

Psychoanalysts as Performance Artists

21 Oct, 2013

When Freud first coined the term “psychoanalysis” during 1896, he viewed it as a medical intervention. The psychoanalytic method was intended for treating a variety of mental disorders, like hysteria and melancholia. Early psychoanalysts applied “techniques,” such as interpreting dreams, as a means of uncovering unconscious conflicts. Since those early years, that initial, medical stream of psychoanalysis has split into two primary tributaries.

Many psychoanalysts remain devoted to applying psychoanalysis as a medical procedure. They continue to utilize certain methods, such as the confronting ego defenses, to expose and resolve unconscious conflicts. They emphasize the analysis of transference – the only unique feature of the psychoanalytic method – as they strive to heal mental illnesses. They seek answers for their questions about the psychoanalytic process in the realm of science. Therefore, they eagerly read about neuroscience, infant observational studies, and cognitive psychology. They hope psychoanalysis will take its place among the arsenal of other weapons, such as psychopharmacology and cognitive-behavioral therapy, for combating mental illnesses.

Other psychoanalysts apply their interventions more broadly. They offer help to persons whose difficulties defy traditional medical categorization, such as those who have lost meaning in their lives, feel socially alienated, yearn for as-yet unattained romantic intimacies, or suffer from a life-long sense of inadequacy. These analysts eschew the medical, scientific approach. Instead, they view their work as more of a hermeneutical, exploratory process. They read literature, philosophy, and history, believing that these disciplines offer more insight into human subjectivity.

In my view, because it consists of an interpersonal relationship intended to offer personal transformation, and because it concerns itself with the *being* of persons – not with symptoms of an illness – psychoanalysis is a humanistic endeavor. Ironically, as a byproduct of its intention to help persons thrive, psychoanalysis may well assist in healing certain medical illnesses. But it does so by empowering individuals, enhancing their agency, and thereby promoting their desire to fully live their lives. This may well promote health, in an overarching way, but only because it increases personal autonomy.

The popularity of scientism, most evident in the contemporary requirement that “procedures” administered by “providers” are “empirically based,” constrains psychoanalysis. Since its humanistic orientation renders psychoanalysis more art than science, psychoanalysts’ work, in truth, more like applied artists than physicians.

Unlike physicians, who use technological and pharmacological interventions, psychoanalysts offer only an interpersonal relationship. As a result, they give with their actual beings. In addition to offering patients their words (through interpretations) and their desire (by sharing their interest in unconscious processes), psychoanalysts quite literally lend their bodies to the psychoanalytic process. By immersing themselves in their patients’ unconscious dramas, and thereby playing persecutory, sadistic, or masochistic roles, they become “possessed” by their patients’ internal worlds. To use Bion’s word, they “contain”

projections. Psychoanalysts therefore behave much like an actor does when he or she says, "my body is my instrument." It is therefore not surprising that psychoanalysts, when describing their work, so often refer to en-*act*-ments.

Also, much like the way painters describe the terror of the blank canvas, psychoanalysts similarly encounter sessions with their patients with fear of the unknown. Ideally, psychoanalysts greet their patients with the greatest possible openness. Psychoanalysts who, in advance of any encounter, cling to theories or schemas about their patients, risk objectifying their patients or, worse, violating them. Paralleling the terror of the blank canvas, their anxiety of the unknown psychoanalytic encounter further confirms how the work of psychoanalysts mimics that of applied artists.

Finally, psychoanalysts and their patients choose from an infinite number of possible ways of understanding the phenomena they study together. Psychoanalyst-patient dyads explore various ways of viewing unconscious dramatic themes or repetitive psycho-behavioral patterns. Such creativity represents yet further support for how psychoanalysts' endeavors are artistic.

In the final analysis then, psychoanalysts are neither scientists objectively observing interpersonal processes nor are they medical practitioners applying healing procedures. They are, instead, frail human beings engaged in a profession that intends to offer help for those who consult them. Even their way of being helpful defies definition, because delineating any specific end point leaves psychoanalysts at risk for objectifying, and thereby restricting the freedom of, their patients. Practitioners of this most unusual occupation must experience the loneliness and isolation of the artist; sadly, they live in an era in which all that cannot be measured, weighed, or quantified in some fashion is devalued – all this despite the fact that we in truth *live* in a subjective world that defies quantification.