The Clinical Method Relevances for the Psychotherapy Beginning

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From a brief reading of the clinical method concept, the author refers to the Freudian text About the Treatment Beginning (2013), focusing on the clinical observation relevance to this method. Throughout the discussions, the author highlights that the analyst must appropriate, from his clinical formation, so that the patient nature manifests through the transfer and resistance. It is concluded that the patient would be a fertile soil where his nature, here including his free associations, would manifest through his symptoms verbalization. Therefore, it is up to the analyst to wait the necessary time so that his patient psychic soil germinates through his free associations, his bodily manifestations, his parapraxis and his verbalizations.

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The Clinical Method: A Brief Introduction

In this first part, it is necessary to make a brief explanation about what would be the clinical method, bringing some fundamental points of its historical aspects, and emphasizing the clinical observation importance (or not); since the discussion on this is of fundamental importance for the analyst formation.

According to Berlinck (2011), since the Ancient Greeks, man is dedicated to observe things and the other men. However this observation… has always been merged with magical and religious imagery. At this time, the nature and subjective concepts still were not developed. For the Greeks, there was no difference between nature and culture. With the Renaissance, the asleep body becomes admired for its aesthetics. It is during Renaissance that several changes occur in the way to think the outside world, allowing a rupture between the observer and the observed.

Berlinck (2011) points out that from the 18th century arises in Europe a movement called naturalism giving scientific status to the nature observation. Both the modern science and the naturalism believe that the outside world can be apprehended and understood from the manifested phenomena observation and classification. Unlike the antique, the observer assumes a neutral character, realizing the outside world through his observation. In addition, modern medicine, such as psychiatry, has its origin in naturalism. This is a move that provided a scientific basis to the nature phenomena observation from the apprehension and understanding of natural manifestations.

In naturalism there is a neutral observer who would be “Somebody who is capable of sensibly apprehending the world without interfering in it through visions or prejudices.... The clinical method is like this, the way adopted by naturalists for the nature knowledge” (Berlinck, 2011). We can find the clinical method
foundation in the observations of several naturalists, especially in Darwin’s observations about the evolution of our species. Therefore, thanks to naturalism and the observation of several species made by Darwin, the classification system arises, being the “uninterested observation” of fundamental importance for the emergence of qualifying systems that are still present in the clinical method.

For Berlinck (2011), the notion of “uninterested observation” will evolve into what, later, become known as “evaluative neutrality” that determines, in part, the clinical method. The neutral place, the neutrality, is of fundamental relevance to the clinical method. The neutral seeks to capture the essence of the speech in question, highlighting the observed uniqueness. It is the observer (the analyst) position interaction and the observed (the patient) that produces the subjectivity that determines the observer’s thought, highlighting the discourse subjectivity of the clinical case in question.

At the clinic, the neutral is formless and not distributed in any genre, being the unknown always said in the neutral. The neutral clinic is a clinic distant from the medical clinic and the psychological clinic: It is an observation clinic. Many clinicians cannot see the patient in the uniqueness of his symptom, because they are immersed in the theory, but before deepening this discussion (which will be made in the following topic), the author would like to stress that the anatomy consolidation had a wide impact on the clinical method and psychiatry.

According to Berlinck (2011), anatomy allowed the medicine to become governed by the normal-pathological conceptual pair determined by the organ injury. The anatomy consolidation focused on internal medicine (the organs injury), determining the normal and pathological concept. So, in this change, the diseases cause must be sought inside the body and no longer on its outside.

At this moment, “The clinic gains its full meaning, leaning on the sick to auscultate, touch, percuss, smell, palpate, observe, but, above all to translate these signs, a true nature language, in visible clippings drown on the body that gets sick” (Berlinck, 2011). The observable and visible gains strength at this time. Everything that is seen must have a correlated knowledge, but not everything that was seen presented a correlated organic; in other words, not every symptom presented an organic cause. Thus, as many symptoms did not present organic causes, it was left to psychiatrists the clinical narrative resource.

At the end of the 19th century, psychiatrist physicians who bended over the mental illness, the famous alienists, were increasingly distancing from the pathological organism, constituting, according to Berlinck (2011), “…a rich psychopathology.... The classic psychopathology contributed, decisively, to what can be called the ‘Freudian revolution’…”.

But after all, what would be then the clinical method? According to Berlinck (2011), the clinical method is far from the clinic. This is a constant and recurring series between clinician and patient. The method can be considered the course of a treatment that occurs at the clinic, being the construction of events that occurred in this space. The clinician comes to encounter an obscure and dangerous body and this will acquire a form at the time when he starts verbalizing about his suffering. Thus, the body, the symptom, is being revealed to the clinician. That is why the clinical narrative is so critical for who observes this body.

According to Berlinck (2011), the psychopathological narrative is a credible story that builds a shape and a strangely familiar figure without worrying about the sensors inherent to that tradition. In the face of madness, just the more naturalistic possible narrative remains, because it allows the comment aimed at understanding the case. It is in the case narrative where the symptom is, but in the symptom, what is revealed not always is what wants to be revealed. On the other hand, the symptom has caricatured dimension, such as the obsessive
ceremonial, since all symptom is revealed in a way that is not harmonious.

