one of us had one of us could have been with someone who was pregnant and had worries because a medical exam showed the possibility of having a child with serious health problem. This woman could be calm until the baby born and was 3 years old. Although the child had no problems, at that time, the woman had serious emotional problems, but she was able to realize she “had not been there” all this time. She had being so deperated and impotent, that she had being took after by false self. Her friends, relatives, work team and even her analyst had being enjoying her serenity When she could come back to her own, she said this serenity had been like an absence from herself. So, in fact she could not had been “there” for her own and she could not had been “there” with others.

Interpretation and Intervetion in the Current Psychoanalytic Clinic.

The psychoanalytic clinic is based on interpretive model that is founded in the theoretical notion of personality structure and that has as clinic matrice the neurotic suffering. A lot of therapists have exclusively abided to this way of clinic work, taking care of any pacient as a neurotic pacient, or excluding from pshychoanalysis those who do not fix in this psychopathologyc category, sending them to psychiatrist or to non pshychoanalytic psycotherapies. Evidently, when patients are sending like that, psychoanalysis loses the oportunity of fully developing it's transforming vocation of living. Besides the indiscriminate use of

neurotic treatment device can make the consultation innocuous, and even até harmful (Winnicott, 1955, 1962; Bergeret, 1974).

Winnicott was an author who dedicated most of his effort searching clarifications and treatments to agony sufferings. He deeply studied delicate movements through human being starts to exist since his own point of view, consisting a “him-self”, which is lived as real. So we have a clinic that is going to affirm itself as radically diverse of that one based on articulation of interpretative sentences. In this clinic, we can deal with what happens to individual when he was not enabled to articulate its emotional experience symbolically, because he was still a baby or because he was collated with sufferings limits. We think it is basic the recognition of the psicopathologic importance of what happens to the human being in situations he is not enough integrated so that he can exist since its own point of view, or when he does not perceive constituted and integrated as individual capable to live a personal experience. **Probably many forms of suffering, related to fear of madness, panic, certain forms of “phobia” and to futility feelings, have their origin point in happened events that, because of its violent irruption, they could not have been lived deeply.** It does not have, in these situations, what to remember, because at that moment there was not the presence of a person constituted as a human being since his proper point of view, capable to live deeply and to memorize the proper experience from symbolic articulation. These events reverberate, thus, as ambient imperfections and intrusions that never could be remembered, but that can be brought up to date in the transference. It would not have, in these cases, clinical or theoretical justifications for the accomplishment of a consultation aiming the patient to constitute a knowledge of himself, although not experienciada. The interpretation

could, also, be felt by the patient as a new invasion, what would aggravate the anguish. This does not mean, of course, there is not value in the human being capacity of learning about himself. By the way, in many cases to recoup what I left to know about me that can reappear and haunt my life and my relationships, can have good effect and can liberate the patient from important suffering. The contemporary clinic, however, has been increasingly presenting another type of demand, related to deep anguishes that are present in all the human beings and that are expressed like complaints related to the feeling of lack of sense in life, feeling of futility of existence, to depressions, panic, the violence and the drugs addition. These are sufferings that have compromised the continuity of being. They basically have compromised the quality of life. So they require a capable clinic to deal with aspects that had been never known and later forgotten. This feelings even compromise the possibility of dealing with the situations related on ambient imperfections that have occurred when a personal presence was not constituted to experience and to symbolize events.

Considering the current picture, we propose the practice of a non-interpretation psychoanalysis clinic. We think the psychotherapeutic effect do not derive from the increment of the capacity of symbolizing which take something under " ego onipotent control" or facilitates symbolic articulation of self aspects. If we abandon the splitting conception of human being, inaugurated in occidental thought by Platão (Galimberti, 1999), we can realize the mutation is not reached through a psychic operation of "knowing about myself ", "insight", but it is produced, because of the human meeting experience and that will be naturally followed by symbolic articulation, without the splitting defenses resource. If man is not a juxtaposition of body and soul , being individual, we do not have reason to think

something must first be produced in the mind and follow, it is expressed in other areas of life. If man are individual, Se o homem é indivíduo, your happenig always is inevitably unitary, even if it is expressed in different areas of symbolic phenomenon , corporal phenomenon and performance in the external world ainda que se expresse nas diferentes áreas fenomênicas do simbólico, do corporal e da atuação no mundo externo (Bleger, 1963).

We belive situations thar are articulated in relation to unthikable anxiety experience make those interpretative and constructive interventions, wich aim to propitiate symbolic articulation, absolutely unnecessary. In this case, the pedagogical character is useless and irrelevant. What truely establishes a changing experience, in a clinic whose matrix is the depersonalization feelings, desrealization and disintegration is the meeting, inter inter-human happening. The genuine meeting, the devoted availability of the psychoanalyst, who knows, for personal appropriation, the existencial passage to be covered by all human being route to appropriation of himself, is the bedding of genuine essential mutation. In a devoted meeting, the conditions related to the possibility of "felling real" are changedded. It allows to the patient to be present without being invaded, to make the spontaneous gesture without being interrupted or submitted. It is worth to repeating: the symbolic articulation naturally follows this process, because the human conduct has unic essence , even if it is plural when we consider expression areas (Bleger, 1963). However, the symbolic articulation is not causal condition of change. It is really possible that something is symbolized in an absolutely dissociated way between being and feeling.

