

The cure in psychoanalysis: organics and subjective effects of an analysis

A cura em psicanálise: efeitos orgânicos e subjetivos de uma análise

Fernanda Sanches de Sousa¹ 

Marco Correa Leite² 

¹Corresponding author. Centro Universitário Filadélfia (Londrina). Paraná, Brazil. psi.fersanches@gmail.com

²Centro Universitário Filadélfia (Londrina). Paraná, Brazil. mclmarco@hotmail.com

ABSTRACT | INTRODUCTION: This article results from a bibliographic review to highlight the effects of the psychoanalysis treatment, not only based on the issues reported by the patients but also in other outcomes measurable by biochemistry changes that are verified during and after the treatment. **OBJECTIVES:** To verify if psychoanalysis with its effects can be scientifically measured beyond the report of the patients and the analysts and, in the last case, to point out the efficacy of the treatment for contemporary psychopathology. **METHODS:** It was carried out a systematic literature review of referenced articles, considering the period from the year 2008 to current days, which aimed to demonstrate verifiable effects in the patients that were submitted to psychoanalysis, considering either functional or biochemistry changes. **RESULTS:** It was found that several evidences of the effects during the psychoanalytical process and also after the end of the treatment. **CONCLUSION:** With this work, it was possible to verify that psychoanalysis is an effective treatment for several mental disorders and can be a standard gold treatment once is respected the appropriate attention to the formation of the analysts. New researches must be done to compare psychoanalysis and other types of treatment in the mental health field.

KEYWORDS: Psychoanalysis. Mental health. Treatment. Efficacy.

RESUMO | INTRODUÇÃO: O presente artigo é fruto de uma revisão bibliográfica com o intuito de evidenciar os efeitos do tratamento psicanalítico, não apenas enquanto algo da ordem do reportado pelos pacientes, mas também enquanto algo que pode ser mensurado a partir de alterações bioquímicas verificadas durante e após o tratamento psicanalítico. **OBJETIVOS:** Verificar se a psicanálise pode ter seus efeitos cientificamente mensuráveis para além dos relatos dos pacientes e dos analistas e, em último caso, apontar para uma possível eficácia do tratamento com relação às psicopatologias contemporâneas. **MÉTODO:** Pesquisa bibliográfica sistemática de artigos científicos, publicados de 2008 até a presente data, que demonstravam os efeitos verificáveis de uma análise nos pacientes, sejam alterações funcionais ou bioquímicas. **RESULTADOS:** Foram encontradas inúmeras evidências dos efeitos de um trabalho psicanalítico no decorrer do tratamento, e também, após o término do mesmo. **CONCLUSÃO:** Com este estudo foi possível verificar que a psicanálise é efetiva para uma série de transtornos mentais e que pode ser o tratamento padrão ouro, quando respeitados os devidos cuidados com relação à formação dos analistas. Novas pesquisas devem ser realizadas, fazendo um comparativo mais amplo entre a psicanálise e outras modalidades no campo da saúde mental.

PALAVRAS-CHAVE: Psicanálise. Saúde mental. Tratamento. Eficácia.

Introduction

Over the last years, many researchers have pointed out significant results for the efficiency of psychoanalysis as a treatment in various types of mental disorders. These researches raise psychoanalysis to a new level in the health field, considering it is a practice with little interest in the scientific community. However, with the advance of science, especially in the neuroimage exams area, it is possible to identify the effects of psychoanalysis treatment beyond the patient and psychoanalyst reports. Nowadays, by using the new technologies available to check results, we have evidence of the effects of psychoanalytical treatment in the exams reports that indicate significant functional and structural changes in the brain and body biochemical function.

This article presented a bibliographic review of the measurable effects of the psychoanalytical treatment and scored according to Freud's insights. Most of his work points to the radical difference between psychoanalysis and psychiatry, which follows the biomedical and biologist model. It also explained the difference between psychoanalysis and other therapies according to its methods, ethics, and mainly its goal in treatment.

Articles from 2008 up to the present date were analyzed to write this work, having as main reference the work produced by Freud and Lacan, which oriented what an analysis is, the difference between psychiatry and psychotherapy, and its objectives. It also used references of reviewers regarding the formalization of course and the analysis's objective, and the procedure of the pass, term created by Lacan since the foundation of his School, especially to verify if the analyses were taken up to the end.

It is known that psychoanalysis causes beneficial therapeutic effects, but they are not the main objective. Since Freud, analysts see them as secondary effects, and, in a better analysis, they tend to be a hitch for the treatment. It has come a long way to differ what psychoanalysis is, its methods and goal, and perhaps mainly to verify if the objective of the analysis with all its organic and changes related by the patient has been achieved. In other words, the issue of ensuring that the analysis reached its proposal by producing what is expected from it: an analyst of his own experience as asserted by [Lacan](#) (1964/1998).

From this moment on, this instrument will approach the organic effects of analysis, the difference between psychoanalysis, psychotherapies, and psychiatry, and, in the end, what the theoretical framework of psychoanalysis supports as a possibility of verifying that the objective of the analysis was reached beyond the so said therapeutic effects.

Does psychoanalysis cure?