At the same time in which the symptom is revealed, it hides other manifestations. The symptom can be considered as everything that is manifested in the clinic, being this a compromise between the unconscious (the displacement) and what is being displaced, repressed. Thus, the clinician (Freudian or not) has to be mindful of what is manifested in the clinic, not forgetting that in the clinical method, the analyst should focus his attention on neutral, being this a space that could be occupied (or not) by this analyst in the future.

If the symptom is what puts himself into the clinic, it is up to the analyst not to forget the symptom bifid nature, not worrying about what is only revealed, since every symptom is obscure in its roots: It has a side that reveals and the other that obscures. The standardized symptom is not only what is repeated, but it is a place of psychic pathos manifestation. This can contain an individual and social, familiar or cultural, singular and collective side of the space occupied by this patient.

The Treatment Beginning: The Initial Observations Relevance for the Clinical Method Enrichment

The analyzed patient voice, at the treatment beginning, is always mysterious and enigmatic, since these are the ones that reflect his own pathology. These voices raise questions on the analyst himself and are related to impulsive manifestations and the analyzed patient desire.

The patient voice is a desire expression, a cure desire, moved by the life impulse. If the cure desire is the desire to eliminate the pain caused by psychic suffering, the clinic, in first instance, aims the life movement.

Freud, in 1913, writes the article Sobre o Início do Tratamento (About the Treatment Beginning) in which he emphasizes the fundamental pillars of an analysis beginning. In this text, he points out that “making a mistake… is a lot more serious to the psychoanalyst that for the clinician psychiatrist… With regard to the psychoanalyst, however, if the case is unfavorable, he made a practical mistake: He was responsible for unnecessary expenses and discredited his treatment method” (1913, p. 140). Remembering that Freud made preliminary diagnoses, because he never treated paraphrenia cases, but only transfer neurosis cases in which hysteria, phobia and obsessional neurosis are comprised.

At the beginning of treatment, the first symptoms clinical observations are of fundamental importance for the resistance analysis and, consequently, the transfer, this being considered an ancient imago movement towards the analyst.

For Freud, “The first symptoms… such as his first resistance, may have special interest and reveal a complex that directs his neurosis. One should wait until the transfer… has become a resistance” (1913, pp. 153-154). It is in the first psychoneurotic symptoms observations that one can notice the resistance serving as a spring, a springboard, for the transfer. It is in this duality (between resistance and transfer) that the narrations from patients become a fertile soil where the identificatory story germinates from each one in its uniqueness, such as its resistance. But how should the analyst proceed at this moment?

It is up to the analyst to give some time for what is in the patient fertile soil spontaneously germinating through his free associations. And for this, it is also up to the analyst to interpret the place which is intended by the patient imagoes, and such imagoes being from his remote childhoods figures. Thus, this place occupied by the neutral, a space that will be occupied by the analyzed transfer, is of paramount importance for the resistance understanding, as well as the symptoms verbalized by the patient.
It is the pace of Priapus\(^1\), of the patient free associations fertility, that this analyst will protect and “humidify” his patient verbalizations, becoming a projective mirror of this fertile body and favoring that the psychoanalysis fundamental rule— the free association— is manifested.

For this body manifesting, anchored by verbalizations, it is necessary to build a good rapport between the analyst and the analyzed. This means that this trust link between both and from which it will be possible to observe this patient history fertility, being the clinic a place which provides the conditions for this nature to manifest. It is in this nature where the clinical method richness lives, as it is in the patient narrations observation and by its symptomatic manifestations that we can hear the voice that is crying for understanding of his psychic dynamics, regardless of his psychodiagnosis.

In addition to understanding the patient transference phenomena and the free associations, the analyst must also understand his own resistance as a professional, since his own countertransfer can stiffen the analysis progresses.

At the Nuremberg Congress, to point out the psychoanalytic technique, Freud discusses the countertransfer “as a result of the patient influence about the unconscious feelings (from the analyst). No psychoanalyst advances beyond what his own complex and internal resistances allow…” (1910, p. 150). That is why every analysis progresses through the analyst analysis, although the countertransfer, these “analyst unconscious feelings”, still provide several discussions in the psychoanalytic field.

On the other hand, beyond the countertransfer, it is up to the analyst to rethink his owns formation, since the orthodoxies placed by the psychoanalytic collegiate hinder his ethical and professional growth, and through his rationalizations and intellectualizations, impregnate these patients with diagnoses, labeling them. This means that many of the clinical discussions are aimed at diagnosis and not the clinical observation that each patient, with his uniqueness, can contribute to the technique studies progress in psychoanalysis.

Some schools of psychoanalysis study (such as the Lacanian school) are captured by the joints of its own theory, sustaining themselves on a theoretical rigidity and phallic puerile narcissism in which the links with other schools (such as the Klenian) become a source of endless criticism without convincing clinical support.

