Introduction to the psychological guides

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1 : Foreword

Before beginning this work, I would like to offer a few considerations.

We will borrow from the field of psychology. That is to say, a certain paradigm, which does not claim to establish a truth but rather to provide a conceptual interpretation of our experience of life and the world.

We will approach it from three angles: concepts (as formulated by authors in the field of psychology), everyday life, and the experience of therapy.

This last point is extremely important, because it encapsulates the value of psychology. I propose the following definition of therapy: it is training to become a therapist yourself.

At this point, you may respond, "I didn't sign up for that. I don't particularly want to become a therapist; it's not my profession," and you would be making a very important point. We are talking here about the position taken by the therapist, not the profession.

With the story of the red pill and the blue pill in The Matrix, psychology offers the possibility of a third pill.

This third pill is the one that the therapist offers through their interpretations of what the patient says during the sessions.

It involves using the principles to “live life to the fullest,” to approach your life experience in all its richness

and fully express your desires. In the application that this has in your relationships with others, with yourself, with your sensations, your feelings, and with what interests you in your life.

The major interest of psychology lies in its practice. If I had to summarize the practice of psychology, I would say that it is the exercise of what makes us fully human.

2 : Introduction

Our psychic life is governed by a dichotomy: that of the life instinct and the death instinct.

In your everyday life, in all the experiences that humans can have, the way you perceive reality is always linked to your psychic investment.

From your sensations, your feelings, your thoughts, your relationships, language—absolutely everything passes through the psychic system.

It is from this perspective that we will look at the laws that govern it.

Psychology does not allow us to "liberate" ourselves, but rather to give a richer meaning to our experiences. To find interest in the world around us, to encourage the life instinct.

Certain notions and concepts can help us to read and interpret psychic life:
Imagine a line that starts at 0 and ends at 1.

This represents psychic life. Between 0 and 1 there is a state of tension, which represents the desire for something. Enjoyment, on the other hand, is the act of getting rid of this tension. Whether this is through 0 or 1 (keep this in mind for later).

The psyche functions in the same way as the body, i.e. according to the principle of least effort. Your psychic system wants to get rid of this state of tension, which is costly. Desire divides our being because it highlights our lack (you desire because something is missing).

Whether through 0 or 1, we are driven to relieve ourselves of this state of tension.

This tension is called the life instinct; it connects us to the world, to others, to language... Pleasure, on the other hand, lies on the side of disconnection, that is, the death instinct.

The key terms to remember here are: desire and enjoyment, life instinct and death instinct, connection and disconnection.

However, we will not always be able to reduce the entire experience of psychic life to this concept. If there is no unified theory in physics (quantum and relativity), there is no reason why this should be the case in psychology.

Remember this for your practice (both personal and with others): an interpretation or conceptual support may make sense and be interesting in one situation, but not in another.

You will not be able to unify a subject with a single interpretation or concept (unification is what occurs at 0 or 1 in the previous diagram, because the subject is then no longer divided by their desire).

This point is extremely important. The fact of not achieving unification has a name: it is the fundamental limit that

opposes omnipotence.

This is the symbolic field. Because we are not unified, omnipotent, etc., we resort to language and symbols.

But language is imperfect, flawed. It does not accurately convey what we think and feel. And that's a good thing.

It is precisely because there are misunderstandings that we continue to exchange ideas with one another.

If we understood each other, there would be nothing left to say. It is because we have not quite succeeded that we try again. This “again” is the life instinct.

This is one of the reasons why psychology is not based on results. This entirely affects its very practice.

In a way, what interests us is not objectivity, which aims to generalize, but rather subjectivity, which expresses the personal meaning of your existence.

3 : The practice of therapy

I will give you the example of couples therapy.

Therapy is an important practice for understanding the psychological aspects of everyday life.

That is why we will address both everyday life and situations encountered in therapy.

Most couples come to therapy because they think they want to get along and understand each other. However, they fundamentally want different things from each other. Their desires never coincide.

So if they did come to understand each other, that is, to face this fact (that they want completely different things) without any artifice, without transformation, without desire, then the only option left would be to separate.

Be careful, however, this is not about making them understand this. Understanding does not help here either, because it is this misunderstanding that leads them to couples therapy. This misunderstanding is love, it is transference.

