The Psychoanalysis of Symptoms
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Springer
To
our extraordinary
Sam Kellerman
Prevailing wisdom in the clinical arena has had it that each psychological symptom is a separate lock requiring its correspondingly unique key. Thus, it has been thought with respect to symptoms, that there are an infinite number of locks and a correspondingly infinite number of keys. Further, the psychoanalytic sense of it is that each symptom needs to be assessed, analyzed, and approached with reference to the unique experience of the patient and the patient’s history; among other factors, also in terms of psychosexual conflict, and ego-strength. Given this position, it also has been felt that no single procedure, or code could be developed to address all symptoms of all patients as though, as an analogy, one lock and one key could apply to every symptom.

In this sense, there has been scarcely any attempt to derive a universal code that would address all symptoms with respect to the formation and structure of the symptom, regardless of the patient’s particular experience and psychological history. In this volume, however, with only a few qualifications, I will present a single universal code to unlock any and all specifically defined psychological symptoms. I will present a system and procedure—a blueprint—with which to do it. One key.

Further, this procedure will be guided entirely by a set of propositions and axioms regarding each step in the unlocking of any symptom. The only qualifying conditions to this promise of presenting such a universal key for the unlocking of “any symptom,” are these:

1. The symptom has not entirely radiated the person in terms of a psychotically deeply engraved pathology, which can best or even only be alleviated with medication.
2. The symptom has not been characteristic of the person for the major part of that person’s life. It is not, in other words a chronic condition.
3. The symptom is not a chronically entrenched somatized one.
4. The symptom is not a function of a physiological problem, an organic brain syndrome, or genetic anomaly.
5. The symptom is not one of recent onset due to extreme trauma and based upon a profound sense of helplessness regarding the trauma, in which an implosion
of rage, unconscious though it may have been, has been chaotically scattered as rage-debris throughout the psyche.

6. The symptom is not a function of a less than normally resilient ego that would in turn generate a thin stimulus-barrier ultimately resulting in an exaggerated response to untoward or intense stimuli.

Other than such encrusted, overly ego-susceptible, somatically or organically based, and deeply etched pathological symptoms, all others are subject to an unlocking by this one master key.

That there are two classes of symptoms is clinically evident. The class of symptoms not easily treated, and quite resistant to psychotherapy, are those that swallow the person whole so that he or she, in a sense becomes the symptom. In contrast, the class of symptoms that indeed, is more easily subject to psychotherapy includes those that remain only as an aspect, an alien facet of the personality—seemingly outside of the personality.

Alleviation of emotional-psychological symptoms and symptom-cure is what we want to do. I have long believed that what psychoanalysts and psychotherapists accomplish has nothing to do with cure. The notion of cure regarding the psychoanalytic or psychotherapeutic endeavor misses the point. Life cannot be cured. The best we can do is to offer the patient the ability to develop tools with which to struggle, and to struggle better. No more, no less.

However, the only cure we do achieve, is with symptoms. This, despite the fact that there is no legacy either from Freud or anyone else that details a specific procedure or blueprint that we can use to proceed, in order to cure those symptoms that are subject to the talking cure in the same manner, and from a specific knowledge base, so that no matter the symptom, we can apply this template, penetrate the symptom, and cure it.

In this volume, as I’ve stated, a blueprint will be presented that forms the equation necessary to indeed penetrate the symptom and erase it, dissolve it, and cure it—eliminate it forever.

Organization of the Volume

In Part I, “Theoretical Context,” the theoretical, scientific, and clinical literature on symptoms, their formation, and structure are considered. In addition, the symptom-code herein proposed, is presented with respect to its underpinnings, application, and relation to issues of personality.

In Part II, “The Clinical Casebook: Accessible Symptoms,” examples of the class of symptoms are presented that can be understood, penetrated, and erased through the application of the symptom-code and by the talking cure—by psychotherapy. Such symptoms exist quite apart from the rest of the personality and are usually, but not always, of recent onset.

In Part III, “The Clinical Casebook: Inaccessible Symptoms,” a variety of symptoms are presented that can be understood, but which cannot be easily
penetrated or erased through the application of the symptom-code and psychotherapy. These are inaccessible symptoms of long standing, which have infiltrated the personality in such a way that the symptom and the person have become indistinguishable. Furthermore, as stated, these inaccessible resistive symptoms are those of organic or genetic origin, or of a chronic somatization, or can reflect a psychotically chronic existence. In addition, as a result of an acute unconscious dispersion of rage-implosion, usually because of a profound trauma, the symptom may have been so infused into the fabric of the person’s psyche, that the person’s subjective experience would make elimination of such a symptom feel tantamount to elimination of the personality itself. This also includes symptoms that are developed because of an absence of sufficient ego-resilience in the subject, making for a particularly exaggerated response to intense stimuli.