We understand the basic investigation of the psychoanalytic contemporary clinic is: how to facilitate, if it is possible, that somebody, who feels his existence from an exterior point of view⁴, can be able to transform his existential positioning?

Freud considered dream as a phenomenon that leads to the creation of a setting where everything can be considered as oniric experience. Winnicottian thought, in a different way., in response to a kind of suffering, which is the feeling of not to be able to live, real and integrated, the human phenomenon is not dreaming, but playing. The valuation of playing is absolutely harmonic with the purpose of the exploration of not represented zones from psyche, demonstrating how much the human symbolic capacity is clearly related to other people and to world objects. It is interesting to notice that symbolic capacity has its origin in playing, inter-human activity where the baby's incipient continuity of being meets sensory world. However, it is essential to detach that if we consider the symbolic capacity as a human capacity, established by the contact with others and with the world, this idea is radically opposed to abstract metaphysical knowledge. If we think about symbolic capacity using only the abstract metaphysical knowledge, we are led to an omnipotent dissociated psyche.

As a result, we think the valuation of clinic strategies that privilege the playful experience, when we work with children and also with adults, is an important psychotherapy device when we intend to deal with deep anxieties. These anxieties not always could have been submitted to symbolic capacity by individual. Considering these thoughts, we understand Being and Doing in psychoanalytical contemporary clinic, directly deriving from Winnicott's idea of being a psychoanalyst who making another thing more appropriate to the current situation.

⁴ This exterior point of view is occupied by the other people, as for the "explored intellect" like a

Being and Doing in the Psychoanalytic Contemporary Clinic

At Being and Doing of Psychology Institute in São Paulo University, we take seriously Winnicott's affirmative (1971) that psychotherapy occurs in the overlapping of two playing areas: one is the patient area and other is the therapist area. We agree with Winnicott when he says the psychotherapy deals with two people who play together. In consequence, when playing is not possible, the work done by therapist is directed to bring the patient to a state where he is not able to play for a state where he is.

We inscribe in this ancestry of thought the practical clinic that we have developed since 1997 and which we call differentiated psychoanalytic setting. This consultation setting has a playful dimension that is most visible in **mediating material presentation** with high potential to make people expressing their own self and preferentially occurs in group context. The presentation of these materials is inspired in Winnicott's Squiggle Game (1968). Winnicott explained the Squiggle Game could be used as mediating of the emotional communication between therapist and patient and is a facilitating condition which helps people to be present in the meeting experience. The idea is to offer to the patient a propitious environment for the expression of his spontaneous gesture, once it happens in the presence of a therapist inhabitable to receive and to valorize. This shelter occurs in a non-interpretative therapeutic intervention, known as **holding** or **setting handling**, which aims the **emotional holding** of therapeutic meeting responsible for the rupture of agonistic fields and for the aiding of the occurrence of transformative experiences.

The basic idea that guides our practical clinic is to propitiate significant emotional experiences that helps the patient to feel himself integrate. It allows him to live for the first time, in a tolerable way, the past that cannot be lived deeply because of the use of powerfull defenses against agony (when he had to become absent from himself). It also makes him present at the meeting, expressing himself creative and spontaneously. In another words, in our practical clinic, we search to offer the patient a chance of living experiences in an emotional sustentation context, that guarantees a relief of the anguish and a defense relaxation. At the same time, the paciente can liberate true self from the suffering passivity so that he has conditions to act in a creative way on the world. (Machado e Vaisberg, 2003).

Actually we can say the services we offer to the community are ***Therapeutic Consultations*** (individual, familiar and collective) and ***Psychotherapeutic Meetings of Winnicottian Art Therapy***⁵. The consultations happen in group context, always that it is possible, because this is the "natural situation" where happens the human life, which is coexistence. Also this coexistence helps to promote the emocional sustentation and facilitate the necessary relaxation to the creative auto-expression. On the other hand, the individual psychotherapies are also meeting forms, which are clinically necessary in many times and occur in inter-human field, naturally very full of emotionally significant attachments. .

Besides, the group happening we have been holding places each one with other human beings and also with some "sample" of the material world: flowers, paper, lines, cloths, clothes, puppets, paraffin, photos, etc.. We bring to clinical setting, as

⁵ For people who are interested about knowing better the work developed in "Being and Doing", our internet site is: <http://www.serefazer.com.br>. We have another internet site which is:

intemediate space, a selected sample of human reality. Doing this, we have, as basic objective, to provide conditions for the emergency of a creative spontaneous expression, which enable the patients to live their life problems as situations to be directed and solved and not as threats of primitive agonies. The therapist, the others' concrete presence, the grupal setting, the available materiality, all these works as base for the sustentation of the meeting experience and liberates the human "being and doing.

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