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# Crisis of Psychoanalysis? I Freud's Clock. On Time in Psychoanalysis (1)

## Summary:

*The author examines the relation between analytical practice and time. He refers to three types of activity found in Freud's work. First, his early 'nearly feudal' treatment of hysterics when its duration was contained within the limited period of the illness time. Then an 'almost utopian' practice based on a 'friendly relationship', when his conversation with Gustav Mahler during a walk they made together had therapeutic effects. The third 'almost barbaric' practice, drawn from Freud's papers on technique, prescribes the use of a Grand Clock to regulate the analytical relationship using the model of the industrial machines. The analytical work thus becomes chronometrical and fixed, by acquiring complexity, the scientific apparatus seemed to necessitate a progressively longer period of time, while its aim became gradually less distinct, indefinite, even endless. Time, limited and defeated in the present of the session, seems to shift to an unreal victory in the future. Such a monotonous and institutional relationship in analysis ends up existing in and of itself and by its own rules, without concern for its own end.*

## I – The care of the soul in the age of machines

### *Time One, Nearly Feudal*

“The first of May I became the physician of a woman of around forty, whose suffering and personality interested me to the point of my dedicating much of my time to her and deciding to cure her”. The woman was of German origin, the owner of a considerable property in the Russian provinces of the Baltic, and the widow of a wealthy businessman.

Subsequently, the doctor went once, often even twice a day to the clinic where the lady was under care. Usually, she would have just had a hot, maybe bran, bath. The doctor would ask her how she had passed the night, give her a massage or two, sometimes faradism, and finally one or two sessions of hypnosis. During these sessions, the woman turned out to be quite communicative and talked freely about herself and her relatives... In the space of seven weeks, she had improved to the point of declaring that she had not felt so well since the death of her husband, whom she considered the cause of her ills. Thus, the doctor allowed her to “return home to the Baltic”.

### *Time Two, Almost Utopian*

M. phoned the professor from the Tyrol, asking for an appointment. Although the professor was usually reluctant to interrupt his holidays for any professional undertaking, he disliked refusing a man of the stature of M., and thus sent a telegram setting up an appointment. M. in turn responded by canceling. Shortly after, another request arrived, with the same results. In brief, the procedure was repeated three times. In the end,

M. and the professor met in a hotel in Leiden and walked together for four hours through the city... Their conversation obviously had its effect, as M. recovered his virility and his marriage proceeded happily until his death, which unfortunately occurred just one year later.

### ***Time Three, Almost Barbaric***

The technical rules which I am about to propose were derived from my long, personal experience, after unfavorable results forced me to abandon other methods I had adopted (...). I would hope that the observance of these rules might save physicians involved in analyses much useless effort, putting them on the guard for possible misinterpretation. I should however make it explicit that this technique proved to be the only one suited to my singularity, and that I would never exclude the possibility that a medical personality of an entirely different nature might be led to prefer a different approach to the patient and the task at hand.

As to time, I follow the principle of payment for a fixed hour exclusively. A given hour is assigned to each patient, and that hour is his and he is responsible for it even if he does not make use of it. This practice, which for the music or language instructor is considered normal in our society, when it involves a physician sometimes appears harsh or unworthy of his role... I work with patients every day, except Sunday and holidays. Therefore, as a rule, I work six days a week.

The reader will possibly have recognized, in this opening collage, three types of activity of Freud. The first corresponds to the work described and theorized in *Studies on Hysteria* (1895), which later paved the way to strictly psychoanalytical work(2). The second is drawn from Freud's description, quoted by Jones, of the meeting between Freud and the musician Gustav Mahler(3). The situation is not exceptional; similar descriptions can be found in both the case of "patients" (like the encounter with the mountain girl called Katharina, in *Studies on Hysteria*(4)) and of aspiring analysts (as Ferenczi, much later, when the analytical procedure had already become codified(5)). The third corresponds to the technical prescriptions as regards treatment of 1912-1913(6). On this point, there is considerable ambiguity: the guidelines are presented as adapted to the very person proposing them, and can be varied by another person. However, Freud's followers adopted his prescribed guidelines far more than they did his "liberal" attitude. The application of these technical guidelines conferred an absolute dominance to the strict psychoanalytical setting, but at the same time it devalued other procedures presented by Freud.

Let us now put aside this historical dominance, and examine the essential characteristics of these three types of activities.

