

## The Specificity of the Psychoanalytic Method

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ABSTRACT. – As theory and method are closely connected, the current unease toward the psychoanalytic theory involves also the method, and it is therefore necessary to deal with it. After a brief examination the various methods employed by Freud before he arrived at the psychoanalytic method, the methodological reflection of D. Rapaport is examined. The two major conclusions proposed are: i) The psychoanalysis, based on the historical-clinical method, is founded on positivistic and deterministic epistemic premises; ii) The psychoanalytic specificity of the interpersonal relationship taken to its extreme consequences leads to the absolutization of the verbalization, giving rise to solipsism. As an alternative, the author suggests adopting a method called *observation of the relationship* which places the psychoanalyst both inside and outside the relational system and which, thanks to parameters which are inferred from the structuration of the field, justifies a meta-reading of the relationship (interpretation).

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### Introduction

Method is one of the three paths along which the scientificity of psychoanalytic intervention runs. The others are the theoretical framework

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and epistemic assumptions. These elements are not as disconnected as they might seem: method, theory and assumptions are in fact strictly interdependent. Here, with a somewhat contrived separation, I will deal with method. The methodological reflection is one of the possible ways to make explicit the logical connections of the theory and to bring its assumptions to the fore; it is also useful, if not essential, in order to understand what is being done beyond intentions in therapeutic intervention.

Recent claims state that ‘the central core of the psychoanalytic method is technique’, that is, ‘hovering attention and interpretation on the part of the analyst and free association on the part of the patient’ (Aslan, 1988, p. 578). Although we may disagree on this schema of the elements of technique, the relationship between technique and method cannot be provided by the content of technique but is discovered only through the methodological reflection aimed to bring out the connections, in other words the finalized sense. In 1944 D. Rapaport wrote that *technique* is the concrete tool for intervention. For example, ‘If we discuss every possible argument concerning what free association should or should not be, we are discussing technique’. Method, on the other hand, is the set of relationships that bind the techniques of a given science to each other, and methodology is the study of the relationship between various methods, an ‘exploration of its own methods’ (Rapaport, 1967, p. 85).

In my opinion in the psychoanalytic community there is neither clarity and nor unity about the method as intended by Rapaport, perhaps because, apart from Rapaport’s reflections, the question of method has not sparked much interest and attention. In this article I will summarize the path followed by Freud to arrive at the psychoanalytic method; then I will present Rapaport’s methodological reflection, and at the end I will present some critical and at the same time constructive observations.

## The Freudian search for a method

After leaving Brücke’s laboratory, Freud urged by Breuer’s and in particular Charcot’s discoveries, quite quickly focused on neurosis as his goal.

Freud’s involvement with neurosis was historically mediated by different methods.

“Although passionately enthusiastic about hypnotism, and although his medical practice had been open since 25 April 1886, Freud practiced it on a regular basis only from December 1887 and in the form of direct suggestion” (Chertok & De Saussure, 1973, p. 127).

So, during the first months of his clinical practice Freud used the electrotherapy, another standard method at the time. Considering Freud, the *protester* (see the lecture of October 15<sup>th</sup>), moreover already aware of the

cathartic method, this is fairly astonishing. De Saussure and Chertok put forward two possible reasons: the fear of not being able to create a clientele and the unconscious resistance to being personally involved in the relationship implicated in hypnotism practice (Chertok & De Saussure, 1973, p. 137). Jones, on the other hand, believed that Freud adopted electrotherapy because of Charcot's reticent attitude when Freud spoke to him about it in Paris. Whatever the case may be, in December 1887 Freud abandoned electrotherapy for hypnotic suggestion. Freud later stated that using hypnosis was fascinating: 'for the first time the doctor was free from a feeling of impotence and flattered by being singled out as performing miraculous cures' (Freud, 1924, p. 85). In an article of 1892 Freud very clearly and thoroughly explains his method (Freud, 1892, p. 122). The hypnotic method involves intervention from the outside, objectifying the neurosis; it is, in fact, the command that determines the predetermined outcomes. Its power is limited to unequivocally connecting the doctor's response to the patient's request: 'I can't breastfeed' - 'Breastfeed'. In other words, there is no room either for a motivational and/or causal investigation nor an enlargement of consciousness. Of course, it is legitimate to formulate theoretical hypotheses deduced directly from the hypnotic-suggestive method, as Freud does in the aforementioned article, but it is also legitimate to ask how far these hypotheses were deduced from the method used and how far they already formed part of Freud's intellectual heritage. In fact, *Preliminary Communication* was published in 1892.