Transference, in its theoretical sense, is the investment of a patient in the therapist. That is to say, a misunderstanding (something along the lines of "the therapist knows what my problem is and will cure me").

As well as all its possible variations: my therapist loves me, hates me, thinks he knows everything, etc.

In the early days of psychology, the idea was that transference was an obstacle to therapy.

The patient had to be made to understand that he was mistaken, that the therapist was not who the patient thought he was.

However, this did not solve the problem. The patient said, "My mistake," and disengaged from the therapist. Mistaken identity: if the therapist doesn't know what my problem is and can't fix it, the patient will repeat their symptoms elsewhere.

Yes, your symptoms recur even though you thought you had resolved them.

For the simple reason that, remember, language is imperfect, you are mistaken.

The problem will therefore simply express itself elsewhere, in a different form. Because the problem is that you are driven by desire.

We therefore consider that transference is not an obstacle to therapy but a lever. If the reason the patient undertakes therapy is because of something they attribute to us or because they think we are an alien, 1: that's their business, 2: they may be right.

"But I'm not an alien," you reply.

We are not scientists; our interest is not in the reality of what an alien objectively is (a reality that everyone would have to access in the same way? Psychology is not on the side of standardization). Our job is not to reduce tension, nor is it to give

patients pleasure or teach them how to enjoy themselves, because we are not on the side
of the death drive.

Our work lies on the symbolic axis,
meaning that what the patient calls an alien may grasp something that
even you cannot glimpse. So don't
be too hasty.

I am using a striking example to help you understand the principle, which is also applicable to less dramatic and more everyday situations
(for example, the patient may think that you are only interested in their money, the work
here, as far as possible, is a reflection on the function that
this perspective has; it is not to convince the patient that they
are wrong about this subject).

I refer you here to the following chapter:
"What is the subject?"

Transference is not only the investment that the patient
makes in the analyst. It is the investment that you make in a
person, that a person makes in you. As we are beings of language, and
language is imperfect, there is a mistake about the person. Once again,
so much the better.

You understand: it is not a question of understanding or making others understand. When this is the case, in "personal development"

for example, we refer to it as ego therapy.

That is to say, what is being worked on is the conscious part of the being (the majority being unconscious).

Except that despite all the attempts in the world, this discourse is in some way influenced. As language, these words have been passed on to you and contain the instinctual history of previous generations.

You have grasped them, they have grasped you. As language, it is biased by the fact that it always has an address, it is addressed to someone. It is always an attempt.

For example, saying “I love you” to someone is not directly about telling them, it is in fact a request. It is the same principle when people say or tell themselves that they are suffering,
that they are fine, that they love this or desire that. They are caught up in an attempt.

Faced with this attempt, with the fact that it is ultimately only an attempt, symptoms react in different ways.
Some prefer to manage on their own so they don't even have to try, while others prefer to let others try for them.
To each their own way of functioning.

The vast majority of patients who come to therapy want to get rid of their symptoms. The symptom is a sign of your investment, your interest, your desire (and

its tension). The symptom is never the problem itself, but an attempt to solve the problem of desire. It is a compromise between the life instinct and the death instinct. It is not good or bad in itself; it is up to each individual to decide whether the symptom as it is suits them or not (remember, psychology is not interested in results but in processes).

An asymptomatic patient is only freed from the interest they themselves found in the world. From the problem that this world, these others, posed for them. From the life instinct.

Psychology is neither on the side of coaching nor on that of transcendentalism; my point is not to say "stop trying and do it" like Morpheus to Neo in The Matrix.

4 : What is the subject

The question that arises is therefore: what is the subject (of therapy)?

This question is extremely important because it contains, seemingly without meaning to, the fundamental contribution of psychology. It shows what human nature is. More precisely, it shows humans what they are trying to erase from themselves, and which comes back, causing them suffering.

We saw earlier that patients come to therapy with a more or less definite request, which is, in a way, the reason that brings them to consult.

The position of psychology lies in not being fooled by symbolism, so we know that this request is only a pretext. This is what differentiates psychology from coaching.

Where coaching will focus on the request, erasing the rest (the rest is then seen as parasitic) in order to try to satisfy the request, psychology does not get caught up in this and remains attentive to everything that may happen.

