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# The Contemporaneity of the Unconscious: Interview with Sergio Benvenuto

Sergio Benvenuto is a researcher in psychology and philosophy at the National Research Council (CNR) in Rome and a psychoanalyst. He is an editor of the *European Journal of Psychoanalysis* and a member of the Editorial Board of *American Imago* and *Psychoanalytic Discourse* (PSYAD). He teaches psychoanalysis at the International Institute of Psychology of the Deep in Kiev and at the Esculapio Specialization in Psychotherapy in Naples. He has been or is a contributor to cultural and scientific journals such as *Lettre Internationale*, *L'évolution psychiatrique*, *DIVISION / Review*.

## Can you describe the idea of unconscious which is closest to your theoretical conception?

My training was essentially through the *Freudian* notion of the unconscious, though expanded and adjusted according to later psychoanalytic contributions. The idea that several psychic processes are unconscious is widely accepted by almost all of today's so-called cognitive sciences; "unconscious" as an attribute is something banal. A different case, however, is speaking of the "unconscious" as a noun, as something describable in itself.

The Freudian unconscious is a nominal, and substantial, unconscious. In turn structured in the so-called second topology, the difference between Ego (*Ich*), It (*Es*) and Beyond-the-ego (*Über-ich*). The unconscious is for Freud an area of tension between these three different instances, as well as between life drives and death drives.

Generally speaking, I would call unconscious *everything one is unable to say*. And what we are unable to say may be the crux of our existence. After a while, in every analysis a subject's core problem emerges, one the subject knows nothing about if not through the symptom. The symptom is a not-being-able-to-do-or-be or a not-being-able-to-stop-oneself-from-doing-or-being that manifests itself as inhibition or compulsion or anxiety, or as inhibition and compulsion and anxiety. I start from the assumption that something unconscious is expressed through the symptom, something which, according to Freud, is essentially of the order of *die Lust*, of desire and enjoyment. (*Die Lust* was translated as "pleasure" but it lacks the ambiguity of the German term.) Unlike Freud, however, I do not consider the unconscious that interests us in an analysis as only a mode of desire and enjoyment because, as Freud himself had to admit, there is *a beyond of desire and enjoyment*. In a very general way, I would say that the problems subjects bring to analysis are always related to a difficulty in separating themselves from infantile ways of being. The unconscious is infantile. Every neurosis or psychosis is a way of being trapped in archaic ways of thinking, desiring and wanting. The archaic is the *arché* of the human being ("the child is the father of man", as Wordsworth said). Any being who suffers and seeks an Other who may say something useful to him is an addict of infantile modes of being in the world. In this sense, analysis makes emancipation possible, which is also always a weaning. In

this perspective, the unconscious is the endless repetition of infantile modes of love and enjoyment. The unconscious is needing to repeat the same things over and over again; even the same mistakes. Also continuing to believe in things that have been refuted by reality (I'm now thinking of several dominant ideologies among us) is an unconscious effect: It is the inertia of continuing to see things according to the same delusional narrative.

**On the other hand, what is the theoretical conception of the unconscious which is farthest from it? And why?**

Frankly, I do not give much importance to psychoanalytic *theories*, with a few exceptions (Freud, Winnicott, Lacan...). What interests me about a theory is its being a trace, a symptom, of a certain analytic *practice*, which always implies certain ethical premises even before any theoretical ones. What separates me from certain theories is not the cognitive content, which I lack the tools to verify or falsify, but the fact that they embody, through what I would call a theoretical alienation, a certain way of "dealing" with human beings.

For instance, I'm very distant from the vision and practice of Bion, however much I value his ingenuity. Not because what he says about certain psychic processes may not be *true*, but because *I do not like* the way he works. For example, having to renounce memory and desire – instead I believe that the analyst should partially be the memory of the analysand, and should have the desire to analyze. If not, how should the analysand desire an analysis? As a theory, the transformation of beta elements into alpha ones through reverie is potentially of some interest, but in practice it boils down to analysts finding their own words to confer meaning and order to the subjective confusion of the other. Instead, I'm not at all interested, as an analyst, in naming what the subject cannot name or think: I'm interested in a subject finding the way to say what they could not say previously. What seems important to me is their finally being able to tell their own story in a new way.

In the same way, I may find Jung's visionary descriptions of certain psychic processes extremely interesting, but my way of working could never be that of the Jungian analyst. One that a Monty Python film (*The Meaning of Life*) illustrates quite effectively: A man is going round trying to convince several people to sell him their liver. At first they all of course refuse, but the fellow then describes the greatness and beauty of the universe with an uplifting narrative and ends up saying "How important could your tiny little liver be compared to all this sublimity?" Usually, the other, enraptured, agrees to sell it.

Moral of the story: I'm not interested in drowning the symptoms of subjects in the majesty of a grandiose Meaning that makes them episodes of a cosmic narrative.