After hypnotic suggestion it took Freud eighteen months to move on to Breuer's cathartic method, in May 1889 (Chertok & De Saussure, 1973, p. 138). Freud gave two reasons for this change: fatigue associated with the monotony of the procedure which sometimes led to embarrassing situations with no means of intervening in them, and not having the right to exercise scientific curiosity to see what was behind the symptom (Freud, 1891, p. 120; 1924, p. 86). The cathartic method is associated with J. Breuer and his therapeutic experience of 1882 with Anna O. However, it was Freud who understood the innovative scientific and therapeutic aspects of the method to the point of convincing Breuer to publish, ten years later, *Studies on Hysteria*. The cathartic method differs from the hypnotic-suggestive method in one very significant detail: the elimination of the symptom is not linked to the *command* but to the emergence of traumatic memory. This statement is already an expression of theoretical formalization; the cathartic method in fact replaces the *command* with getting people to speak under hypnosis. At first sight there does not seem to be any relationship between *speaking* and the disappearance of the symptom. In fact, it is a question of *guided* talking through hypnosis in search of the traumatic event considered the cause of the symptom, but this connection is based on the theory. It is difficult to establish whether Breuer started from a theoretical hypothesis (psychic trauma) or

whether he deduced the hypothesis from experimental use of the method. There is, however, an element, implicit in the method, that Breuer unpleasantly experienced at first hand, and that Freud would later exorcise by objectifying it: the relational component as element affecting the disappearance-transformation of the symptom. In fact, the cathartic method includes not only speech but also hypnosis which is an indispensable part of it. It was precisely the *mystical* content<sup>1</sup> conveyed by hypnosis that Breuer and Freud were unable to address using the cathartic method.

“For almost five years (1887-1892) Freud practiced without interruption the cathartic method that include hypnosis. He then limited this practice and from 1896, no longer used it as routine therapy, but only occasionally, as an experiment.” (Chertok & De Saussure, 1973, p. 142).

The reasons given by Freud himself for abandoning hypnosis, the constitutive element of the cathartic method, are, on the one hand, the observation of a gap between healing and suggestion, seen from the suggestion side, and on the other, hypnosis seen as an impediment to understanding the play of psychic forces (S. Freud, 1904, p. 433). Following this Lagache wrote: ‘if all patients were hypnotizable, we would not have had psychoanalysis’. However, Chertok and De Saussure lead us to credit a further reason: Freud’s courage in facing the implicit relational element of hypnosis. The following quotation serves to illustrate this point:

“(…) as my experience was enriched with new elements daily, I came to have serious doubts about the use of hypnosis in the same catharsis. My first concern was that even the most brilliant results suddenly vanished as soon as the personal relationship between doctor and patient was disturbed in any way. It is true that they recovered as soon as the way to reconciliation was found, but in the meantime we had learned that the personal emotional relationship between patient and doctor had more power than any cathartic work. It was a relationship that we did not know how to control. In addition, one day I had a clear proof that what I had suspected for a long time was true: one of my most docile patients, with whom I had obtained splendid results using hypnosis, one day, on waking up from hypnotic sleep, threw her arms around me. I had the good sense enough to not attribute this event to the irresistible charisma of my person and I finally understood the nature of the mystical element that operated during hypnosis; to eliminate it, or at least to isolate it, I had to give up hypnosis.” (Freud, 1924, p. 95).