In the case of the Baltic noblewoman-Mrs. Emmy von N.-her treatment recalls a kind of service, such as an artisan might have provided in a pre-bourgeois society. Although Freud's relationship with her is not completely feudal, since he visits the noblewoman on behalf of another physician, Dr. Breuer, who is on an equal footing if not superior to his noble "patient". The time Freud spent with her, although long and having a servile connotation, was therefore already the time of medical investigation and clinical research; the time necessary to understand and "heal". Thus, there is a medical astuteness within this servile time: the researcher takes advantage of an obvious social disparity in order to master a problem which might otherwise escape him. The space of this investigation is centered on a medical clinical practice, focused on a special place: the private office of the physician, which is Breuer's office. In this medical space it is possible to move around, albeit only from the patient's room to the garden of the meeting room. The duration of the treatment is fit into intervals in a normal healthy life. It can last weeks, or months, but in every case is a break or interruption in everyday life, even though these breaks and interruptions can be repeated to the point of taking up a good part of existence. Finally, Freud's report lacks any mention of money received; it is possible that, as was the custom, Freud was paid on the basis of the number of visits made. His fee certainly took into account the duration of those visits, but only indirectly or implicitly.

In the case of the meeting with Mahler, the relationship comes closer to, without actually becoming, a friendly reciprocity. The time is that of a walk, a common journey. (Travelling was important for Freud, because it allowed him to cultivate his friendships.) There is no established place, they move in an environment they discover together. No established place, nor established duration: the duration of the meeting varies, according to the vicissitudes of the real life of which the meeting is an integral part. One could presume that, as Mahler postponed the meeting with Freud more than once, he also delayed making payment for so exceptional a visit, or perhaps he never paid at all. What currency can buy friendship, or knowledge acquired through friendship? Only a gift would be an adequate repayment. But we know about Freud's peculiar phobia of the gift, evident in particular in his friendship with Breuer.

The passage to the third type of activity-the psychoanalytical-implies a leap or a certain brutality in determining time principles. This is incredible, both in itself, as well as regards the thousands of psychoanalysts, who digested it so well that it appears today as perfectly "natural". Freud compares the new work time to that given by "a music or language teacher". Music, languages: the references are still to a perfecting or embellishing activity offered to "high society". But even here there still remains a servile aspect, in the sense of his earlier practice with the Baltic noblewoman. In fact, in order to make the unconscious speak, Freud invented a method of interpretation which recalls a lesson, or a cycle of daily lessons, such as those for acquiring a manual, vocal or linguistic skill. The unconscious speaks best after an intense training... However the pedagogical or gymnastic-pedagogical reference is partial.

We have in fact before us a "working day" in the strictest sense, chronometrically divided into hours (eight or ten or eleven), totally eliminating non-economic times (through the rigorous principle of "renting" the session). In this way an extended, spatialized time, provided with precise and monotonous internal divisions, will absolutely master the situation both for the analyst and the analysand. Considered in itself, in the sum of its parts and by means of its caesura intervals, the rhythm or intensity of this time never varies. It is a question therefore of time considered as *independent* from the perturbations of the real lives and relationship of the two interlocutors-a governing time, transcendent and infallible.

This Grand Clock was provided by Freud to regulate the type of relationship heretofore *unheard* of in the history of the Western world. Freud does not mention the possibility that here an interference is created, a conflict of different times, that the timelessness attributed to unconscious processes can in some way react with the temporal setting of the treatment which must reveal this conflict. Freud refers here solely to the time of a social work habit. Now, in order not to stray from his guidelines, we must note that the clock he has produced is anything but new.

Freud's Grand Clock in fact recalls, on the one hand, the Galilean-Newtonian conception of homogeneous time, which can be divided into equal segments. On the other hand, it has a precise economic significance. Its severity tends towards the total elimination of empty, gratuitous moments, which become rejected fragments, and it goes considerably beyond the individual artifices of a "music or language teacher". It has greater rigor and inflexibility and in fact has become widespread and accepted. It recalls another time: the time of mechanical clocks which in the late 18th century marked the advent of the industrial machine(7).

The machines were different, but they all worked according to an exactly divided time; they constituted a replica of the great universal clock of classical mechanics. These machines, by means of high synchronization, eliminated the waste of time and sharply increased productivity. The resulting regular and constant work thus abolished the "characteristic discontinuity" (8) of previous work schemes.

The transition from one time to another implies not just changes in production techniques, but "an influence on an entire culture"(9).

Thus, Freud's passage from the still semi-feudal and clearly discontinuous time of *Studies on Hysteria* to the chronometrical, monotonous time of the psychoanalytical workday, was a momentous change, despite the fact that no one, not even Freud himself, seemed to be aware of it at the time.

In pre-industrial society, human activity generally took place according to the time each specific task required. Cutting, drying and storing hay from the rain were tasks characterized by a unitary time which dominated any other. That is, time was defined and measured above all by the specific task to be completed, followed by a variable suspension of the activity, while awaiting the next task. There is therefore an alternation of productive and non-productive moments, all of which however are part of, and are, “life”.

With the large scale introduction of the first generation of machines, the “job” of the worker changed according to a precise and well-defined task, moving towards the overseeing of work done by machines, which in its turn was repetitive, with little “wasted time” and so on. And Freud, passing to the final setting of psychotherapy, moved, without realizing it, towards analogous modifications in his activity.