The pretext may be more or less conscious. Sometimes, once they have finished talking about their initial request,

some patients continue by saying, “I also wanted to talk to you about something else...” and begin to express issues that are, in fact, much more important to them.

In any case, we know that language is misleading, that the way in which the symptom expresses itself is secondary; what is really at stake will always be the process of desire, regardless of the form it takes. That is why we do not pay fixed attention to the form,
that is, the demand.

To give you an example, the patient may come to see you saying that they have relationship problems, problems at work, anxiety issues, etc., but sometimes the session takes a different turn... Suddenly, the subject is transported elsewhere.

What is at stake becomes the price of the session (that or something else, the principle remains the same).

There is a break, and
one might think (if one is not familiar with the principles of psychology) that the session is becoming irrelevant.

But since we know psychology, we know that desire shifts (and... thank goodness) and who are we to tell the patient to stop talking because it's not the subject (which he had himself established, but which he would no longer be allowed to touch afterwards?).

If the subject becomes the price of the session, it must be

treated like any other element that the patient might bring up. What is important is the work that this entails, because a patient can “say anything” in therapy, they can talk about anything.

If they find it too expensive: what is at stake here for them? Because ultimately: it is symbolic. Our focus is always on what it symbolizes.

Sometimes the patient even starts to resist when you listen to them: "No, but that's not the issue, I was talking to you about my wife." Their idea is that we shouldn't waste the time of the session.

In other words, in his resistance, he is completely fooled by human nature. The work here is fundamental; we must offer him (the proposal not being on the side of explanation) throughout the sessions the position of the symbolic.

Whether it be this example or any other, we see that the principle remains the same. That is to say, in a fragment of discourse, a simple "let's get back to the subject, I don't want to waste the session" we express and can put to work the entirety of an existence, nothing less!

Because, you see, if the idea is to suggest that the subject itself is unimportant, that is to say that it is basically the same thing (desire and its forms), that a session is not wasted as long as what is expressed in it is authentic (even if

it is silence), that one must focus one's interest on what may arise from a situation, allow oneself to be surprised, be open to surprise, know how to change, adapt, but above all not to suffer, because even if we cannot control what is happening, if we find it interesting, we no longer suffer...

In short, in all the work that this may entail, even starting from a simple "I don't want to waste," we see that the possibilities go beyond the simple question of the subject, and that these possibilities can also be transposed to any other situation in life (and therefore also to the situation with the patient's wife... remember, that was the initial request in this example).

To conclude, we have here the scope of: the value of psychology lies not in its theory but in its practice.

His practice lies there. If the adage tells us that it is better to teach a man to fish than to give him a fish, psychology opens up the field of possibilities: sometimes it is desirable to give or receive a fish, learning can also be desirable, and in other situations the desire may be for something other than a fish.

5 : Therapy gamebook

Let's try a “therapy in which you are the hero” (in the style of a choose-your-own-adventure book) on the sequence of phenomena that patients encounter in therapy.

The main concepts at play are therefore: transference and resistance (the patient resists psychological work, i.e., the emphasis on the symbolic; we will see later what the symbolic represents as a possibility in everyday life).

From the outset, the “best” patients (in the sense that they are working) are those who say they are against psychology. Because they are extremely clear about their transference, their expectations, and their disappointment.

Unfortunately, since they are against it, they do not come to therapy or do not stay there for long. They value their rebellion more than its expression.

Whereas those who say they agree entirely and are so interested in this work suddenly (in general) have little to say, given that they agree and have no tension on that side.

Many people say they don't see the point of therapy, or even that they don't need help. Let's use the very principle of

psychology here, i.e., its approach. This approach is one of listening and paying attention: “what is being said” in the sense that responding
“that's wrong” outright achieves nothing; psychology is not fooled by misunderstandings.

This therefore enlightens us on the fact that these people are right in a way! Let's listen to what they say: they consider that therapy is a theory, that it seeks to get to the root of the problem in order to solve it, etc. And indeed, if we consider that therapy is only a theory, it is of little interest.

This is where dialectics comes in (this is what psychology does with discourse), i.e., proposing another possibility, another path. Therapy may not be on that side...

We will therefore look at the experience of therapy to see what the practice is, what approach the psychologist proposes that allows the patient to change their position themselves and to stop repeating the same symptoms over and over again, to stop suffering their existence.