With the abandonment of hypnosis the psychoanalytic method was born. In *The Psychoanalytic Method* (1903), Freud presented the new method in a systematic way for the first time. The enlargement of *consciousness*,

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<sup>1</sup>The term *Mystic* in German is different to the Italian meaning; in German it denotes something mysterious and fascinating.

caused or obtained through hypnosis, was to be replaced by the rule ‘to say everything that comes into their mind, even if they believe it is irrelevant or has nothing to do with anything, or is absurd’ (Freud, 1903, p. 409). A significant element of this *talking* are the memory gaps, the forgetting of real facts, the mixing up of temporal relations, the interruption of causal connections, in short, everything that features some logical inconsistency.

This is not the place for a historical-critical presentation of the concept of resistance, but we cannot fail to mention that resistance is a concept intimately connected from the very beginning to method. If, on the one hand, the sudden ideas are seen as ‘deriving from repressed psychic formations’, on the other, they present characteristics of deformation due precisely to the resistance which attempts to prevent their reproduction. The concept of resistance that deforms and impedes, thus, methodologically justifies and explains the method of free association (S. Freud, 1903, p. 409). Just as free association replaced hypnosis, so it was necessary to replace both suggestion and guided *talking* with another methodological tool.

“If you have a procedure that allows you to go from ideas to what has been removed, from deformation to what has been deformed, then access is possible to consciousness of what was previously unconscious in psychic life, even without hypnosis.” (Freud, 1903, p. 409).

This procedure is the interpretation. The main function of the interpretation is to ‘separate the pure metal of repressed thoughts from the raw material of unintentional ideas’ (Freud, 1903, p. 409).<sup>2</sup>

## The methodological reading of D. Rapaport

Rapaport’s lectures at the Menninger clinic in 1944 and 1948 certainly present the acutest reflection to date on the psychoanalytic method.<sup>3</sup> It is

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<sup>2</sup>Certainly, the schematic presentation of the Freudian method of 1903 is not exhaustive as it does not include the subsequent adjustments and clinical-theoretical explanations, but albeit schematically, it presents the fundamental elements that will remain untouchable and characteristic of the method, thereby sanctioning our considerations. The widespread belief among psychoanalysts is that Freud, throughout his life, continued to change and improve his technique and that these changes and improvements took place even after his death. This appears to be untrue. In this I agree with M. Gill (*Theory and Technique of Transference Analysis*, Astrolabio, Rome, 1982, p. 142) who states: ‘I therefore reiterate my opinion that Freud’s definitive technique was developed very early, almost certainly around 1900’. This is easier to understand if we consider that changing or improving technique or method does not mean improving the application of the technique or the clarification of technical aspects previously taken for granted, or acquiring deeper understanding of the human psyche.

<sup>3</sup>The *Lectures* were published by M. Gill and appear under the title *The Scientific*

true that in 1949 Rapaport wrote to G. Murphy: ‘I think my ideas on this subject are more confused now than they were at the time of the three (1944) and six (1948) lectures and I don’t know how many years I’ll need to wait before the confusion settles and I can feel honest enough to publish something on the subject’. However, the fact is that no one, after him, conceptually pinpointed the Freudian method better.<sup>4</sup>

For our purposes, I will isolate some of the elements highlighted by Rapaport instead of faithfully following his exposition. The basic methodological platform of psychoanalysis is the historical-clinical method. The reasons for this Rapaportian statement lie in the ideographic nature of psychological science and the fact that the object of psychoanalysis is the psyche.

Starting from the observation that the theme of psychology-psychoanalysis is the psyche, Rapaport states

“that this psyche is distinguishable from all other themes by the fact that, although the subject’s information concerning the psyche is just like its information concerning the other sciences, some of its parts refer to the present and others refer to the past” (Rapaport, 1967, p. 100 *et seq.*).

This reference to the past is put forward as a ‘necessity’ inherent in the very search for an explanation of the present.

“If someone tells you something and you ask them why they think so, the only place they can search for an explanation is their past, or logic, which is in turn a crystallization of their past” (Rapaport, 1967).

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*Methodology of Psychoanalysis* in the volume *The Conceptual Model of Psychoanalysis*, quoted.