One could say that in this passage he attenuated his tendency towards research and invention, which had been secretly prevalent in *Studies on Hysteria*, characterized by variable times which were in part unexpected and at the same time strictly tied to the object to be discovered. Freud would instead appear to “oversee” what is “produced” by the psychoanalytical setting according to fixed rules and times regarding the single session. The functioning of this mechanical situation is of a primordial, archaic type. The intervention of the analyst is limited to the elimination of the obstacles which could slow down the machine or even stop it. And, consistent with this procedure, the place and activity are constant, even the positions of the two interlocutors are rigidly defined. This method in its absoluteness recalls the position of a worker in relation to the machine: the worker must be present in a given place, in the right place at the right moment, despite the fact that most of the time the machine functions perfectly well without him.

In this sense, psychotherapy (or perhaps we should still use the old expression “treatment of the soul”?) becomes, for the first time in history, a proto-industrial job, where “work” is formally separated from “life”, but where “life” is incorporated by “work”. For those undergoing this new treatment, the separation of the time of health from the time of illness no longer matters: the constancy of mechanical time is reflected in the duration, planned as unlimited, of the “treatment”. Eliminating the “dead time” potentially also eliminated death.

At the same time, the significance of money received also changed. In the case of the noblewoman, Freud received a medical honorarium, like the imperial Roman *honorarium*, understood as *donum*, a gift made to honor(10). And it was a gift still included in the sphere of the concept of the medieval dispute on the unsellable nature of science, as a gift of God: *Scientia donum Dei est, unde vendi non potest*(11), “science is a gift from God, thus you cannot sell it”. The compensation, necessary for the master’s (of science) livelihood, was far from the remuneration for mechanical tasks or for business trade. It was instead included in the sphere of recognition due to one who, having received from God the gift of science, distributes it to others; a recognition which he can receive but not request. Only with the development of free universities in the 12th century did science begin to be considered a job requiring remuneration(12).

When Freud passed to the psychoanalytical procedure, the character of his honorarium changed drastically. From an occasional, rare event, it became a regular, ongoing payment. In other words, it tended towards a real salary, an established and contracted compensation, paid at regular intervals, for an ongoing, non-manual performance. As it was a performance based on homogenous, circumscribed time-such as that of a machine worker-this remuneration resembles a salary(13).

## **II. The treatment becomes interminable**

The acceptance of this setting by Freud’s followers was unanimous. The discoverer of the unconscious had indicated, precisely and accurately, the royal road to achieve it. How could it be questioned? Doing so would have implied also questioning the very premises of his work, i.e. asking whether or not Freud had an image of mechanical work whose basic principles he reproduced in his new therapy. However, this image was difficult to probe, as it corresponded to the most productive and rational-and therefore most powerful-kind of work, as well as the most “real”. Consequently, the Freudian setting appeared “natural” to his followers. The

institutionalization of Freud's proposal followed: his advice, still cautiously personal, became the strict rules and ordinances of the psychoanalytical institution and of every treatment conducted in its name. They became the "classical" rules of the members of the institution which others call "orthodox".

However it is not true that the setting thus introduced remained unchanged over time. Some modifications were accepted and others were rejected. A certain reduction in the duration and frequency of the sessions was accepted: from an hour, or slightly less, it was reduced to 40-50 minutes; the six sessions per week became five, four, even three. Psychoanalytic work in public and semi-public institutions was accepted. Changes in the method of payment were also accepted. In certain situations, the analysts agreed to be paid, entirely or partially, by national or private insurance companies. In other cases they agreed to be paid a fixed fee, no longer therefore based on the number of sessions over a certain period (and here the analogy to an employee's salary is clear).

Therefore, modifications similar to those which occurred gradually and in general in permanent employment were accepted: in particular, the reduction in working time and the appearance of collective welfare organizations. The analytic institution however rejected any modifications which would have implied a qualitative change in the time structure of the original treatment. Neither irregular frequency of sessions nor their variable duration were accepted. Nor was a pre-established duration of the whole treatment accepted. Here, I want to point out a problem of prime importance.

The degree to which the duration of treatment has increased since the early 20th century is impressive, even if no one seems any longer impressed. But that had already begun in Freud's time. For example, the duration of the treatment in some of the "clinical cases" followed by Freud increased gradually as he defined the particular character of the psychoanalytical procedure, progressively separating it more and more from the hypnotic-suggestive method. Three months for Dora in 1900-and it was Dora who interrupted the treatment "with the warmest wishes for the New Year", after responding however with unexpected coldness to Freud's expression of satisfaction with the results obtained: "And what would these great results be?" Eleven months for the Rat Man in 1907-1908. Over four years, between 1910 and 1914, for the Wolf Man, for whom Freud, because a cure was evidently not forthcoming, was forced to prescribe an end to the treatment. Later on, however, the patient had to undergo various "supplementary" analyses.