Being a psychologist is not in itself a profession but an approach that allows one to consider life in all its richness.
The patient starts by making an appointment, usually, unfortunately, via a platform. "Why unfortunately? It makes life easier for the patient." Well, precisely because ease is not on the side of psychological work.

Ideally, the fact that the patient starts by asking to be taken into therapy is important in the process.

That is, without any intermediary coming between the patient and the therapist. Some patients might respond, "But thank goodness these interfaces are there, otherwise I wouldn't have made my appointment."

One can also imagine that the patient does not feel able to make an appointment without one, given that they live in a world where it is possible to do without a more direct request.

Science promises enjoyment to the consumer, who seizes it with great relief. In any case, it is not a serious matter, given that "therapy happens on top of that," meaning that it is accidental and not always possible.

There are many sessions where "nothing happens." Asking whether this is serious or harmful makes little sense, given that we (always) work with what we have. This is one of the principles of the psychological process.

In any case, the patient comes, and that's something. What would be a shame is if they didn't come.

Some therapists have principles, such as "a session should not be taken in a hurry," given that therapy is not about urgency. And so, when a patient comes to request a session as soon as possible, even if they have availability, as a matter of principle they

will respond, “I can see you in a week.” There are (it seems to me) two schools of thought here.

Those who operate in this way position themselves as educators, in the sense that through their actions they educate the patient about therapy.

Another school of thought would be that the therapist welcomes the patient and their symptoms. The urgency of the request is part of this.

Because if the patient, faced with the given deadline, does not come, the principle is upheld but there is no therapy. Then, if the patient does come urgently, they will also come next week.

Because if the patient, faced with the given delay,

does not come: the principle holds, but there is no therapy.

Then if the patient comes in an emergency, they will also come next week. From there, there are

many possibilities and variations: there is no right or

wrong answer; it is a matter of improvising with what makes sense in the given context.

The patient comes to their session. They are supposed to be able to say anything during the

session. Unfortunately for them. "Why unfortunately? It's a good thing that they

can say anything." It's a good thing for the therapy, but the patient,

let's remember, resists it.

To give you an example, unfortunately, if the patient says to you, "I want to stop therapy," what do we do? Stop therapy?

“If the patient wants to stop, we must respect their wish.” Except if we take what they say literally, it means they don't have the right to say everything.

This “saying everything” means that no matter what the patient says, the therapist will listen to everything in the same way. In any case, this is what we must try to maintain as long as possible. If the patient wants to leave, we will not force them to stay. It is a matter of encouraging them to talk about it.

Here you can see the application of symbolism, i.e., we are not acting out. When the patient speaks, even if they say they want to leave, we listen to them. And we listen to everything they say in the same way.

The possibility of the symbolic is to ask ourselves, "What is this person expressing when they say that?" Because a symbol is not the Thing; a symbol only serves to refer to another symbol.

The symbolic involves limits, renouncing omnipotence (which in this case would be: I say I want to leave, so I leave).

Our job is to propose and encourage the symbolic, and desire. Despite the frustration, despite the anxiety.

If the patient “has difficulty getting to the appointment,” if they cannot find the office location, this should be interpreted as resistance. Within reason, if finding the address of the

office is like a treasure hunt, it is not the same as if it is easily locatable with GPS.

This does not mean, however, that resistance cannot be based on reality; on the contrary. The patient may use the fact that it is difficult to find the office to relieve themselves of the psychological burden of going there.

However, here one might wonder why it is difficult to get to the office. If you are the one putting your patients to the test, you are not in a welcoming position.

If the patient thinks you are testing them, if you try to appease them, you are not in a welcoming position and are not If the patient thinks you are putting them to the test, if you try to reassure them, then you are not in a welcoming position and reflecting on their symptoms.

But if not being reassured causes the patient so much anxiety that they stop their therapy, you will have to do something about it if you want to enable them to get to work, another time.

When patients only make appointments on a platform and don't know you, if you don't send them a message to take the next step on the interface, some will be satisfied with having made the appointment and won't show up.

Sending them this message is a departure from the framework of therapy: exchanges are only supposed to take place during the session.

Any communication is affected by what was said earlier about saying everything. Making yourself

available by phone is also affected.

Ideally, even if they are late, cannot come this week, etc., we are supposed to consider this as part of the therapy and therefore talk about it in a session. Ideally.