<sup>4</sup>When speaking of the psychoanalytic method it is essential that we specify which method we are dealing with. Certainly, the psychoanalytic method is a very powerful ‘instrument’ ‘because it is useful everywhere and because these fields are truly virgin fields’. However, Rapaport writes, ‘there is no doubt that in early psychoanalytic writings the split was clear: the psychoanalytic method is applied in a psychoanalytic situation; all other uses are simply analogies (...) the psychoanalytic analysis of art and literature specifies at the outset that the analysis is made ‘as if’. As a matter of fact, the ‘as if’ was very soon forgotten. The question then arises of whether the psychoanalytic method is a method of psychoanalysis as a function of general psychology, or a method of treatment, or a useful tool for the interpretation of other sciences (Rapaport, 1967, p. 94). Rapaport suggests that the method he examined was the method of psychoanalysis as a function of general psychology. But this non-clarification does not dispel a doubt: how can treatment and scientific research be combined? And, if they need to remain distinct, how can the method remain the same? For the purposes of a discussion centered on the theory of technique, it seems useful, for the moment, to think of the psychoanalytic method as a method of treatment. This does not imply that further reflection is not open to the possibility of a solution that tends towards modification of the method.

Rapaport does not show the same linearity concerning the ideographic nature of psychology as science. While on the one hand he takes for granted the dichotomy between natural sciences and spiritual sciences, on the other he observes that between these two types of science there is 'no clear division' but rather a 'continuous transition', the reason for which 'all the sciences' are placed 'somewhere between the two extremes'. Thus, psychology-psychoanalysis shares with the ideographic sciences 'the fact that the phenomena it deals with are unique, singular and occur only once', but 'there are sufficient reasons to justify an attempt to construct a nomothetic (*i.e.*, natural) science of psychology'. This unclarity becomes evident when Rapaport peremptorily affirms that psychology 'shares the historical-clinical method with the ideographic sciences'.

Once established that psychoanalysis has adopted the historical-clinical method, Rapaport takes the opportunity to underline its consequences. Let us dwell on the temporal regression as inherent in the nature of the historical-clinical method. While on one side Rapaport affirms that 'the historical-clinical method of psychoanalysis inevitably leads to the discovery of the causes of certain events located in the early stages of the individual's life, so it becomes understandable that, while Freud stopped at oral, anal and Oedipal experiences, Rank (1942) further moves regression to as far back as birth, and others 'blindly follow the historical method to before birth, to intrauterine experiences and even beyond these', on the other side he affirms that the historical 'regression' does not guarantee the validity of the results obtained'.

"Such guarantees can only be obtained through empirical observations. The validity and the limitations of all methods can only be found in empirical material" (Rapaport, 1967).

Rapaport's drift over verification in this way seems to shift the historical-clinical method into a simple observation technique, thus, raising the problem of the effectiveness of the method itself, and then of the reference theory.

In the presentation of 1944-48, the interpersonal relationship method taken to its extreme consequences, the method of free association and the dream interpretation method, are considered specifically psychoanalytic methods. The first in order of importance is the *psychoanalytic constellation*: a stable relationship between two people. It is not only the most important, it is also the most specific feature of the psychoanalytic method. The historical-clinical method can make use of accounts of history; the clinical method can operate through a questionnaire; the psychiatric interview, like any technical interview, creates an interpersonal relationship, but only the psychoanalytic method takes the stabilized relationship to its extreme consequences and in this lies its specificity. The

common denominator of free association, dream interpretation and interpersonal relationship taken to its extreme consequences is: ‘psychoanalysis as a single method postulates the psychic continuity, studies this continuity in the so-called ‘psychoanalytic constellation’ where this continuity is expressed in the method to which I referred as ‘interpersonal relationship’” (Rapaport, 1967, p. 113 *et seq.*). We will not dwell on the continuity given as a postulate; what interests us here is the specificity of the psychoanalytic method. Rapaport makes a slightly didactic distinction between interpersonal relationship and ‘taken to its extreme consequences’. The interpersonal relationship is contact between two people based on *give-take* or *give-have*. An example of this give-take or give-have is conversation. But beware of poor forms of conversation, such as, conferences (whether held by the analyst or by the analysand), exams, discussing the weather! To explain this *taken to its extreme consequences* Rapaport again uses conversation, but subsequently moves into the entirety of the interpersonal relationship. If you meet a schoolmate again after fifteen years, you immediately go back to the same old form of relationship you had with him at school. This hinges on the survival of *common premises*. *Common premises* means that you can trust the other person and the other person can trust you. To take conversation to its extreme consequences a trusting attitude is a fundamental prerequisite (Rapaport, 1967, p. 112 *et seq.*). Thus, taking the method of the interpersonal relationship to its extreme consequences means ‘that the person who has the relationship in hand, in our case the analyst, takes responsibility for eliminating all obstacles present in the interpersonal relationship and must not too soon stop eliminating those whose elimination seems necessary’ (Rapaport, 1967). If a method takes responsibility for only one segment of a person’s problem (whether symptom, syndrome or neurosis) and not also for the problem of the character at the base of one of them, then the interpersonal relationship is not carried to its extreme consequences. In short, the aim of the psychoanalytic method is to discover and eliminate obstacles to communication.<sup>5</sup> Rapaport also specifies that the method does not refer