Today, listening to the (private) conversations of psychoanalysts, the impression is often that three or four years of analysis is considered a developing phase. Reading certain case histories, it sometimes seems that the first interesting material emerges only after two, even three years. It is not unusual to read of treatments effectively starting after five, even ten years, and analysts generally speak of years with a certain nonchalance. Equally frequent and revealing is the psychoanalyst's uncertainty as to the year in which a certain analysis began, and their surprise when they are told by their patient that the treatment has been in progress for many years and that anniversary celebrations might be in order, and so on. In addition, the number of those who "register" in analysis-as one might join a club- is increasing, attending occasionally, never breaking off definitively, and all the while obviously continuing to pay the dues.

For others, the rhythm of the appointments becomes in itself a security, a line of life-preservers within reach of a mediocre swimmer. Rushing in, out of breath, the young L. once said to me: "Psychically a wreck... but always on time!"

Other times, listening to a patient apparently complaining of the length of her own analysis, I have had the impression of listening to a description of a long, and thus important, initiation-although an initiation to what was unclear. Initiation, not "treatment". Thus, "seven years of analysis" often has the ring of seven years of novitiate(14).

Freud thought he had introduced a plague, a rapid and violent illness. Instead, he had introduced a leprosy, a very slow illness.

He was forced to face squarely the issue of the increasing duration of treatment in one of his most uncomfortable works for psychoanalysts, all the more so since it had the aspect of a near testament-*Terminable and Interminable Analysis* (1937)(15).

This text, like others of a problematic and personal character (e.g., *Beyond the Pleasure Principle*), generates in the reader a sensation of distressing disorientation. It appears broken, taken up at different times, in search of a solution which never clearly materializes. It is the thread of a voyage through a labyrinth, whose center remains hidden; or a slow, circular movement inside a continually changing horizon.

These metaphors reflect a significant aspect of this paper. It is studded with images which, in contrast to an uncertain, tortuous wandering of thought, bear a silent force which, indifferent or hostile, presents an obstacle to the success of the cure. The thought goes in search of a way out and constantly finds itself up against a wall.

What does Freud tell us? In some cases-only a few, actually-analysis can be considered at a certain point concluded; the patient has achieved "an absolute psychic normality" and does not show any sign of disorder. This result, which makes analysis terminable, is achieved above all if at the origin of the neurosis there are early traumas, such as an easily recognizable wound. However, we do not know, Freud adds cautiously, how much of this success is due to the patient's "lucky star"...

In other cases, the analysis tends to be *interminable*, as the force of the drives is such as to prevent their being "harnessed"; "at times one might even doubt whether prehistoric dragons are in fact extinct". The altered Ego seems to repeat irremediably defensive strategies learned in childhood. There is here an insuperable quantitative element and "victory generally belongs to the strongest battalions". Even more daunting difficulties appear on the horizon, which seem to depend on obscure "basic relationships of the psychic apparatus": viscosity or excessive mobility of the libido; lack of plasticity or psychic inertia, temporal peculiarity and alteration of rhythm; masochism, feeling of guilt and so on-all phenomena in which the "terrible power" of the death drive transpires; up to the "keystone", the "biological data" of the rejection of femininity, both in the woman (penis envy) and in the man (virile protest)...

Consequently, it becomes clear that, if "absolute psychic normalcy" is a fiction and "every normal person is only on the average normal", then contrarily the anomaly, "useless for our purposes", unfortunately "is not a fiction" and is potentially rigid as a rock.

If to this we add the difficulties created by the peculiarities of the analyst, to the calling up in him, due to the effect of the analysis, of normally repressed "libidinal requests", or to the emergence of resistance and rejections as regards the critical work of the analysis, we can draw the conclusion that analysis is a task "the unsatisfactory result of which is inevitable". Like educating and governing, psychoanalyzing is an "impossible" profession.

A text of this type was not easy to assimilate. It broke doctrine, teaching, practice and opened up frightening abysses. At the time, some believed they could set it aside, attributing it to the pessimism which characterized the latter part of Freud's life and thought. Admittedly, it is imbued with a chilling, hopeless gaze, which extends from the human species to embrace the entire cosmos. And therefore, for generations of psychoanalysts who were after all resolved to do therapy, albeit without *furor sanandi*, it was necessary to put this text aside, in order to avoid falling into the most profound insecurity as regards their activity as therapists, and not only as therapists.

So, this text did not weigh on the development of psychoanalysis. Quite the contrary. The procedure was gradually perfected, polished, even purified, to the extent that today the descriptions of Freud's treatments seem distant, if not prehistoric. For years, the official journals were full of articles devoted to corrections of the procedure: great attention was paid to the training of the analyst, to his responses to the analytical commitment, to the elimination of errors, to the preparation of the analytical setting... This constant probing

of the analytic device, including both members of the analytical relationship, kept however apace with the lengthening of the duration of the treatment. A curious effect! It was as if a scientific apparatus, as it gradually acquired perfection and complexity, necessitated a progressively longer period of time for its operation. It was utterly independent of the different approaches and procedures... At the same time, and basically by necessity, the aim became gradually less distinct, more nebulous-that aim for Freud was not at all a state of blind well-being, free from all doubt, but simply the transformation (according to the modest conclusion of *Studies on Hysteria*) of neurotic misery into common unhappiness. What does psychoanalysis propose today? No longer common unhappiness, but rather the goal of growth, maturation, integration, emotive harmony... or, for the Lacanians, the subversion of the subject, access to the symbolic... What an outside or distant observer, a stranger or descendent, sees is a gigantic, extraordinary device, every movement of which has been pre-arranged with care and precision, every mechanism registered and controlled. However, this mechanism has stopped.