A research published in 2008 at *Journal of the American Medical Association* by [Leichsenring](#) and Rabung (2008) shown a huge bibliographic review comparing 23 studies with a total of 1053 patients about the differences between psychoanalysis and other kinds of mental health treatment. This meta-analysis confirmed that the psychoanalysis treatment presents a higher level of effectiveness for the problems related by the patients than other types of less intensive psychotherapy treatments. Furthermore, the researchers analyzed the articles that had as the main objective of the study the follow up of patients diagnosed with different mental disorders, which included major depression, anorexia, and emotionally unstable personality disorder (Borderline personality disorder – characterized by fear of abandonment and desperation and needy breakdowns). According to the authors' conclusion, the psychoanalytical treatment demonstrated significant organic effects, and the patients presented stability which significantly increased between the end of the treatment and the subsequent tests.

In another research, [Leichsenring](#) and Rabung (2011) examined the effects of long-term psychoanalytical psychotherapy (minimum of 50 sessions or one year of therapy) with different types of mental disorders. As a result of this research, they concluded that the long-term treatment is more effective, and its effects are significantly longer lasting than other types of short-term psychotherapeutic treatments as short psychotherapy. However, this article does not bring differing data psychotherapy from psychoanalysis. It is important to note that this difference is not too clear in many countries, including Brazil. This confusion is because the graduate psychology courses do not clarify the difference between psychotherapy and psychoanalysis practices which is reconsidered on the graduation courses. The important fact is that the method used is according to the parameters of what

is considered a psychoanalytical treatment, according to the researchers.

In introducing *Psychodynamic Psychotherapy Research*, [Levy](#) et al. (2012) affirm that psychoanalysis is an effective treatment. Research on mental health corroborates the evidence that its use brings more benefits beyond those reported by the patient. Contrary to other types of treatments focused on reducing the symptoms and maintaining supposed well-being, psychoanalysis promotes substantial changes for the patient's whole life. These changes are verified in the reduction or disappearance of the symptoms related by the patient and in changes that can be measured in laboratory tests and exams and neuroimages. To cite one example, [Lehtonen](#) et al. (2012) found an increase in the concentration of serotonin in some patients, and other patients were found an increase in the number of serotonergic receptors.

According to [Levy](#) et al. (2012), research brings important empiric evidence regarding the treatment. Therefore, following its logic, for the authors, psychotherapy should be recommended as standard treatment for many types of mental disorders which are susceptible to be treated by the Freudian method.

Nevertheless, according to [Levy](#) et al. (2012), evidence was found that there is a subgroup of patients with major depression, especially those who show signs of sensitivity to rejection and other atypical forms of symptoms whose response to the psychoanalytical treatment are reflected as an increase on serotonin transportation binding and, in some cases, increase on serotonergic receptors. In this same work, it was also verified that some patients with classic symptoms of major depression showed similar clinical well-being but no change in serotonin transportation binding and an increase in serotonin receptors after six months of analysis. The work also showed that the group treated with selective serotonin reuptake inhibitors after the same six months of treatment showed no increase of the receptors, although there was some increase in clinical outlook.

Regarding the improvement of depressive clinical signs without any visible change on neuroimages exams, it can happen since depression is one of the psychopathologies caused by multiple factors. An article published on Nature Magazine resulting from

the research made by [Kennis](#) et al. (2019) confirms that there are no significant data that can prove the depression has organic causes. In the same article, it is possible to verify that the theories that bet on the biological cause for depression lack evidence that leads to the organic cause and for a suitable treatment for these patients. By knowing these new research studies, it is noticeable how Freud's texts point that the cause psychopathologies as a range of imbricated organic constitution occurrences with the historical events of each individual are up-to-date.

Freud's thoughts for the psychopathologies can be currently connected to what is found in research in the epigenetics field, and research focused on the gene-environment interaction. For the major depression disorder, for instance, as described on DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition), a specific biomarker as the cause of the pathology cannot be found, as pointed by [Kennis](#) et al. (2019). Following this line-up, it is very likely that the problem with depression is epigenetic, caused by the interaction of the individual with the environment. This interaction can cause a range of effects in how a certain protein is or is not synthesized. This change at the protein synthesis produces a phenotypic modification which can, as a consequence, worsen or improve certain pathology.

In daily medical clinic screening, this issue can be seen in a different bias, not through neuroimages, or biochemistry, examination but through the report of patients who reported that depression bursts in a certain moment of an individual's life, for instance (but not only) when he faces a traumatic event. This interaction of the patients with their own speech can build or deconstruct a depressive condition. This clinical finding is what [Dunker](#) (2021) writes when he affirms that depression, although there is no definite cause/origin, can be treated through the use of the word, through the analytical method, and affects the body.

According to [Dunker](#) (2021), the practice of psychoanalysis consists in verifying every value the speech has, as an individual's narrative, as for the production of a certain pathology as well as its cure. Thinking about epigenetic issues is thinking about the organism being affected by what causes the issue while subjects, to be known, according to [Lacan's](#) teachings (1953/1998): the language.

In an article published at *World Psychiatry*, researchers [Fonagy](#) et al. (2015) performed a randomized controlled trial with 129 patients selected to treat major depression. One of the criteria for selecting the patients was that they must have gone through two or more types of treatment and have not accomplished any significant improvement of the clinical sign. They were divided into two distinct groups; the first group was conducted to the psychoanalytical treatment along with the usual treatment in the United Kingdom according to the guideline established for major depression (n=67) in the said country, the second group received only the care described at the guideline (TAU) (n=62). Each patient was assessed at the beginning of the treatment, 6, 12, and 18 months and 24, 30, and 42 months after the treatment. During the process, no significant difference between both groups was observed; however, after the end of the treatment, after 42 months, 44% of the patients treated with psychoanalysis were not fitted anymore at the major depression criteria according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). For the control group, though, only 10% had the same benefits.