**What do you think is the relation between the unconscious processes or the unconscious *tout court* and the conscious? Can you describe it?**

Here again you use the word "conscious" as a noun. Let's say that I'm not extremely interested in consciousness. I identify consciousness with the linearity of thought and speech: A, then B, then C... As in the linear relations of cause and effect. So, we have a "narrative" image of the world, whereas the real world – even the world of our experience – is not linear. The human mind is networked, and in a network there is no linear relationship of cause and effect. Addressing the unconscious means addressing reticular, and essentially indeterministic, processes. It is interesting to note that very often analysands look for the primary Cause of their problems according to a linear logic. "The cause of all my problems, or rather what's to blame for them, is my mother, who wasn't good enough with me!" I personally think that all mothers, even the best ones, are fairly bad. Many analysts, appropriately called relational analysts, also look for the cause of everything in a relationship they think of as linear, of a subject with the father, the mother, the siblings... Both analyst and analysand question themselves on the *primary cause*, which is usually the mom. But in the

network in which we are caught from the beginning there is no primary cause, there are only games of differences.

In this way, certain subjects give an image of the father as a despotic and castrating authority – even if the real father was actually meek and lenient. There is no linear relationship, in short, between the real father and the father-as-master at the centre of a subject's obsessive neurosis, for example. Consciousness is the tale of Little Red Riding Hood, whereas the unconscious is our having to live with wolves.

**In the last years of your career have you modified and/or integrated your idea of the unconscious? And through which specific contributions?**

For me, psychoanalytic theories are interesting not as theories of mind, or of the unconscious, or of intersubjective relations, but as a way of accounting *coram populo* for a certain social practice called psychoanalysis. There are very interesting theories of the human mind – for example, Gerald Edelman's Neural Darwinism – but they have never had a direct influence on my practice. Neuroscientific theories are products of an entirely different practice from that of analytic treatment.

Apart from an assiduous reading of Freud, Lacan, and a few other analysts, the real influence came to me from philosophy, and from Wittgenstein's approach in particular. Thanks to him I think that the unconscious, which interests you so much in this enquiry, is in fact *a certain way of relating to* human problems. The unconscious is not "something", but is what emerges when human problems are addressed from a certain perspective, the psychoanalytic one. We can also say that the unconscious as a concept is a product of analytical practice, not vice versa.

A trivial example: A young man complains he's having panic attacks, in the sense that he feels an enormous weight on his chest and severe pains in his wrists and ankles. These are hysterical symptoms of conversion, but what are they converting? These pains make him think of a prisoner in chains. And in fact they began when he left one of his two girlfriends, deciding to be with only one... In chains in a relationship. This is the metaphorical symptom Freud routed out in hysteria. But what is then the unconscious? It is interpretive discourse, to which the patient has taken part no less than myself and that relates a somatic symptom to an unspeakable experience, that of the enchaining relationship. The unconscious is the ontic reflection of this activity, which effectively led to the extinction of the symptom.

So, is the unconscious not real? I bank on the real of the unconscious, but I know that this is unattainable, that what stands out is my analytical activity, which decides to establish certain relations between events and presupposed thoughts. The unconscious is therefore something between invention and discovery, between the effect of a practice and the cause of human vicissitudes. It is a name we give to what we Cartesians (because we are all heirs of Descartes) are unable to think precisely because we are Cartesians: that, as Freud said, the psyche is extensive even if it does not know it. That is, *cogito, ergo sum extensus*. The unconscious is what refutes the Cartesian dichotomy in which we are forced to think; it is the symptom that flouts Cartesianism. In short, the unconscious is a self-confutation.

**Thinking from a clinical perspective, what does it mean having to deal with the unconscious of the patient in the psychotherapeutic process?**

The unconscious, as I said, is a clinical concept from top to bottom. Even though it can offer useful insights to other practices or disciplines; to political comprehension, for example.

**And finally, do you think that there are some conceptions of the unconscious that, even if you do not agree with, are however useful from a clinical perspective? And why?**

For all that I've said so far, if a conception is useful in clinical practice, I don't see why I shouldn't accept it at the theoretical level. It would be a way of contradicting myself, indeed of manifesting a conflict between two viewpoints.

In a certain sense, your question assumes a division I do not accept: that on the one hand we have theory, and on the other we have clinical practice. This division between theory and practice, which can come into contradiction, is a corollary of the Cartesian dichotomy between *res cogitans* and *res extensa*, which I personally reject. Theory is what is conceptually deposited by a practice. A practice is therefore not the application of a theory; a theory is an application of a practice according to a need of intelligibility.

In a certain sense, I do not agree with any conception of the unconscious! I even have some doubts about Freud's. So I grope my way, using whatever I can lay my hands on. Even though, unlike other analysts who do not deal with theory (because the theory they've been taught is enough for them), I'm not content with producing changes in analysands that both they and I consider positive, but I also ask myself why these changes have occurred. It's not enough to say, flexing your muscles, "I've cured lots of people!", because even psychotherapists with completely different techniques and theories are capable of doing that. I ask myself how my interference in the lives of these people produced that particular change instead of another. This is the real theoretical inquiry, not abstract discussions on models of the unconscious.

## **Bios:**

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