You have specified the time and the fact that you will welcome them then, and yet the first resistance manifests itself: they are early and send you a message to tell you that they are already there.

Some will leave before the appointed time if you do not respond to this first request.

All possible responses depend on the therapist's style, but it is important that they do not reflect their own resistance.

If the therapist responds to the request by making themselves immediately available for fear that the patient will be overwhelmed by their anxiety, they should put this into practice themselves by going to see a therapist (and therefore, as you can imagine, sending their own message when they arrive early for their appointment).

In theory, there are no real rules; as long as you have a compelling reason for doing what you do, go ahead.

Let's say the patient is still there, you've put them through hell by making them refer to your instructions to find out what to do with the 10 minutes they had planned to spend seducing you.

Another (and important) principle: the patient is the one who talks. And many patients, in their resistance to getting down to work, will try to reverse this.

They will want the therapist to be the one who talks.

After all, he's the one who's supposed to know what the problem is and how to fix it. The therapist is only supposed to welcome, listen, and offer interpretations.

Another twist: you're going to have to lay down some rules. In my opinion, less is more. You can get by just fine by saying “I'm listening” or "tell me what brings you here.“ In this context, ”I'm listening" is not just a polite phrase, it's the very principle behind how the session unfolds.

You can also remain silent and see how the patient takes control of the session themselves. Sometimes there are risks to be taken. In this case, it's up to you to decide, as this choice is already an interpretation.

However, I advise against leaving the choice of whether or not to say something to chance; this is your first interpretation.

From there, therapy consists of observing what happens and making interpretations when appropriate. Interpretations in the sense of a third choice.

Most patients (despite what they claim) already know what the problem is. Staying there would be a first choice that they find unbearable to the point of coming to see you. They already know what they would have to do to solve it, but this second choice is even worse.

They come to you for help or to be forced to take this

second choice that they cannot make on their own.

Here, the point is very important: the common idea would be that the unconscious is a depth that needs to be dug into to find it, etc. In reality, the unconscious is right there.

The unconscious is made up of what we call signifiers, so we are in the symbolic register, which is by nature a chain of signifiers.

The approach of psychology is similar: it involves taking what is called a step aside.

Rather than these two choices, neither of which is suitable unless forced, you can offer a third choice.

For example, on the theme of should I accept or refuse: "should I forgive or kill my mother." A step aside would be to suggest that when you reach a certain age, you should take an interest in something other than your mother.

The fact that the patient can say anything means that the therapist pays floating attention to what they say, in the sense that they do not judge the nature of their words.

Whether the patient talks about being sexually assaulted or what they ate the night before, the listening is the same. It is not a question of assuming importance according to your own moral code.

Some patients have experienced things that most people would consider horrible, and yet they have not been particularly affected by them. You may respond, "In that case, they must be

repressing their feelings." But not necessarily.

Can't you conceive of people reacting differently to what at first glance appears to be the same situation ?

The emphasis is on what appears at first glance.

On this subject, let's do away with the famous “we mustn't judge.” As a therapist, you will judge the patient. Of course a therapist judges their patients.

However, they do not do so from a moral standpoint. Morality is one of the subjects that psychology deals with. You cannot observe it if you are involved in it yourself.

For example, if a patient tells you that they have been sexually assaulted, to continue with this theme: if you exclaim “oh, that's bad/sad/etc.”, in this case you cannot accept the fact that the patient may have a different position on this issue.

You are then no longer accepting.

And if they think it's wrong, how come? At this point, you might respond, “But everyone knows it's horrible.” Except that in psychology, if you take a dogmatic approach to normative public opinion, you won't get very far in your interpretations.

Of course, you're not going to ask point-blank, “And you don't think that's right? Why not?” But if you let the patient talk, you may understand that what makes this element unbearable is, for example, the fact that the

mother denied it.

So moral judgment, unless it is merely an opportunity for interpretation, is not our niche. We judge the patient from an ethical point of view. The ethics of their desire, to be precise. That is, whether the patient is acting in accordance with their desire.

Everything the patient has to say is part of the session. Whether it's “what you're saying to me is so interesting,” "I don't feel comfortable,“ or ”I don't know what to say." If the patient showers you with compliments, remember that transference love is resistance.