From what was shown up to this moment, it can be verified that psychoanalysis can reduce the depression mood in some patients. Even being a little bit careful, it can be said that psychoanalysis demonstrates that, in some cases, it is possible to reach the cure for depression in some patients through the treatment created by Freud. Suppose psychoanalysis works only with the speech and does not have any other type of interaction with the patient except for the discursive interaction that carries a range of affection that unfolds to beyond the objective of a therapy whose focus is to reduce the symptoms. In that case, it can be said that the cure in psychoanalysis is a product from the experience of speech in transference according to several authors who have studied this theme since Freud, then after Lacan and posteriorly [Dolto](#) (2002), [Nasio](#) (2017), [Dunker](#) (2021), among others.

Beyond depressive mood, but still regarding one of the pathologies that most affect individuals in the contemporary world, according to [Dunker](#) (2021), some interesting results can be found at the Panic Disorder and Anxiety Disorder patients when they are submitted to the cure by psychoanalysis.

In the article titled *A study demonstrating the efficacy of psychoanalytic psychotherapy for panic disorder: implications for psychoanalytic research, theory, and practice*, by [Busch](#) et al. (2009), 21 patients diagnosed with Panic Disorder were assessed. The treatment was made with 24 sessions of psychotherapy for 121 weeks. After this period, more than 40% of the patients presented a reduction in the Panic Disorder Severity Scale (PDSS). This reduction was aligned with the report of patients who affirmed a great reduction of the symptomatology featured on depression cases. In addition, the patients demonstrated wide improvement at their psychosocial function, panic-related anxiety, and major depression when it used to appear as a comorbidity of the Panic Disorder present in 8 of the 21 assessed patients.

Given the above so far, it is not possible to affirm that psychoanalysis lacks evidence anymore, except for those who are considered researchers or the ones in accordance with what is called "Evidence-Based Practices." As seen up to this moment, the studies have shown that psychoanalysis can relieve, and relieve a lot, the symptomatology independent of the disorder type or psychopathology suffered by the patient.

However, it is necessary to clarify that psychoanalysis does not have the same aim and focus as psychiatry and other therapeutic models. Furthermore, this work will discourse about this crucial issue. However, first of all, it is necessary to think about some differences proposed by [Freud](#) (1905/2017) since the beginning of his practice that will reach the point with an impossibility of thinking the psychoanalysis as psychotherapy or as a psychology model as it is typically heard nowadays in universities, along with the social speech.

Psychoanalysis versus Psychiatry

Considering that science has already demonstrated, according to the studies mentioned above, that psychoanalysis is a good option for the treatment of many types of mental disorders, it is still needed to make clear that what is treated in psychoanalysis is not the same as what is treated in psychiatry and in other models of therapy whose focus is to suppress the symptom related to the complaint of the patient.

In psychoanalysis, the symptoms that drive the patient to the clinic are, before all, a problem of speech. In the case related by [Freud](#) (1916/2014) in the conference *Psychoanalysis and Psychiatry* in 1915, a 53-year-old woman that suffered from “jealous fantasy” is the object of an investigation that will explain the difference between psychoanalysis and psychiatry.

While in psychiatry, the symptom which the patient reports are experienced as suffering to be avoided, which should be softened when not possible to be eliminated, to [Freud](#) (1916/2014), the symptom says something else that the patient does not even know.

[Freud](#) (1916/2014) takes this example to say that, through the mechanism of displacement, the woman was acting in such a way that she provided all the development of the history that caused her own angst, and with this, Freud shows that the cause of her jealousy had nothing to do with the real facts but with an unconscious desire. The idea of this desire was completely against the moral and good behavior principles (a desire against the Ego), and because of that, this idea was totally repressed. In [Freud's](#) words (1916/2014), “she herself was harboring a strong passion by a young boy, her own son-in-law... About this passion, she knew nothing, or maybe just a little!” (p. 337, translated by the author). In the same paragraph, he says: “As it is a monstrous thing, impossible, such passion could not become conscious; however, it kept on existing and carrying strong unconscious pressure”² (p. 337, translated by the author).

It is at this point that Freud differentiates psychoanalysis from psychiatry. While psychoanalysis listens to the patient in its individuality and seeks to find the cause of the illness, psychiatry “superficially touches any inference about the fantasy contents, and, when it points to heredity, it gives us a general

and remote etiology, instead of indicating, first, the more special and nearby causes”³ (p. 341, translated by the author). In this same study, an insistence in showing the differences needed between those two fields of knowledge can be verified, not as exclusionary, but maybe to complement themselves. As [Freud](#) (1916/2014) affirms, “you shall agree that there is nothing, in the essence of psychiatric work, that could oppose psychoanalytical research” (p. 341, translated by the author)⁴.

When parsimoniously administered and prescribed by a psychiatrist, medication can be useful in some specific cases, especially when it is considered the need to stabilize a patient in severe condition according to the evaluation of a mental health team. However, the medication itself does not produce effective changes at the cause of the problem. Therefore, it can be said that the medicines can, in very specific cases, help the mental health of the patient by relieving the symptomology. Nevertheless, according to a study published by Berghout et al. (2010), the effects of analysis generally keep on for years after the treatment is finished, which does not occur when there is the use of psychotropic drugs.

