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Using Time as a Clinical Intervention

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Summary by Frank Kelley

Dr Astrid Gessert is a psychoanalyst and a member of CFAR (Centre for Freudian Analysis and Research) and of the College of Psychoanalysts-UK. She has worked in the NHS, in private practice and as a supervisor. She contributes regularly to public lectures and training programmes. She has written articles and edited books, including *Obsessional Neurosis: Lacanian Perspectives* (Routledge 2018).

Most therapy takes place in sessions which last for around 50 minutes. In her Zoom talk Astrid outlined the rationale for varying the duration of sessions. She explored how *punctuating* the flow of the client's speech and thought in unexpected ways can lead to the emergence of new material as well as re-transcriptions of their original stories.

The shortened session is one of the few things non-Lacanianians know about.

Lacan gave the example of an analysand who opened a session by saying she had an interesting dream last night. Lacan finished the session at that point.

Time can be tyrannical. Time is endless and we cannot stop it. It becomes chronological time when we put markers on it. Subjective time can overcome linear time. Freud spoke of a patient who was molested by a shopkeeper at the age of eight. She went into the shop a second time when she was twelve. Then the shopkeepers laughter reminded her of the earlier molestation. Hence this is a reversal of time.

Lacan reminds us of Freud's statement that there is no time in the unconscious. Subjective time is always fleeting. Speech, including dreams and symptoms, is always in a state of flowing. Only after the sentence is completed will there be meaning. The past emerges retrospectively in the future.

Psychoanalysis is an engagement with the unconscious. This process involves the untangling of multiple associated threads to see a pattern in a life. Most people seek analysis because their life does not make sense; because their symptoms do not make sense. Forgetting is not an accident, it is the manifestation of another idea.

Freud has a 3D model where layers of discourse form round a core of trauma. These wrong connections feel too much for patients and their families. They want relationships but choose partners who are not good at relating. Analysis does not give meaning to symptoms but leads to some closure and chains of associations drying up.

For Freud psychic material is subject to re-transcription. The analysand has to hear new meaning and another truth. They hear this not from the analyst but from the analysands own words. The analyst encourages openness in the chain of signifiers. Rather like working through the layers of onion to get to the core.

Using time in analysis involves interruptions which are annoying but productive. One of these Lacanian interruptions is varying the time of the session.

Another example from Lacan is leaving the session to answer the phone and asking his patient to carry on with the session. That the patient continues to make associations between sessions is an important part of the work. This contrasts with what Lacan described as empty speech; speech empty of unconscious knowledge and oriented to the future.

Full up speech points back in time and the past contains all that was at one time present. Full up speech can disrupt this empty intentional speech; it disrupts and surprises.

A woman reported being tongue tied with her boss. Her analyst interpreted this in terms of her childhood terror of her father. In most schools of analysis this interpretation would be seen as a useful intervention. However a Lacanian would see this as the analyst producing signifiers and so interfering with the analysands own chain of signifiers.

Interpretations are for opening up the past to new material and new interpretations. A new story is reworked. There is an unsettling of fixed meaning and settled stories.

Interrupting sessions unsettles fixed meanings. These punctuations in speech can come from the analyst pausing, speaking louder or repeating the patient's phrases. Echo interpretations repeat what the patient has said. Hearing one's own words from someone else can make a difference. Punctuations in a session are different from ending a session. However they have the same function as ending because it does not allow the analysand to cover over discourse. Where the analysand can take the position of the analyst they can do this punctuation for themselves.

Thank you to Dr. Astrid Gessert. Her seminar was very well received. Most of our members are not Lacanian and can struggle with this complex approach to psychoanalysis. Astrid offered a full, comprehensive and lucid view of Lacanian theory and practice which helped us to grasp fundamental ideas.