When directly questioned as to the duration of the treatment, psychoanalysts make recourse to the greater complexity of the situations observed, on the one hand, and on the other to the greater depth reached or to reach case by case. It is true that, beyond the neurotic situations analyzed by Freud, there are others- psychoses, psychopathic personalities, borderline cases-which he would not have considered analyzable. In addition, the apparently simplest and most accessible neuroses (hysteria, for example) have proven, through improved analytical work, to be far more complex than had been thought. But can these answers suffice to entirely resolve this problem? Are they not just self-justification and self-reassurance?

In 1913, Freud made an apparently absolutely personal observation: "During the early years of my psychoanalytical practice, I had enormous difficulty in inducing patients to persevere in their analysis. This difficulty has since shifted. Now I have difficulty in convincing them to end it. (16) " Today, many analysts would make Freud's latter observation their own.

What then happened, after the early "enormous difficulties"? Psychoanalysis became a recognized and prestigious *institution*. The internal struggles which periodically invest it are no real threat. On the contrary, they could be considered to benefit it, contributing to its diffusion in all social strata.

The classical accusation leveled at Freud by the political Left was that he and his followers were concerned with a limited and selective sector of the population. A bourgeois therapy! Today, however, psychoanalysis, through forms of psychotherapy it inspired or propagated, has deeply penetrated all levels of society. This penetration, also made possible by the general improvement of living conditions and various types of social security, lends itself to critical judgement(17). But there is today [1983] considerable social acceptance of analytical treatment and its duration.

This social acceptance is surprising especially because it contrasts sharply with a privileged stereotype of our era: the rapidity and efficiency of all action. For psychoanalysis, indefinite length and apparent ineffectiveness are tranquilly accepted. The most "modern" means for the treatment of psychic disorders-the most widespread, discussed and cited by the media-draws on at times for years. It is clear that slowness and (apparent) inefficiency, although accepted, are not approved of: social acceptance of the incredible duration of psychoanalytical treatments is not a significant element of their genesis; it is instead an effect of something originating elsewhere.

Freud's *Terminable and Interminable Analysis* is in any event a conclusive report, practically the final testament of the discoverer. To cancel this testament means not only to cancel the problem of the duration of analysis, it also cancels the problem of the very sense of analysis.

If we read this text, we will become aware of a peculiar point: all the difficulties encountered in the process of healing-and which (beyond the distinctions introduced by the "metapsychological witch") constitute a no as resistant and compact as a rock-emerged, for Freud, outside analysis, in pre-existing psycho-biological conditions which ultimately deflect the process. These difficulties have nothing to do with analysis

itself(18). Furthermore, they are a completely negative element, which rebels against what is positive in analysis and healing. To continue the later Freud's attempt at lucidity, we should find the answers to certain questions: is it not by chance precisely the analytic setting which generates-at least partially-the aforementioned viscosity? And what sustains and nourishes the combatants of the no? What is the positive element concealed behind the refusal to heal? What causes patients to remain for years in a situation which, according to the later Freud, is a battle often lost from the start?

Here then is the central problem today facing the analytic practice. Limiting oneself to seeing an impasse which precedes analysis, or is external to it, and is only reflected in it-as in the case of Freud and in the justifications of his successors-is tantamount to avoiding this problem altogether. It means reaching an immobility which is elusive, because it is always external, independent. And thus analysis would tend to become a stoic vision of necessity, as in the later Freud, or else, to take a more mediocre stance, would attempt to reduce irreducible extraneousness, to cancel original characteristics and substitute them with a new, psychoanalytical mask, as most analyses do today.

Faced with recognized undeniable elements which contribute to making the analytical situation difficult, one needs to identify the implicit, latent assumption which works internally, but is not always perceived. It is necessary to examine the amazing mechanism constructed by Freud, above all through its most eminent characteristic: the way of being time, of living time and letting time live; the timing it proposes.

### III. Definite and indefinite time

We saw at the beginning the general data which make the Freudian setting a very particular *time machine*. It is now time to approach the way in which the functioning of that machine involves each half of the psychoanalytic couple.

The time of the Freudian analytical session is without doubt a definite time, carved out of the time span of the analyst's "working day". To this one adds the indefinite time of the overall duration of the treatment: unlike the first, it opens onto a horizon which in itself has no perceptible limits. There is therefore in the contract of the analysis a combination of the two completely different temporal modes: the limited and interrupted period of the session and the period of the overall treatment without a precise end; a clean, rough, even cruel in its precision, definite end, and an indefinite end confused with the infinite. Within this coupling, the singular vicissitude of analysis occurs.