Psychoanalysis, on the other hand, tends to listen to the patient and intends to find, through the speech of the one who is complaining, not from the knowledge of the one who is listening, the cause that, according to [Perez](#) (2012), Freud found on the unconscious psychodynamic process. Considering this, the proposal of the analytical work can only be thought from individual treatment.

The psychoanalytical treatment is also different from the treatment offered by psychiatry for of the impossibility to categorize the patient in some specified pathology. In the clinic, two patients with the same neurosis or even a similar history of life that had released the mental disorder cannot be found.

¹ “Ela própria nutria intensa paixão por um jovem, pelo próprio genro. Dessa paixão ela nada sabia, ou talvez soubesse um pouco.”

² “Por se tratar de coisa monstruosa, impossível, tal paixão não podia tornar-se consciente; não obstante, ela seguiu existindo e exercendo forte pressão inconsciente.”

³ “toca superficialmente qualquer inferência acerca do conteúdo do delírio, e, ao apontar para hereditariedade, dá-nos uma etiologia geral e remota, em vez de indicar, primeiro, as causas mais especiais e próximas”

⁴ “Os senhores concordarão em que não há, na essência do trabalho psiquiátrico, nada que poderia se opor à pesquisa psicanalítica”

In several moments of his works, Freud affirms that it is not even found a "pure" obsessive neurotic, as to say. Also, in his articles about the technique, dated from 1912 to 1914, he warns all those who wish to practice the analyst function to be very careful when receiving a patient, and that it is necessary to listen to the individual with patience and caution because it is very easy to make a mistake at the diagnosis, in special for the severe cases. Once again, it is necessary to specify that psychoanalysis works case by case, as the same happening does not have the same power to cause psychopathology in different patients. According to [Freud](#) (1937/2017), the triggering of falling ill is the fruit of conjunction of phylogenetic, ontogenetic, and accidental factors which compete for an increase of energy in which the amount is unbearable to the psychic apparatus, being experimented by the individual as suffering.

So, it is possible to say that psychoanalysis works rigorously with the case by case, with the listening of the individual who produces in transference between the one who suffers and speaks about his suffering and the other one who embraces and listens without judgment and impartially directs the treatment. Regarding it, it is interesting to say that, according to [Teixeira](#) and Caldas (2017), while in psychiatry the listening is conducted to diagnosing from elements found in the patient's speech to try to classify them in some group of pathologies and make it possible to find the right medication, in psychoanalysis the cure is the treatment itself, being impossible to be replicated to any other patient.

For the studies that prove the efficacy for a big group of patients as seen so far, including cases of psychosis, addiction, psychosomatic illnesses (cases in which the diagnosis and medication are prescribed without treating the individual going through suffering), [Freud](#) (1905/2017) highlights that these effects are not the goal of the analysis. He also warns against what he called *Furor Curandis*, especially among younger analysts. Even though it is known that the therapeutic effects generally bring

great benefits and occur with some frequency during an analysis, the psychoanalysis must be conducted to another goal. Being so, what is the goal of the analysis as a treatment? Next, this work will differentiate psychoanalysis from psychotherapies and, later on, will question the end of the analysis in a double perspective, as to know: the end of the treatment and also its goal.

Psychoanalysis or Psychotherapy?

[Freud](#) (1905/2017), in his text *About Psychotherapy*, says, at the very beginning, what psychotherapy is, its origins and goals, the methods he used, his discoveries, the hypnosis, and catharsis. A not very attentive reader can be confused if he does not read the whole text carefully and realizes what Freud means in his writing. The author considers psychoanalysis a type of psychotherapy but also sets it apart: "From some of my observations, you must be concluding that the analytical treatment had some characteristics that let it far from the ideal of a therapy⁵" (p. 69, translated by the author).

In his all studies, Freud worked with the term "psychotherapy" and "therapy," but he never tried to make his science equal to other therapeutic models used in his time and nowadays.

Comparing with the results obtained by [Huber](#) et al. (2012) between the effects of analysis and the therapeutic effects of short-term therapy, for instance, [Freud](#) (1905/2017) was fully aware when he wrote: "...if with a long and hard work we have better results than with an easy and short-term treatment, so, despite all that, the former is justifiable⁶" (p. 70, translated by the author).

Well, it is possible to think that short-term treatments focused on symptomatology or yet on the elimination of the symptoms can be used when necessary, but they are not analyses; an analysis has distinct methods and objectives.

⁵ "A partir de determinadas observações minhas, os senhores devem ter deduzido que o tratamento analítico possui algumas características que o mantêm distante do ideal de uma terapia."

⁶ "...se com o procedimento mais trabalhoso e dispendioso tivermos resultados muito melhores que com tratamento breve e mais fácil, então apesar de tudo o primeiro se justifica."

From the same text, [Freud](#) (1905/2017) gives a direction about the patients whom he himself indicates psychoanalytical treatment: "The psychoanalytical treatment was created from and for ill people with no capability to live, and its triumph is what makes a satisfactory number of these people being able to lead long-term lives"⁷ (p. 71, translated by the author). In order to make a brief comparison, [Fonagy](#) et al. (2015), in their research, conclude that more than 40% of the patients were treated with psychoanalysis, when they had already been treated by two therapeutical models at least, had a reduction of the major depression mood state. Mentioning Freud once more: "...at those cases in which was possible to do almost nothing with psychoanalysis treatment, it can be easily affirmed that any other treatment, for sure, could do absolutely nothing"⁸ (p. 71, translated by the author).