On the other hand, these schools forget the clinician and the observations richness resulting from its students (or disciples, at worst) clinical practice. These clinical observations are responsible for the psychoanalysis progresses, but such progresses can only occur when there a breach or theoretical orthodoxy, enabling a flexibility in clinical discussions; since when closing in its own orthodoxy, these schools stagnate the clinical discussions, making its future analysts professional growth impossible, and not allowing the observations of each patient uniqueness, regardless of his clinical diagnosis and the school to which his analyst belongs. Therefore, it is up to the analyst leave this pace provided by minority and walk beyond the theoretical identificatory imagoes relevant to his formation, choosing the clinical method that can best guide him.

The Clinical Method and the Analyst Formation

In the discussion about this method, we cannot forget that this can be considered a path that is linked to the analyst formation. In this method, the neutral place occupied by the patient is of utmost importance, because this is filled by the voice that calls. A good example is when we receive a patient and this raises several fantasies guided by the psychoanalytic theory to which we are subjected, raising certain questions.

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\(^1\) Priapus is the Greek god of fertility, son of Dionysus and Aphrodite.
These are the questions that may enrich the clinical practice and the later theoretical discussions, although we cannot deny the voiced complaints. This means that it is in the ruminant thoughts intricacies or on everyday dissatisfaction complaints that we encounter the singular desire of each patient and his symptomatic verbalizations.

Here lies the great danger: The clinician, in his formation and in the search of the analyzed transfer understanding, can support on aggressive interventions to the patient. But when should the clinician start these interventions?

According to Freud, “Only after an effective transfer is established in the patient, a suitable rapport with him” (1910, p. 152). If the patient arrives at the clinician as someone who has something to reveal, it is in this something to reveal, to hear, that the clinician must observe the transfer phenomenon to start his interventions and understand the patient nature. As the human being has an inner world inhabited by words, he resists in expressing his words, although these are revealed by his symptoms nature.

Remember that the word nature is derived from the Greek “physis” and represents what germinates and has movement. This conception assumes the existence of a real movement, the life impulse, such as the clinician expects his patient life movement and associations fertility. This means that the manifestation expected in the clinic is the word linked to the voice, being the body the fertile soil and this voice nature would be manifested. On the other hand, for this voice manifestation it is necessary that a protection exists, being the clinician presence fundamental to ensure fertility, providing the conditions necessary for this nature manifestation.

It is in the patient human nature that his words are manifested, his body movement, and his manner of dressing and to position himself against his internal conflicts. In this nature, the clinician also faces the way this patient feels his smells, the way he relates his fantasies and etc..

The dream may also be considered a manifestation of this voice that echoes in the clinic. While putting his dreams in words, it is up to the analyst to understand the tonality, the intensity of this voice echoed in the analyzed words. Thus, the clinician formation, in general, also implies in listening to the sound of this disharmony or confrontational voice.

These words, sounds, smells, dreams, fantasies, enrich the analyst formation, since he is entitled to observe and listen to these various manifestations. If this comes to listen and observe a single manifestation of this “voice”, both if it comes from his theoretical formation or from a single symptom observed from his patient—and not his libidinal and identificatory history—this clinician is fated to his own alienation.

An example would be the own notes about Freud about the future progress of psychoanalysis. Remember that he never analyzed cases of psychosis, being the Schreber analysis conducted through the analysis of his own autobiographical narrative. For Freud it falls to the future psychoanalysis progresses analyze the psychotic, a fact that occurred with Melanie Klein contributions, from the children’s analysis, when she found that her psychotic patients also performed the transfer, a fact that was not recognized by Freud, since, in his understanding, the transfer would not be possible in psychosis.

**Conclusion**

From the discussions exposed above, we can conclude that the analyst must seek each patient essence, understanding and respecting the therapeutic link. It is up to the analyst to wait the necessary time for what is in the patient soil germinating through his free associations, corporal manifestations, his parapraxis, his
verbalizations, etc.. Thus the patient would be a fertile soil from the singular nature of his life story, being the clinical practice, a personal analysis (from the analyst) and the supervision of each case (in its particularity) fundamental to the clinician formation.

So that for this singular nature manifestation it is necessary that the analyst can decode the transfer and the resistance of his analyzed, such as his own countertransfer. It is in this movement between the analyzed and towards the analyst that this becomes the receptacle of the infantile imagoes, being the observations resulting from this phenomenon fundamental for his clinical practice enrichment. During this movement, the analyzed voice would represent an impulsive movement, of life and his search for healing.

The clinical method is not an experimental method nor a qualitative method, but a long way to be crossed by the analyst during his clinical practice, since his formation coincides with this practice. Therefore, the clinician formation is linked to the enigmatic character of this voice that resonates and echoes in the clinic, during the clinical care, in which there is an insatiable search to understand it, emerging from this many questions that come to enrich the analyst clinical formation and the contemporary psychoanalysis progress.

References