It begins formally at that moment when the analyst invites his travelling companion to "communicate everything which comes to mind". The Freudian formula is: "*alles mitzuteilen was [ihm] einfällt*"(19). "That which comes to mind" is in German *was einfällt*-literally, that which falls or descends into the mind. This event is an *Einfall*, a sudden, unexpected incidence or occurrence: a word dating back to the mystics of the late Middle Ages(20). Every single *Einfall* is connected to successive ones by means of threads (*Fäden*) or lines (*Linien*) or concatenations (*Verkettungen*) which at times intersect at nodal points (*Knotenpunkte*)(21).

Now, the communication of each and every *Einfall* rapidly constituted the "fundamental rule" of psychoanalysis and came to be called "free association"-a term rarely used by Freud. From the moment the accent is placed on association, on the connection between one mental element and another, we move away considerably from the fundamental point, i.e. the temporal characteristic of the element itself-in other words, from its suddenness and unexpectedness. It does not matter which type of *Einfall* it is. What is important is that it is an *Einfall*, something which drops into the mind.

The method of free association is now familiar to our culture. But let us imagine how much *amazement* this task assigned by Freud provoked at the time. For the first time, a human being was asked to communicate to someone physically present, nothing less than the complete course of his own mind. He was asked to remove the control normally present not only in free and easy conversation, but also in the most intimate and secret soliloquy. He was asked to let his mind flow with no pre-established direction: like a rivulet flowing on a flat plane, with no channels to follow: a stream which could spread out, break off and flow together again guided

by completely internal drives.

Any image of the procedure is inevitably inadequate. It remains perpetually beyond, in a sudden suspension of the common rules which implies the sudden appearance of an interrupting void, where before the full and continuous apparently dominated. It is a point of possible vertigo. But even without this, the insistence of the very rules tends in itself to fill that vacuum. The offer to “communicate everything” is always, in different degrees, rejected, limited, canalized, according to available paths and models.

According to Freud, the *Einfälle*, the sequences of psychic incidences, are not arbitrary: what is at first sight a chaotic succession may conceal a significant design. A determined profile and not a formless mass emerges, something which is strictly bound to the life situation of the speaking subject: not something fortuitous, “freely” roving. The “free associations”, according to Freud, are rigorously determined.

To this first-degree determination, other limitations were gradually superimposed. Faced with the possible void created by the offer to “communicate everything”, and precisely because of the vertigo created by this possibility, protective scaffolding and road signs were erected. Probably for this reason, analysis today, due to the intervening “road work”, represents for many a map of these road signs warning against the void and indicating the main ways to avoid it, rather than an approach to this possible void.

The first withdrawal, practically unnoticed, occurs when the invitation to “communicate everything” becomes rather “tell everything”. The *Einfälle*, that which falls into the mind, is not necessarily verbal. We are not exclusively speaking beings. Crying and laughing, for example, often communicate as effectively, with no need to be translated into words. Sadness and joy can be mirrored in verbal language, but often they can be communicated without a single word. In the moment in which the accent is placed on “telling” instead of on “communicating”, the non verbal is placed in a marginal position, from where it would appear to emerge only through verbal interpretation. The verbal interpretation wants to be a faithful translation but, in most cases, is pleonastic, simplified, misleading: “I laugh because...”; “Today I feel sad, perhaps because I ran into...”. Thus, the non verbal becomes secondary to the verbal, the latter tends to exclude the former. Communication is progressively reduced to a single verbal channel and, consequently, the attention of the analyst will be increasingly given to accidents of language flow (slips of the tongue, misunderstanding, forgetting words, etc.).

Another form of limitation to “communicating everything” occurred gradually through the historical memory of analysis, forming a pile of the “already communicated” which obstructs potential “communication”. The corpus of knowledge and theories constructed on the accumulation of what has heretofore been communicated attracts to itself that which is in the process of communication. It is as though the analytical tide had ended up digging a bed within which it tended to flow. At the moment the analyzand begins to communicate, his *Einfälle* are, to varying degrees, secretly attracted to a familiar pole. The same process occurs, and to an even greater degree, in the analyst: his interpretations are attracted or influenced by interpretations already given, transmitted and conserved in the pile of analytical history.

The temporal element is the significant part of this limiting process. The segmentation into sessions, their established duration, their regular frequency, are established as a system of channels into which the river must flow. These elements are also part of the already communicated and contribute to reducing the unpredictability of the response in the face of the offer of total communication. In place of an unpredictable duration, linked as it is to unexpected incidences in the two interlocutors, a fixed, chronometrical duration is established. In other words, an extraneous limit.