From 1905, the very beginning of Freud's psychoanalysis, to 1937, a fundamental text for today's life, Freud sets the limits of what psychoanalysis is and what it can do.

According to [Freud](#) (1937/2017), "As it is known, the objective of the analytical work is providing the patient with means so he can return to suspend the repressions."⁹ (p. 366, translated by the author). In several moments in his work, Freud calls the readers to think of psychoanalysis not as psychotherapy that tends to cure the symptoms but as something else. Although the symptoms appear and disappear in the process, change, convert, and so on, the gains in this aspect are secondary. They are not the final objective.

[Lacan](#) (1964/1998), but not only him, wondered in his teachings what would be the objective of the analysis and in *Of Freud's Trieb...* he reveals: "what is the purpose of the analysis, beyond therapeutic gains?"¹⁰

(p. 868, translated by the author). Lacan hits the heart of the issue. An analysis must always be oriented to produce an analyst. To produce an analyst is to let someone be subjected to free speech, as free as possible, and with it, to allow the subject to speak and to be surprised with his own speech, with that what appears, with the "subject in the subject, transcendent to the subject"¹¹ (Lacan 1957, p. 438, translated by the author). Someone that is being advised is occupied by something beyond himself.

To [Freud](#) (1937/2017), it was not different. He wrote what follows: "Your work will be done when you bring the learner the right conviction that the unconscious exists when you transmit him the self-perceptions – normally undignified to be considered – by emerging the repression object..."¹² (p. 356, translated by the author).

To Freud, and also to Lacan, an analysis must always be conducted to that, to suspend the repression and see what lies in there. The effects that emerge at the speech, repression-free, but still necessary to be admitted by the analysand, are felt not without the body. This intricate articulation in which there is the soma on the one hand and the psyche composed of the mental representations on the other one is crossed by the drive that always leaves marks. The body changes with the effects caused by the analyst intervention. Suspending the repression must also be considered the effects in the body, as seen in the results presented in the already mentioned research. The analyst, at first, is the product of an analytical experience, not the person, but the subject that emerges from an analysis, more precisely, a formation of the Unconscious.

The following text will show an analytical experience, its effects from the psychoanalysis perspective, ethics, method, and objective.

⁷ "A terapia psicanalítica foi criada a partir de e para doentes com incapacidade duradoura de viver, e o seu triunfo é que torna um número satisfatório deles capazes de viver a sua existência de forma duradoura."

⁸ "...ali onde pouco se podia fazer com a psicoterapia analítica, pode-se afirmar tranquilamente que qualquer outro tratamento certamente não alcançaria absolutamente nada."

⁹ "Como se sabe, o objetivo do trabalho analítico é fazer com que o paciente volte a suspender (levantar) os recalques"

¹⁰ "Qual a finalidade da análise, para além da terapêutica? Impossível não a distinguir desta quando se trata de produzir um analista."

¹¹ "sujeito no sujeito, transcendente ao sujeito"

¹² "O seu trabalho estará terminado quando trouxer para o aprendiz a convicção segura da existência do inconsciente, quando lhe transmitir as auto percepções – normalmente indignas de crédito – ao aflorar o recalco..."

So, what is and how is this analytical experience?

In his technical articles, Freud teaches about the experience of psychoanalysis, but, although he has thoroughly related the process, the method, and the mechanism of the analysis, it is not possible to find in Freud a rigorous conceptualization. This theoretical standardization describes what an analysis is in its conception itself. This can be verified by reading his article about the technique he compares the analysis to a chess game. This analogy allows the idea that maybe psychoanalysis could be driven more by the analyst's subjectivity than the theoretical and technical mechanism created by him. Nowadays, after a long time of production, it is known that psychoanalysis can be thought of as the application of the psychoanalytical theory. What is to apply the theory? Which theory?

Getting into an analysis does not happen all at once. [Freud](#) (1914/2017), in *Lembrar, repetir e perlaborar*, shows us a necessary way, one before, one during, and one after. What he called psychoanalysis is a construction from the clinical dispositive where two people are found in order that one of them can speak. He who looks for an analyst does not know about himself and invites the other to answer for him. The analyst, in his turn, ignores what he knows about the theory to allow the other that does not know about himself to speak. While the analysand supposes his own knowledge on the analyst, the analyst supposes a subject of desire at the analysand's speech.

The only rule of this game is that the patient says everything that comes to his mind without restrictions. Well, it allows that in a specific moment when the analyst is in the game, the patient becomes aware that he knows more than he is supposed to know. [Freud](#) (1937/2017) calls the initial procedure, previous the treatment, of test therapy. At this moment, the analysand starts building history from the narrative developed during the relationship with the analyst ([Freud](#), 1937/2017). This building, though, Freud says that it is only the first moment of the procedure. After a rigorous analysis, it is noticed that there is a gap between the beginning and the end of the treatment in Freud's study. [Freud](#) (1937/2017) calls the end of treatment the moment the analysand can see the big

rock of the castration and when the analysand is no longer suggestible to the analyst's intervention. It is as if there is a moment in the analysis when nothing that the analyst says can modify or change the narrative.