The widely held belief (which is also promoted by many of my colleagues) is that "you have to find the therapist who suits you, the one you feel comfortable with." This is false.

And that's a good thing. Think about it: a patient who is paranoid and feels that the person they are talking to wants to harm them; if we follow the principle of "with whom you feel comfortable," that would mean that a paranoid person cannot undergo therapy.

You might say, "You're exaggerating, it's not the same thing, the paranoid person is crazy" in the sense that their discomfort is directly related to their symptoms. Whereas you... no?

If we start from the principle that a patient's sensations and feelings are real and have no connection with their symptoms, this means that we are no longer on the symbolic axis.

In other words, we fall back into resistance to engaging in the work of therapy, which is, ironically, what the patient

came to ask for in the first place.

1: The therapist's job is not to promote well-being. If the session helps the patient feel good, i.e., to put aside what was causing them pain and help them cope with it, then we cannot do our job.

2: If the patient feels bad, it means that something is happening, and we must be able to accommodate them. The work of therapy is particularly important here: what is making the patient feel bad?

Remember, the patient can say anything because what matters is their involvement. If there is discomfort or something else, the patient is therefore particularly involved and particularly hard at work.

This is why they are tempted to leave; the patient is resisting.

3: Ultimately, we must keep in mind that what matters most is the work that the patient does. What the patient says. So the choice of therapist is unimportant! ...as long as they let the patient speak.

Even interpretations are only as valuable as what the patient makes of them. Even if the patient lies, it doesn't change the work.

On the contrary. In the unconscious, lies don't exist. What the patient thinks is a lie doesn't come from somewhere outside of themselves either.

However, we must distinguish between lies and bad faith. In bad faith, the patient tries not to know anything about something.

Often, during the first session, it is possible to identify the

patient's psychological structure and therefore where their issues are headed, or even how their therapy work will and/or may unfold.

However, telling him at this point is pointless at best. Firstly, because the patient already knows this; he has just told you. "Yes, but he doesn't realize it," you might say, but we are not doing ego therapy; our subject is the patient as a whole, not just his ego.

Even trying to make them realize this is counterproductive. Our goal is not to impose our words on those of the patient. We must try to be more subtle; the best interpretation is the one that echoes the patient's words. The goal is not to say to the patient, "I've got you now," but to allow the patient to continue their discourse.

Ideally, the therapist's listening and interpretations will lead the patient to explore the paradoxes in their discourse and to position themselves in their desire.

Silence: to let the patient speak, you will have to remain silent. This will not be a problem for some patients. For others, however, it will be a real challenge.

He may not say anything, but you may realize it. If he doesn't say anything, don't rush to conclusions. Because you haven't heard how the patient phrases it and what it means to him.

This is a principle that you will often have to suggest to

patients: many of them will interpret their loved ones or various characters who appear in their stories based solely on elements from their own imagination.

They will try to answer questions that have not been asked. Here, you need to figure out why they are acting this way. Generally, it is to spare themselves from the other person, in the sense that if they plan ahead, there will be no more surprises, no more encounters.

If the predictions are oriented towards sadistic and/or masochistic scenarios, it is because they are even more charged with impulses.

Once again, the idea is that you let the patient talk as much as you think is appropriate. Nor is it a question of blindly adapting; you must question the elements that the patient brings to bear.

What is fundamentally at stake is the patient. That is to say, his or her silence. If the patient says that it is your silence that bothers him or her, this should be understood as resistance on his or her part.

If you allow silence and show the patient that it doesn't bother you, they may say, “But I didn't come here for nothing to happen,” and this point is very important.

I would like to emphasize here that if you feel that the patient is addressing or has the opportunity to address a point that you consider important, you will, in one way or another,

offer it to them in the form of an interpretation. If they do not take it up, there is no point in persisting.

Once again, an interpretation is only as valuable as what the patient makes of it. Some patients do not react immediately when you point out a particular issue, but then in the next session, or even several sessions later, they say to you, "What you said made me think..."

Firstly: when the patient feels that nothing is happening, it is because their defenses are kicking in. If their defenses are kicking in, it is because, logically, nothing is happening.

First of all: why does their silence bother them? It's usually "I didn't come here for nothing to happen," but it may also be that they're afraid of not being interesting to you, or that they feel the session is an exercise where they have to talk and that they're therefore failing.