But then, what about the possible and vertiginous infinity of “communicating everything”? Must it be excluded at this point? No, because no matter how reduced and constrained, it always remains the most active stimulus of the analytical process. Subjected in the channeling of the sessions to an extraneous limitation, it transfers, for the most part, to the other temporal element which characterizes treatment: its indefinite duration. Reduced to the present, it shifts to the future. From open reality in action (even though

continually cut off), it becomes a deferred, postponed, unreal element. It becomes a mirage, which continually shifts ahead as one attempts to reach it. It substitutes defeat in the present for an unreal victory in the future.

As this act of communicating necessarily involves someone to whom one communicates, through it a very particular relationship is created. On transference and counter-transference, we might repeat what has been previously said as regards the obstruction constituted by the historical pile of analytical knowledge. Here too there is the need of a barrier placed against the flow of communication. I will point out just one aspect of the relationship. It is constituted, in its every movement, according to its own internal timing, to which objective measured time is totally extraneous. This measured time is therefore a frustrating limit, like a point of permanent imbalance, which always influences, in various degrees, each and every treatment. Once again, we see the same shifting towards the future which we saw as regards the offer to “communicate everything”. A single session involves the clash between the timing of the relationship and chronometrical time. Perhaps an indefinite series of sessions will modulate this clash and eventually eliminate it. In opposition to the real limit of the present session, there is the image of the elimination of the limit in the series of future sessions.

This image can present various significant aspects. For example, some analyses can be nourished for years by the mirage of a future relationship-not frustrating, or even unique and exclusive-with the analyst. In other analyses, there is no postponement, no shifting to the future, whether in analysis or outside it. The analysis itself, due to its indefinite nature, constitutes in an endless present a compensation (and at times more than a compensation) for the limits of the single sessions, above all if the analyst possesses social prestige. Being in analysis with... is often used as a winning hand compared to the less impressive one of others.

How powerful the influence of the setting situation is can be seen in more subtle ways.

Early in her analysis, a young woman dreamed of slapping a girl friend with a newspaper. Her friend, in her opinion, was oppressing and authoritarian, just like her mother. Describing the dream to me later, she was astounded by that gesture with the newspaper, as she considered it completely out of character, so that she was inclined to consider it as something extraneous to her, which had occurred by chance in her dream.

She realized however that a few days earlier, during a car trip, acquaintances seated behind her had read, and commented aloud on, a newspaper article: a chronometrical bike race would shortly take place in the city she was going to. The news irritated her, as the race would make moving around difficult, all the more so as it would last the entire day. The mention of the chronometer, together with the detail of the persons speaking to her from behind, permitted an easy connection between the dream situation and her recently begun analysis, which was nevertheless animated by good feelings towards me. I was the analyst-friend, the organizer of that extraneous and irritating chronometrical race... However, in the dream, there was-in addition to the chronometer-the mention of the duration of the race, something which would occupy all the time, and which thus referred to the indefinite duration of the treatment. The spasmodic tension of the single “chronometrical race”-the single session-was multiplied many times over, and from this derived the prospect of a space-time, an all-inclusive relationship which recalled that with an omnivorous maternal figure.

What clearly emerged in this dream was what would later permit a compensation (and more) in the present of the analysis. Moreover, the transformation of the analysis into a habitual relationship could also later develop. The basic conditions of the treatment remain intact for years; in them, however, is a subtle, barely perceptible shift, whereby the implicit values of regularity and continuity of the analytical couple soon take first place, instead of the values of transformation and change in both the analyst and the analysand. The relationship is as before, as always, formally centered on transference (and counter-transference), but it actually pulls in the direction of a relationship based on its own history, the history of the two persons present, and only partially on the transference's (and counter-transference's) gradual unfurling. Analysis appears progressively more as a direct institutional relationship, with a duration, solidity and intensity equal or superior to that of any other contemporary inter-personal relationship. It exists in itself and, like any other “natural” relationship, is not concerned with its own end, nor does it prescribe it.

B. states: “Analysis is like insulin for diabetics; it’s a permanent feature of life”. And F., in the sixth year of analysis: “But I feel so well with my analyst!”, and in answer to my question, “But how long have you felt so well with her?”. “But I always have! Obviously, we sometimes have fights...”. At times, those in analysis defend the analytical time even more than any analyst does.

The peculiar temporal contract of analysis therefore favors modulated expectations and attitudes such as: the postponement of the relationship with the analyst to the future, within or outside the analysis; giving value to this relationship in an immobile present; its transformation into a habit, into a “natural” relationship. What these shiftings aim at varies from time to time. All, however, acquire their weight and enormous influence from the fact that they are part of a general tendency with which we must inevitably deal.