It will be Jacques Lacan, the one who will work since his first seminars with a major theory rigor about the standardization of psychoanalysis. When it is thought about his return to Freud as a critical reviewer of Freudian's texts, putting the psychoanalysis beyond what Freud's standard was limited at the International Psychoanalytic Association (IPA), it is possible to see that Lacan's work, from the beginning to the end, was no other thing than to standardize the psychoanalysis, as much as possible. In contrast, Freud did not have enough time or material to do it.

By recalling classical psychiatry, the *Entrevistas Preliminares* - to assert that it is necessary to know previously to the psychoanalytical treatment if the patient (not an analysand yet) can proceed with an analysis -, Lacan also standardizes the entrance in analysis, the usage of the couch, the goal of the analysis, and also creates with his colleagues the procedure of the pass in order to verify this goal.

The preliminary interviews fit exactly to what Freud called test therapy, which is a moment to define some issues, to build an analytical demand, so that the transference can be established strong enough, among other previous conditions which, without them, the treatment could be, not innocuous maybe, but never as big as an analysis.

To go beyond the standardization of what an analysis is and its trajectory, this article is limited to say a little more about the objective of analysis during an end and the objective of the psychoanalysis in the teachings of Lacan.

Lacan formalizes the end of the analysis considering his clinical experience. At the first moment of his work, during the period when he waged his return to Freud at the seminars in the Société Française Psychanalyse along with the analysts and students of the society above, Lacan worked hard to develop the theory of the crossing of the fantasy as a possible end of an analysis. At that time, Lacan worked with the notion of point of stuff, psychoanalysis that aimed the meaning.

In this first moment, Lacan built the theory of the crossing of fantasy clearly found at the direction of treatment proposed by Freud. It is necessary to have a brief explanation. [Freud](#) (1937/2017) did not consider a real end for analysis. In his last texts, he invited the analysts to return to the couch from time to time to make a sort of cleaning on themselves to be once again able to sustain the analyst's place. This assertion of Freud can be verified in *A análise finita e a infinita*, an article written in 1937 that concludes many aspects of what psychoanalysis would be, its objective, and a possible end of analytical work without standardization of what this end would be in a way to allow it to be able to be verified by psychoanalytical theory. It is found in this text that the idea that an analysis could be ended when the analysand would not go to the sessions anymore and also when the analyst could not be able to influence the suggestion on the patient anymore; which causes a kind of strangeness as Freud himself devoted his life to sustain the analytical practice theoretically. Regarding the end of the analysis, it seems that many elements were missing to produce a theory that could be clinically verified.

It turns out that, as previously said, Lacan reformalizes psychoanalysis by making a censorious return to Freud and affirming that the analysis must have a beginning, a middle, and an end that could be minimally verifiable. In this regard, Lacan and his colleagues of the Société Française Psychoanalyse proposed a verifiable end of the analysis. From the theory about analysis, the method, and what is verifiable at the end of the treatment, the development of the crossing of the fantasy is found.

According to [Zbrun](#) (2014)

*The crossing of the fantasy is a building of a fragment of the real that gets in the symbolic as a grammatical sentence which cannot be explained. Its meaning cannot be made explicit, its value is not semantic; it values by itself, although it is able to rebuild a part of the real*¹³ (p.93, translated by the author).

[Zbrun](#) (2014) even says that the construction which could be obtained from the end of the analysis is at the order of a grammatical sentence, the point of enough, the point of stuff, that which sustains the subject in its most primitive fantasy, which anchors the subject to the master significant (S1) which is from the order of the original repression. An example of this can be seen in the sentence "A child is being beaten," which is carefully worked by Freud in some of his texts and must be read from time to time. The fantasy itself, to Lacan, is like the structure of the S1, unmovable, significant pure, reaching there, recognizing itself there, and from that point on, being able to drive its own life, with this thing that causes the subject and was ignored before would be the first well-built construction of a possible end of the analysis.

Advancing time, a little later to the foundation of his school, [Lacan](#) (1967-68), in his seminar about the analytical act, brings up a pertinent question about what to expect from an analyst while "being." Suppose it is possible to think about the analyst's being through predication of the subject, un-subjectification of the former, in other words, subjective destitution. The crossing of the fantasy is articulated with the subjective destitution in what is needed to cross the symptomatic point of fixation that binds the subject to a very specific way of jouissance in relation to the other. Facing the question "What am I to you?" the answer, symptomatically produced, fixes the subject in some determined imaginary position that tries to plug the hole of the other. Crossing the fantasy can be thought of as going beyond the fantasy of the possibility of the fullness of the other, going beyond being or having the phallus, recognizing the castration in the Other.

According to [Bastos](#) (1997), "While Freud states the belief in the unconscious and the knowing of what to do with the symptom, Lacan intends to advance in the direction of the fall of the belief in the other and the consequent fall of the phallic belief."¹⁴ (p. 101, translated by the author).

¹³ A travessia da fantasia é a construção de um fragmento do real que entra no simbólico na forma de uma frase gramatical, que não pode ser explicada. Seu sentido não pode ser explicitado, seu valor não é semântico; ela vale por si mesma, embora seja capaz de reconstituir um pedaço do Real

¹⁴ "Enquanto Freud fica com a crença no inconsciente e o saber fazer com o sintoma, Lacan pretende que se avance na direção da queda da crença no Outro, e da consequente queda da crença fálica"

In *Proposition of 9th October 1967*, [Lacan](#) (1967/1968) goes straight to the point saying that the analyst is the one who experienced seeing all his certainties sink and from this experience on the proposal is to support himself not by the guarantee of the other anymore, but from the articulation of the subject in relation to his own desire.