In Part IV, “Examining Theoretical Issues of the Symptom-Code,” various issues are discussed in the treatment of symptoms that need further elaboration, research, theory, and synthesis, with an eye toward targeting those areas in the symptom arena that lack sufficient understanding. This sort of discussion is necessary because it should not be assumed that the arena of symptom cure, or even symptom understanding, is to date, complete. Save for the symptom-code presented in this volume, a systematic, ubiquitous approach to the penetration of the symptom has not been presented in the psychological literature as a cohesive body of work. Rather, the theory of symptoms, and the theory of the treatment of symptoms, including that referenced in Freud’s published work, is actually distributed throughout the entire psychological and psychoanalytic literature, but only in a fragmentary fashion.

In addition, since the symptom-code presented here is so new, it needs time to be tested by clinicians as they utilize it to approach the wide variety of symptoms presented to them by their patients. Along with this need for more scholarly and clinical work regarding symptom cure, the class of symptoms labeled here as “inaccessible” has not been codified or attacked with any theoretical system that would tie various propositions together regarding such symptoms, in any useful nomological network. Finally, there still does not exist any formulation that synthesizes a general theory for the cure of symptoms here defined as “accessible” along with those defined as “inaccessible.”

Thus, these four parts of this work will set forth:

1. What has been accomplished to the present, with respect to the scientific and clinical literature on the understanding of symptom formation and symptom cure;
2. The formulation of a new symptom-code which, when applied, claims the power of understanding, penetrating, and curing those symptoms that are of relatively recent duration, and not radiated the psyche by a colossal imploded rage due to some profound, intractable trauma;
3. The explication of a class of symptoms that can be considered inaccessible and therefore resistive to cure by the talking method, along with an analysis of the infrastructure of such symptoms, revealing the essential problem of their treatment;
4. A presentation of theoretical issues detailing the outlines of the entire symptom domain so that what needs to be done with respect to clinical formulation for a more comprehensive synthesis of the field, can perhaps be more clearly visible.

It has been more than a decade since I began to formulate the various assumptions and propositions that together enabled the crystallization of the series of axioms to be presented. The entire system is explicated here along with a number of clinical cases of a wide variety of symptoms, showing how the cure is effected.

Over this past decade I have been teaching the code for symptom cure to postdoctoral students and professional clinicians, as well as utilizing the symptom-code in the supervision of cases. In this present volume I am able to present the ideas and terms of the symptom-code more comprehensively, bringing to bear on the subject matter, the relevant psychological literature, and spelling out symptom cure in technical, systematic, clinical, and scientific terms.

The accessible symptoms referred to throughout this volume are the emotional/psychological one’s patients bring to treatment. They are endless in variety and sometimes can seem weird, bizarre, often exasperating, and to the patient, usually embarrassing. These symptoms, subject to psychotherapy, all have at least two things in common: one, they are experienced by the person as something strange, even alien; and two, they can all be cured using the same method. One key for all the locks.

I believe that once patients begin to work with this master key, they themselves will be able to help the therapist help them. It is hoped that the confusing, symbolic, other-worldly nature of symptoms will become much more responsive to the psychotherapeutic touch as a result of therapists and patients, working together to quickly unlock the symptom. Quickly is the operative term here; because to do it quickly is important in that it can sometimes take years before the symptom is cured. And frequently symptoms get cured, not because we necessarily knew how we did it, or even knew how it came about. Rather, because of the multitude of interactional permutations occurring, sometimes over a period of years, ultimately, the symptom is dissolved perhaps because of the efficacy of interpretation, and generally, perhaps because of the overall therapeutic work that was accomplished. Other than that, we indeed see symptom cure from time to time, simply by the patient's flight into health, or by the patient's acute positive transference. Nevertheless, these can be considered inadvertent symptom cures, a side-effect of other variables, and not cures that are the result of a specific knowledge base that the therapist possesses, or the use of a specific procedure that the therapist systematically implements to accomplish the aim of helping patients dissolve symptoms.

In formulating the code that reflects the entire blueprint of this symptom curing procedure, as well as its underlying assumptions and propositions, I have had to offer alternate equations that recalibrate some basic Freudian precepts. In this present work it should also be noted that historical and transferential issues that arise as a result of the process of symptom cure can then be further pursued in the ongoing unfolding of the patient’s psychotherapy.
I believe it needs to be remembered that a useful theory is one that works best empirically. Framing it in more universal scientific terms, the most useful, or most powerful theory, is the one that can explain the widest array of phenomena with respect to the fewest number of variables.

One master key.
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