*Translated from the Italian by Joan Tambureno and Claudia Vaughn*

## Notes:

1. This text is the translation of the first three chapters of the book *Claustrofilia* (Milan: Adelphi 1983).
2. Sigmund Freud, *Studien über Hysterie (1892-1895)*, *Gesammelte Werke* (London: Imago Publishing Co., 1940-1952), I, pp. 99-162 (subsequently this edition will be referred to as GW).
3. Ernest Jones, *The Life and Work of Sigmund Freud* (New York: Basic Books, 1953).
4. Sigmund Freud, *Studien über Hysterie*, GW, cit., pp. 184-193; SE, II, pp. 125-132.
5. Ferenczi’s analysis lasted for just a few weeks, in 1914 and then in 1916.
6. Sigmund Freud, *Ratschlage für den Arzt bei der psychoanalytischen Behandlung* (1912), GW, VIII, pp. 376-387; SE, XII, pp. 111-121; *Zur Einleitung der Behandlung* (1913), GW, VIII, pp. 454-478; SE, XII, pp. 123-144..
7. Edward P. Thompson, “Time, Work-Discipline and Industrial Capitalism” in *Past and Present*, XXXVIII (1967).
8. *Ibidem*.
9. *Ibidem*.
10. Alfred Ernout, Antoine Meillet, *Dictionnaire étymologique de la langue latine* (Paris: Klincksiech, 1951):
11. This statement was based on the one hand on the Evangelic *Gratis accepistis, gratis date* (Matthew, 10:8), and on the other on Aristotle’s *Ethica nicomachea*, which takes up once more the theme of the criticism leveled by Socrates and Plato at Sophist vendors of science. Cf. Gaines Post, Kimon Giocarinis, Robert Kay, “The Medieval Heritage of a Humanistic Ideal: *Scientia donum Dei est, unde vendi non potest*” in *Traditio*, XI, 1955, pp. 195-234.
12. Cf. Jacques Le Goff, *Les intellectuels au Moyen Age* (Paris: Editions du Seuil, 1957), pp. 106-7; “Au Moyen Age: Temps de l’Eglise et temps du marchand”, in *Annales. Economies, Sociétés, Civilisations*, 1960, pp. 417-433.
13. In Roman times, the *salarium* was first of all the ration of salt, then the sum for the purchase of salt and other victuals provided to soldiers; just as the *stipendium* (*stips*, coin, and *pendere*, earn) was the soldiers’ wage. Cf. Ernout-Meillet, *op.cit.* Thus, the two terms originated within the most ancient organization of

collective life-the army, completely outside the individual sphere in which, during Imperial times, the honorarium appears as testimonial to a relationship of “honor”.

14. The uncertainty about what analysis is, or is becoming, socially is revealed by the uncertainty of what to call the person who goes into analysis. At the beginning, he was simply someone “ill”; today, for the “orthodox” institution, he is the “patient”. Outside the medical sphere, the Italian option is between “analizzato” (analyzed), “analizzando” (analysand) and “analizzante” (derivative of the Lacanian analysant). These terms alternately accentuate and exclude one of the two poles of the dependence-independence or passive-active duo. As these two aspects are always, to some degree, present in analysis, I prefer to use the expression “person in analysis”.

15. Sigmund Freud, *Die endliche und die unendliche Analyse* (1937), GW, XVI, pp. 59-99; SE, XXIII, pp. 216-252.

16. Sigmund Freud, *Zur Einleitung der Behandlung*, GW, cit., p. 462; SE, cit. p. 130.

17. See Elvio Fachinelli, *Il bambino dalle uova d’oro*, (Milan: Feltrinelli, 1974), for example pp. 147-148.

18. From this point of view, it would seem legitimate also to criticize the research on “criteria for the end of analysis”, which has long occupied analysts and which re-emerges periodically. These criteria could summarily be divided into two classes: positive, those implying the acquisition by the person in analysis of capacities and aims previously prohibited (genital primacy, modification of the structure of the Ego, etc.: see, for example, Michael Balint, “On the Termination of Analysis”, in *Int. J. Psycho Anal.*, XXXI (1950), pp. 196-199); and negative, when the accent is placed instead on the elimination or attenuation of inadequate defensive processes (for example, elaboration of persecutory and depressive anxiety, through the analysis of experiences of early loss: Melanie Klein, “On the Criteria for the Termination of a Psycho-Analysis”, in *Int. J. Psycho-Anal.*, XXXI (1950), pp. 78-80). These criteria have in general a solid foundation in clinical data, pre-existent to analysis. However, it is precisely this characteristic that renders them insufficient. The general prolonging of the duration of the treatment indicates the intervention of something which goes beyond the clinical situation of the single subjects treated.

19. See for example Freud, *Zur Psychopathologie des Alltagslebens* (1901), GW, IV, p. 14; SE, VI, p. 9.

20. According to Friedrich Kluge (*Etymologisches Wörterbuch der deutschen Sprache*, 20th edition, ed. by Walther Mitzka [Berlin: Walter De Gruyter and Co., 1967]), the word derives directly from the Latin *incidere*.

21. Jean Laplanche and Jean-Baptiste Pontalis, *Vocabulaire de la Psychanalyse* (Paris: Presses Universitaires de France, 1967).