Sometime after, precisely in the 1970s, Lacan began to appropriate the Borromean knot, bringing new articulation of the theory. The crossing of the fantasy while a possible end of analysis is rethought; it is never set aside, but it is seen from another perspective. As the theory develops, new problems arise, and new solutions are being proposed. The problem of the verifiability of the possible end of the psychoanalytical treatment rests necessarily at the Analyst's production. Not everyone that has crossed the fantasy is indeed able to lead analysis, and noticing that, Lacan and other members of the *École Freudienne* in Paris since its foundation in 1964 were debating about the verifiability of the end of analysis and also about the development of a mechanism that could ensure it, considering the report of the analysand that he achieved it. In other words, that that the analysis produced what is expected of it: the subjective destitution.

It was created then, at the same time as the foundation of the *École Freudienne* in Paris, the seed of the dispositive of the pass. This dispositive had the assumption to verify the moment the analysis would end and produce a system about it that could be verified in each case. It is very curious because it is a mechanism that considers reading the unique experience of each one from something general.

Colette [Soler](#) (1995), in *Variáveis do fim da análise*, clearly explains that the end of the analysis is an equation problem to be solved. An equation that, in the end, produces a changed subject. This changed subject is what makes possible the passage of an analysand to an analyst. However, and it must be very clear, the Analyst is not the one who assists the analysands in the clinic, but it is significantly created by Freud to say that someone somehow took his analysis to the end. The Analyst is someone that crossed the analysis process and, in some specific moment, solved his equation, somehow solved the mystery related to his desire, and, at the beginning of the analysis,

could only notice the desire by the formations of the unconscious, which sent information and nothing else. Once it is solved for him, he can, if he wants, assist another one in this trajectory. Thus, it is very important to realize that psychoanalysis produces an analyst, its end and the pass while a dispositive of the School can confirm it.

As [Zbrun](#) (2014) affirms, it is possible to think in two things: the moment and the dispositive of the pass. The dispositive of the pass is dispositive of the School for which the analysts desire to become Analyst of the School (AS), they ask the School to get into the dispositive. On the other hand, the moment of the pass, although it is also articulated with the doctrine of the School, occurs during the verifiable analysis by the subjective destitution that the analysand himself can find in the sessions.

So, what is verified by the pass?

From the decade of 1970s, more precisely in the year of his twentieth seminar, we notice that Lacan elaborates a new conception about the end of the analysis, which includes the crossing of the fantasy and goes beyond it.

With the help of the Borromean knot, Lacan starts producing some news about the comprehension of what the trajectory of analysis is more extensively. The Borromean knot, but not only it but also the whole studies of linguistic, topology, matheme, has the purpose of making us realize what theoretically happens in the clinic experience. Using the Borromean knot, a new understanding of many elements that were impossible by then is made possible to be understood in another way. A good example is the register of the real. Only through the theory of the knots and the lucubrations through strings and ropes is that can it be theoretically positive.

To go straight to the point, Lacan takes back the spelling "sinthome" with TH to write about something that is expected the analysand produces in analysis, marking a passage from analysand to analyst. [Lacan](#) (1975-76/2017), by using the sinthome with "th," is making a summation of the sinthome with the fantasy. With the changing of the analysand to the analyst, it is not about explaining the symptom with a speech of no meaning anymore, but the act of

effectively producing a transmutation in the subject that can support the real in question, or yet, playing with the real in the scene. It is not about the new theory of the end of the analysis, but a new tentative to say about something that has already happened, a new way of saying something that Lacan himself said was impossible: transmitting the psychoanalysis.

In summary, when the idea of *sinthome* is presented as the fourth knot, it makes possible to write, or better, to draw the comedown of the big Other. The fall of the Other as a necessary part of the analysis occurs concomitantly with the fourth-knot tying. Here the fourth knot is what allows the subject to overcome the father's name from that moment on to make use of it.

The fourth knot, which is called *sinthome*, is what supports the structure. This fourth knot is the effect of the psychoanalytical treatment, resulting from an analysis trajectory not existing without it. Here is presented, at least up to this moment, the objective of analysis. To everyone who desires to take the position of analyst, it is necessary to do it. Whatever it takes.

Final Considerations

During the penning of this work, we have considered the delimitation of the verified effects of the psychoanalytical treatments. Firstly, it was made a rescue work in a range of published scientific articles which attested the effects in body biochemistry. Secondly, the work advanced to differ psychiatry from psychoanalysis. This is an extremely important issue because it verifies that psychoanalysis and psychiatry operate in the body from distinct vectors. While psychoanalysis operates in the body by using speech, psychiatry tends to work in the body so that something related to well-being can be found in the patient's speech. In the third issue discussed

in this article, it was possible to clearly check that psychoanalysis cannot be confused with other so-called psychotherapies because its objective, method, and, more specifically, the place that the analyst holds is very different from the place that the therapist takes during and after the treatment with the patient.

The question proposed from the beginning to the end of this research was to find elements that enable us to associate the biochemical changes in the body with what was proposed by Lacan as the end of the analysis. However, despite distinct areas of the human being, we can comprehend that these areas are not dissociated. For example, the dimension of the organic body and the body of speech can be found in 1914 when Freud wrote in "Drives and their Destinies" as articulated dimensions and impossible to be thought in isolation. Considering this, it was impossible to find a unique element that, found in the body, could be used as proof of the end of analysis and also could not be found something that could verify in the body the effects of the end of analysis on the theory proposed by Lacan.