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<sup>5</sup>In his 1948 lectures Rapaport expressed the same concept using different words: ‘In a clinical situation, psychoanalytic or not, we are in the presence of someone who communicates, something that is communicated and someone to whom it is communicated. In a friendship or in a therapeutic relationship based on the assumption that the co-presence of two people does something, one does not ask why the something to be communicated is not always communicated. What clearly differentiates the psychoanalytic method from other methods is that the objective it pursues is finding out why the ‘something’ is not communicated or cannot be communicated and eliminating the obstacle in order to make communication possible ‘ (Rapaport, 1967, p. 120).



only to verbal communication but also to the communication of affects and non-verbal communication. This despite the theory - whose postulates should include communication of affects and non-verbal communication - being unclear.

Twelve years after the *Lectures* Rapaport returns to the problem of method in *Structure of Psychoanalytic Theory*. In his 1960 presentation, discussion on the method takes up only one paragraph of the chapter *Methods, principles and concepts of wide application*. This probably explains its schematic nature. The general organization of the discussion differs significantly from that of 1944-48. We can represent it in this way:

#### 1944-1948

- Basic psychoanalytic method
- Historical-clinical method
- Specifically psychoanalytic methods interpersonal relationship taken to its extreme consequences
- Free association
- Dream interpretation

#### 1960

- Specifically psychoanalytic method
- Interpersonal relationship method
- Participatory observation method

“An initial comparison between the two schemas, with regard to free associations and interpretation, shows that they have a different title and occupy a different position: in the first schema they are methods, in the second they become techniques. Moreover, in the first schema they are, as a method, flanked and in parallel with the interpersonal relationship method; whereas in the second schema they are elements within the class ‘method’. So, from classes they become elements of the class”.<sup>6</sup>

But more importantly, on first reading, the 1960 presentation seems to present a significant qualitative shift in relation to the scope of the specifically psychoanalytic method. Expressions, such as *defense analysis*, *purpose of the participatory observation method is to make conscious*, the techniques are *specific interventions that facilitate the understanding of transferences*, *the patient comes to understand the patterns of his transference* (Rapaport, 1960, p. 144) would suggest that the method no

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<sup>6</sup>From the statement, made at the Institute of Psychoanalysis of the Relationship in Rome, in 1986, on the occasion of the seminar on the *Psychoanalytic Method* by D. Deiana, D. De Robertis, S. Matiz, D. Milonia, G. Palamara, AM Scorcu.

longer centers on communication as a premise for the discovery and reconstruction of a past trauma but can also deal, at least, with transference contents as present and significant manifestations of the I (subject). However, do not believe such a radical change is possible for these reasons. First, from the point of view of the psychic apparatus and its functioning, *i.e.* the theory, the expressions cited above simply indicate what, according to the method, is communication and difficulty in communicating. The shift is only in the adoption of the theory's perspective and is not a revision of the method. Second, because Rapaport - an attentive and clear-minded scholar of Freud and psychoanalytic theory - could not find what there was not in Freud. This is not the place to support that claim, but we can provide a summary of M.M. Gill's work:

“The use of transference as suggestion to induce the patient to overcome their resistances (...) denotes a very early and continuous practice of transference, a practice that was not abandoned when Freud began to analyse transference”.  
(Gill, 1985, p. 136)

### Perspectives: the ‘*relationship observation*’ method

Methodological reflection inevitably leads to illuminating considerations. The fact of having followed the changes of method in Freud, having clarified the historical-clinical method platform underlying the psychoanalysis method, and having pinpointed the specificity of psychoanalysis in the interpersonal relationship taken to its extreme consequences legitimizes, following Rappaport's thinking, the corresponding critical-propositional observation.