At this point, reassuring them is tantamount to going along with the symptom. Part of your job is to encourage him to move beyond the repetitive immobility of the symptom.

In other words, if the issue is "I'm uninteresting," you must first fully accept this, rather than keeping him in limbo.

Don't silence your patient: his perception is where his desire lies (even if it may be paradoxical).

This patient wants, in a way, not to be caught up in your desire: if he is not interesting, then he escapes your desire. "But if that's what he wants, why does he feel anxious?" you might ask.

That is the very principle of the symptom; it is a compromise between enjoyment and its realization.

It is entirely conceivable that you might tell a patient that, indeed, they are not interesting. That is one interpretation. The idea boils down to “so what?”

Most patients remain at the doorstep, in this liminal space between simple fear (whether it be of not being liked or something else) and attempts to spare themselves from what would be confrontation.

The life force that you support lies on the side of movement. Letting go of omnipotence, accepting fundamental limits.

It is by accepting that there is nothing you can do about it that possibilities open up.

What happens once this realization has been made? The patient may try to leave therapy at this point, and you will have to find a way to allow them to persist.

If the patient considers the session to be an exercise, it is not up to you to tell them that in your opinion it is not. What you think is your business. Welcome: what is at stake for the patient if the session is a graded exercise?

It may be that at such times the patient resists by saying, "That's not why I came to see you." Because we are moving away from the patient's basic request.

However, therapy consists of free association. It is up to you to decide whether therapy is possible at this point or whether the patient is once again rejecting the possibility of the symbolic.

As for “I don't want nothing to happen,” this can manifest itself in different ways. We have seen one: silence. It may also be that your patient does not attend a session and does not give notice, or does not give notice in time (it is up to you to decide how you set your framework; some therapists allow patients to cancel a session if they do so at least 24 hours in advance, others do not).

The fact is that the patient still owes you the price of a session they did not attend. The patient may then resist by saying, "I'm not going to pay for a session that didn't take place," which in this case is close to saying, “Nothing happened.”

Logically, if the patient did not come, it is because in one way or another they encountered difficulties (whether it was their anxiety or an external accident, it makes no theoretical difference since they will have to deal with it in any case).

The patient comes to see you precisely because they are experiencing difficulties, so you cannot consider that these difficulties cancel out the work they come to do with you. This is the very reason why they come to see you.

The patient comes to see you precisely because they are encountering difficulties, so you cannot consider that difficulties cancel out the work they have come to do with you; that is the very reason they are there.

He may respond, “Yes, but not that one,” except that the rule is that the patient can say anything, meaning that everything that happens from the moment he asks you for therapy is part of the

therapy.

In addition to the session itself, this brings an interesting element because the patient reacts. Even if nothing happened, it seems that something results from it.

The patient talks to you about their relationship with debt. They may say, “You didn't warn me.”

You have to consider that the session did indeed take place.

The patient can say anything, which also means that if the patient does not speak or spends the session elsewhere, it is still a session, the scheduled time slot remains, and what happens is still part of the therapy.

Conceptually, the therapist does not warn the patient in order to allow them to express themselves freely.

Often, when the patient complains that nothing is happening, this gives rise to the most important sessions.

Another resistance to this may manifest itself in the form of "can we move today's session to next week?" It is important to consider that next week's session is another session, it is not the same one. It is scheduled for next week. Moving a session to the following week would therefore mean having two sessions in that week.

All these attempts are aimed at protecting against the perverse enjoyment of the therapist who takes what interests him, i.e., money, when it is unfair and the patient is at his mercy because it was impossible for him to attend the session (or to

speak, we are still on the theme of nothing happening).

You can see here that we are particularly in the work, the patient is projecting.

It is at this point in particular that the question of cost becomes fully apparent. Until then, the price the patient pays is obvious to him, it is your work that is involved, every professional gets paid, so it has no effect on him.

On the other hand, in a situation where they feel they may not pay, the fact that it costs them money comes into play. And that's a good thing, because the price of the session is supposed to cost them.

In other words, the price should not be insignificant to them; it should engage them.

The patient responds, “It's the price of your work,” and in this case, you haven't done any work. Except that what we're talking about is the price of his work. The price of his words.

We can therefore consider that in all these situations, nothing is happening.

