

## **NWRPA Newsletter March 2021**

**Philip Hill**

**Feelings, Truth and Clinical Technique in Freud, Lacan and other Schools**

**Friday 12 March 2021**

**Summary by Frank Kelley**

**Philip Hill** provides a clinically-orientated workshop on the place of feelings and truth in different schools of therapy. He is a psychoanalyst in London and author of *Lacan for Beginners* and *Using Lacanian Clinical Technique: an Introduction*

He kindly provided a reading which you can download from the NWRPA newsletter archive at [www.nwrpa.org.uk/news](http://www.nwrpa.org.uk/news)

Philip began in an unusual way. He said he was not disrespectful to therapists but to theories. There are many recipes for our work and not all are equally good. He claimed he had something to offend everyone and added that he was not neutral. He went on to do what he said he would. His audience was quiet at first and then responded to his approach with an increasingly lively conversation.

Most schools of therapy have two reductive dogmas.

- Insight and understanding are important.
- Feelings are the bedrock of therapy.

By contrast Philip will focus on speech.

Carl Jung believed in the universal truths of archetypes. By contrast Philip sees therapy as talking about our idiosyncrasies. It is about patients transferring their subjectivity and not about the therapist's theories. He was particularly clear that analysing the therapist's countertransference is not really a therapeutic technique.

Herodotus believed in the metaphor that you cannot step in the same river twice. Nothing has a fixed meaning and structure. There are no Platonic Ideals of Truth. For example we cannot use a fixed idea of trauma. Even the same medical trauma, e.g. the loss of a limb, is not the same for different people. For Lacan the *Symbolic Order* has a structure of meaning. However it is hard to find any universals in Lacanian theory.

Philip was emphatic about the deceptive nature of the Freudian ego. The ego deceives us and others. We can say awful things to the people we love. Modern psychological research concludes that if you want to know the truth don't ask a person. See Schacter and Singer (1962) *Cognitive, Social and Physiological Determinants of Emotional State*.  
<http://www.garfield.library.upenn.edu/classics1986/A1986C497400001.pdf>

We do not educate the patient and give our understanding. It is not our function to tell people what reality is. If they could tell us straight they could tell themselves and not need therapy.

Offering countertransference interpretations is like trying to repair a car while driving down the motorway. Transference is a fiction that gets us to the truth. Our role is modest, it is to analyse patients' speech. We pretend to be their imaginary persons and they give us their archaic material. Fantasies are very useful.

As you will see from Philip's reading the Anglo Saxon approach to therapy can be captured by the *Sponge and Bucket* metaphor. If the patient's sponge is too wet they leak. If too dry

they suck affect out of the analyst. Anglo Saxon therapists identify affects and interpret them.

This metaphor could apply to Freud's early work. However the *Sponge and Bucket* is not a suitable metaphor for his later work. In 1915, he would write *there are unconscious ideas . . . The whole difference arises from the fact that ideas are investments —basically of memory traces— whilst affects and emotions correspond to processes of discharge [catharsis], the final manifestations of which are perceived as feelings. . . It is possible for the development of affect to proceed directly from the unconscious system; in that case the affect always has the character of anxiety, for which all 'repressed' affects are exchanged. Often however the drive impulse has to wait until it has found a substitutive idea in the system consciousness. The development of affect can then proceed from this conscious substitute, and the nature of that substitute determines the qualitative character of the affect . . . in repression a severance takes place between the affect and the idea to which it belongs . . . the affect does not as a rule arise till the break through to a new representation in the system of consciousness has been successfully achieved.* Freud S, SE 14, *The Unconscious*, [1915], 1976, p177. **8.**

For the Kleinian Paula Heimann emotion is contagious and a reliable thing to interpret. Heimann P, *Counter-transference*, Br J Med Psych, 1960, 33: p9-15.

Philip believes in transference and identification but not countertransference. Interpretation must be justified by what the patient has said and not the therapists' feelings. The only measure of progress is new material. This is more important than insight. It is not our job to manage effect. As the previous quote from Freud shows affect is often distorted as it passes through the ego.

Partly prompted by his audience he talked about the Lacanian variable length session. This contrasts with the standard fifty minute session of other schools of psychoanalysis. Most of our activities, eating, making love, dental treatment, are for variable lengths of time. One exception is the fixed time of school lessons which are an empty ritual.

For neurotics it is best to end a session with a question or an ambiguity so that they can carry on doing the work. By contrast psychotics need a definite answer at the end of the session. You do not have to be cruel in ending sessions. He might say to his patient *should we end there?* It is more heartless to enforce a time of fifty minutes. He added that patients rarely complain about variable length sessions.

We had an evening of rich and passionate debate. **So thank you to Philip Hill** for doing what he said he was going to do. He offended us in a very creative, imaginative and productive way.