- i) Beyond the circumstantial as much as contingent reasons put forward in the literature on Freud's life, we can legitimately identify in the sequence of methods - from electrotherapy to the psychoanalytic method - the expression of a slow process of technical pinpointing of neurosis. This presentation, following a synchronic analysis, going beyond the surface of each method examined has reconstructed the methodological platform that delimits them. At the same time, a diachronic analysis scanning from one method to another has detailed the quality of Freud's theoretical path that increasingly has become dense, going from a scant explanation of the hypnotic method to a complex theoretical account of the psychoanalytic method. This crescendo of technical space is accompanied by a progressive shift of position which, in abandoning the dominance of referring to the bio-somatic level - paradigm of electrotherapeutic practice - gets, as an end point in the psychoanalytic method, an opposite conception based on the psychogenetic consideration of mental illness. However, this path allows a progressive

refinement of the instruments, which, according to the aforementioned internal logic, are strongly implicated in and dependent on the explanatory theory of neurosis. Suggestion and hypnotic verbalization first, free association then are in fact used as increasingly refined and personalized means to bringing to the surface the cause of a neurosis, theoretically conceptualized as trauma. The theory of trauma, beyond the real or phantasmatic, sexual or non-sexual nature of the trauma itself,<sup>7</sup> is in fact the theoretical background which, on the one hand, provides an explanation of the symptom and its underlying processes, and, on the other, demands methods designed to solve them; and all objectified and separated from the 'I' intended as Subject. Correspondingly, on the meta-psychological level, the drive theory shapes this objectivation-separation by detaching the Ego from itself and from the object, because it attributes to the object the role of the object of drive, and places drive games within a determinism that leaves out the Ego. This operation that explains the whole ('I-Subject') through a part (the drive) ends up depriving the Ego of its own choices and outcomes, through a red-herring manoeuvre that, in the global economy of the theory, sounds like a sort of defensive rationalization. For the above reasons the trauma - an infiltrated, foreign body - will always tend to ask for a method that eliminates it cathartically. However, along the way and in a certain sense in spite of himself, or in any case counter to positivist ideology, Freud also pursues a diametrically opposed research line. The theory of trauma, in linking healing to the underground reification of catharsis, should have given rise to a method that would lead to a full, complete and approved liberation-implementation of the traumatic cause. Freud, on the other hand, shifts liberation-implementation from real to verbal and introduces an enlargement of consciousness, suggesting a theory of neurosis that also concerns the 'I' (Subject) and healing as its general reconstitution.

- ii) As for the historical-clinical method, it seems particularly appropriate that Rapaport should collocate it at the basis of the psychoanalytic method. It is neither necessary nor helpful to address the problems relative to the scientific nature of the historical-clinical method here, but an attempt at describing its essence is stimulating. The historical-clinical perspective is the explanation of the clinical through the historical. This is a way of seeing apparently very similar to observation. However, it

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<sup>7</sup>'Under hypnosis some people were suddenly able to say what was tormenting them, and thus bring about catharsis and relief from the symptom. Freud set out to find another method which could produce the same effect in a so-called rational manner, and, in what hypnosis eliminated as an obstacle - my opinion - could systematically be a historical account and not an account raised one step at a time.' (Rapaport, 1967, p. 120)