The fact is that researches about the efficacy of psychoanalytical treatment are occurring more systematically than before. Because of that, we can consider this issue on standby. Well, it is not just because the link was not found that it does not exist; if it does not exist, it will be needed to be created to seize theoretically what is verified in the bodies submitted to the cure by the speech.

References

- American Psychiatric Association. (2014). *Manual diagnóstico e estatístico de transtornos mentais: DSM-5* [Diagnostic and Statistical Manual of Mental Disorders, DSM-5]. Artmed.
- Bastos, R. F. (1997). Sobre o final de análise [About the end of the analysis]. In *Revista Internacional: a clínica lacaniana*. Companhia de Freud.

- Berghout, C. C., Zevalkink, J., & Roijen, L. H. (2010). A cost-utility analysis of psychoanalysis versus psychoanalytic psychotherapy. *International journal of technology assessment in health care*, 26(1), 3-10. <https://doi.org/10.1017/s0266462309990791>
- Busch, F. N., Milrod, B. L., & Sandberg, L. S. (2009). A Study Demonstrating Efficacy of a Psychoanalytic Psychotherapy for Panic Disorder: Implications for Psychoanalytic Research, Theory, and Practice. *Journal of the American Psychoanalytic Association*, 57(1), 131-148. <https://dx.doi.org/10.1177%2F0003065108329677>
- Dolto, F. (2002). *Tudo é Linguagem* [Everything is Language]. Martins Fontes.
- Dunker, C. (2021). *Uma Biografia da Depressão* [A Biography of Depression]. Planeta.
- Fonagy, P., Rost, F., Carlyle, J., Mcpherson, S., Thomas, R., Fearon, R. M. P., Goldberg, D., & Taylor, D. (2015). Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS). *World Psychiatry*, 14(3), 312-21. <https://doi.org/10.1002/wps.20267>
- Freud, S. (2017). *Fundamentos da clínica psicanalítica* [Fundamentals of psychoanalytic clinics]. Autêntica. (Trabalhos originais publicados em 1905, 1912, 1914 e 1937)
- Freud, S. (1916-1917/2014). *Obras Completas* [Complete Works] (Vol. 13). Cia. das Letras
- Huber, D., Zimmermann, J., Henrich, G., & Klug, G. (2012). Comparison of cognitive-behaviour therapy with psychoanalytic and psychodynamic therapy for depressed patients - A three-year follow-up study. *Zeitschrift für Psychosomatische Medizin und Psychotherapie*, 58, 299-316. <https://doi.org/10.13109/zptm.2012.58.3.299>
- Kennis, M., Gerritsen, L., Dalen, M. V., Williams, A., Cuijpers, P., & Bockting, C. (2020). Prospective biomarkers of major depressive disorder: a systematic review and meta-analysis. *Molecular Psychiatry*, 25, 321-338. <https://doi.org/10.1038/s41380-019-0585-z>
- Lacan, J. (1998). *Escritos* [Writings]. Zahar. (Trabalhos originalmente publicados em 1953, 1957 e 1964)
- Lacan, J. (2003). *Outros escritos* [Other writings] (V. Ribeiro, Trad.). Zahar. (Trabalho originalmente publicado em 1967)
- Lacan, J. (1967/68). *O ato psicanalítico: Seminário 1967-1968* [The Psychoanalytic Act: Seminar 1967-1968]. Escola de Estudos Psicanalíticos.
- Lacan, J. (2007). *O Seminário, livro 23: O Sinthoma* [The Seminar, book 23: The Sinthome]. Zahar. (Trabalho original publicado em 1975/1976)
- Lehtonen, J., Tihonen, J., Joensuu, M. M. O., Lehto, S. M., Ahola, P. A., Saarinen, P. I., Valkonen-Korhonen M., Tolmunen, T. M., & Kuikka, J. T. (2012). Toward molecular psychotherapy of depression? In R. Levy, J. Alonso, & H. Kächele (Eds.). *Psychodynamic psychotherapy research: Evidence-based practice and practice-based evidence*. Humana Press.
- Leichsenring, F., & Rabung, S. (2008). The effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *Journal of the American Medical Association*, 300(13), 1551-1565. <https://doi.org/10.1001/jama.300.13.1551>
- Leichsenring, F., & Rabung, S. (2011). Long-term psychodynamic psychotherapy in complex mental disorders: update of a meta-analysis. *The British journal of psychiatry: the journal of mental science*, 199(1), 15-22. <https://doi.org/10.1192/bjp.bp.110.082776>
- Levy, R. A., Ablon, J. S., & Kächele, H. (Eds.). (2012). *Psychodynamic psychotherapy research: Evidence-based practice and practice-based evidence*. Humana Press.
- Nasio, J. D. (2017). *Sim, a psicanálise cura* [Yes, psychoanalysis heals] (E. Aguiar, Trad.) Zahar.
- Perez, D. O. (2012). *O Inconsciente: onde mora o desejo* [The Unconscious: Where Desire Lies]. Civilização Brasileira.
- Soler, C. (1995). *Variáveis do fim da análise* [End of analysis variables]. Papyrus.
- Teixeira, A., & Caldas, H. (Orgs.). (2017). *Psicopatologia lacaniana* [Lacanian psychopathology]. Autêntica.
- Zbrun, M. (2014). *A formação do analista* [The formation of the analyst]. KBR.