raises the question of the theoretical significance of this return to the past: I think that no objections can be raised about the fact that the past is indispensable in a descriptive reconstruction of the symptom, while it seems less obvious that the past has value as causal explanation. The fact that the time machine mechanisms were valid tools for both Freud and Rapaport reflected epistemic choices encroached to deterministic and causalist rhythms of positivistic nature. Within the therapeutic context, the interpersonal relationship taken to its extreme consequences is aimed at removing, through positive and irreproachable transference, any obstacle to communication in order to re-elaborate a past childhood trauma. a) The investigation of the past (Clinical historical method) aims to b) capture memory (Drive theory) through c) the flow of unhindered verbalization (Interpersonal relationships taken to their extreme consequences). Aside from Rapaport's chosen lens of interpretation, the thesis shaped by his discussion remains valid: the choice of method a) is intrinsically linked to the theoretical references b) and affects the operativity of the method c), soldering along a continuum, the nuclei of method, of theory, and of technique within a methodological framework. Psychic continuity, assumed by the historical-clinical method, however, necessarily divides the object's real existence by interposing the external-extraneous element that does not belong to this continuity. Therefore, adherence to the historical-clinical method inevitably leads to solipsism. The Freudian operation of biologizing the psyche to guarantee scientificity serves no purpose if the result is imprisonment in a dream.

iii) As for the psychoanalytic specificity of the method of the interpersonal relationship taken to its extreme consequences, it seems to me that Rapaport forms a clear concept of Freud's theoretical background: Verbalization is necessary and indispensable for the recovery and catharsis of the symptom. It is striking that Rapaport feels the need to underline the historical-theoretical basis of his methodological reflections. He was probably struck by the conformity between method and theory, and by the not insignificant consequences of its implications. A paradigmatic example of the Freudian theoretical background on which Rapaport's claims are based, is *The Dynamics of Transference* (Freud, 1912). The negative transference or transference of hostile feelings, and the positive transference of removed erotic impulses onto the doctor lend themselves to resistance. Where resistance means non-communication. It is necessary to 'divert these two components of the emotional act from the doctor's person', eliminating transference by making it conscious. Only the irreproachable positive transference is 'a bearer of success in psychoanalysis' (Freud, 1912, p. 429). Irreproachable positive transference and hostile or erotic transference thus come to find themselves on opposite sides, not only because of the

theory, but perhaps mainly, because of the method aimed exclusively to obtain verbalization and communication. For this reason, the irreproachable positive transference not only must not be interpreted, but also supported and encouraged to the point of becoming suggestion. For this reason, the method will not admit the doubt, otherwise legitimate, that even irreproachable positive transference can express the structural and organizational significance of the 'I' (subject). The method, in line with the theory, automatically pursues communication, excluding any other objective. To remedy the paradox of a method that taken to its extreme consequences inevitably gives rise to solipsism and suggestion, it becomes necessary to restore the integrity, compromised by the drive view, of the 'I' conceived as Subject. In the broadest sense of 'I' there are various levels of functioning within a unitarity, beyond the incongruent search for a causal explanation based on historical regression. From the repetitiveness of the structure within and outside the therapeutic relationship, emerges the functionality of a behaviour not interpreted on the transference-re-edition axis, but through the structuring and meaning code. Therefore, we believe that only observation of the relationship in play between organism and object enables us to grasp the reasons, at source, that have determined the structures and cemented the links between structure and meaning in relation to a reference system whose aim is the subsistence of the *I*. The object of the observation cannot simply be the word or behavior, which are both restrictive and irreducible, but also the relationship aimed to override the bipolarism of transference-countertransference and committed to grasping what has been produced in the Organism-Object space, conceptualized as the system:

*Transference-Countertransference Reading of elements (molecular view)*

*Relationship-System Meta-reading of system (global view)*

The dual role of the analyst as subject and as observer of the relationship, induces them to occupy a position both inside and outside the system and thus enable a reading of the meta-level whose parameters are derived from the structuring of the field. Having put forward as an *a priori* assumption that the *I* bases and organizes its meanings onto the Relationship, we believe that the *I* can only emerge within the Relationship itself. Using the Relationship system for the interpretative decoding of data marks the transition from Relationship as a theoretical premise to Relationship as a method, linking the application of the method to the theoretical referent. The use of the Relationship as theoretical reference and criterion of clinical decoding can also offer a contribution to the fracture

between Metapsychological Theory and Clinical Theory, or, in other words, between the nature of the *explanans* and that of the *explanandum*.

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