Even so! It may be that nothing happens during the session. Remember, the principle of therapy is on the side of “and then.”

Give up the act in order to consider the symbolic aspect. Consider the paradox: the patient comes to see a psychologist but refuses to consider that the work is psychological.

An explicit example is the patient who comes to complain to a psychologist that he cannot get an erection, while saying that the problem is mechanical.

The fact that nothing may happen is part of the psychological work itself. The whole principle of therapy lies in the fact that nothing will happen.

The idea that therapy changes the patient is a fantasy, which many therapists give in to, I grant you. Every day we see therapists who sell their therapy as a means of change.

It may be both a marketing ploy and a fantasy that they sell to themselves. It would seem that they cannot bear not being able to satisfy the Other's demand.

Paradoxically, what to do with the Other's demand (i.e., desire itself, since desire is first and foremost that of the Other) is a central question in therapy.

It is not entirely true that nothing will happen. Something will happen, but not on the same level as what is expected.

In a way, this is just as well, because if what happens is expected, is it really a change?

The encounter with the Other, insofar as they are fundamentally different, cannot happen without surprise.

It may be that nothing happens in every session.

If the therapist spends their time (for one reason or another) trying to fill the session, they are merely entertaining their patient.

They try to educate and coach them, forgetting that they are dealing with a human being.

Often during sessions, the patient manages to exhaust the subject they have been discussing up to that point, followed by a silence, and if you leave them in that silence, the patient says "...and otherwise" and then starts talking.

The subject addressed at the beginning of the session did not lead to much other than going around in circles, and they start talking about something else that gives rise to a completely different unfolding.

Either the patient did not dare to talk about it until then, or after exhausting the initial request, we move on to something else that they considered insignificant until now (and which therefore turns out to be anything but insignificant).

It is particularly for these kinds of reasons that we must not limit ourselves to the patient's initial request.

The way in which the therapist considers the initial request is fundamental. It is an introduction to therapy.
In the sense that its sole purpose is to enable the patient to start talking. What they say is secondary.

Here we see once again an example of how the symbolic works. If the therapist (and a large number of them, and increasingly so) considers that their work lies in this request and that satisfying it is the success of the therapy, then they position themselves more as a coach or educator than a therapist.

I suggest that you consider this request as merely

an expression of what is troubling the patient's mental structure.

Whoever expresses themselves in this way at this point, who could express themselves elsewhere in a different way, it would not change much (and that is why we encourage the patient to speak freely) because what matters is that they express themselves. Therapy consists of movement.

The therapist is not supposed to be fooled by this. The patient will come and say "it's not working," and you will suggest in one way or another "go ahead anyway." It is open-ended, it only concerns the patient.

Once again, there are times when the patient does not want to go there. That is to say, they only want to look their symptom straight in the eye and do nothing about it. Depending on how the follow-up progresses, some will stay in the session and go round in circles, while others will stop their therapy.

There are many possible scenarios, so let's look at a few of them.

In principle, these patients abandon their efforts because now it is you who is bothered by their problem; they are relieved that they no longer have to do it themselves and can consider that if there is a problem, it lies opposite them (you).

This is a principle that constantly exists in everyday psychological life, namely that the problem, desire, etc., may not lie with the subject but with the person opposite them.

There are also those who will send you a message saying that they will not be coming back. Remember, however, that this is a breach of the commitments of therapy: everything the patient has to

say must happen during the session. Everything. You can try to encourage them to consider this perspective.

Sometimes these patients will tell you at the last minute, and therefore owe you the price of a session. In the vast majority of cases, they will never pay, as they consider themselves to have escaped.

If they come to talk about it in a session, then it is a session like any other.

The patient can ask their therapist when the follow-up will end. The principle is that therapy is the work of the unconscious, so as long as there is an unconscious, there is work to be done.

In other words, as long as the patient has something to say, there is no reason for the therapist to dismiss them. It is up to you to decide how to convey this to the patient. Once again, it is best to use their own words and issues to interpret the situation.

It is always interesting to identify the patient's request.
What led them to take this first session.
Often, the patient will say that they have wanted to do this for a long time, or that they have been suffering from their situation for a long time; it is then a question of discerning, if possible, what has changed.

In general, patients consider that it is the accumulation of too much. However, as a therapist, you are not fooled by

this; if nothing changes, there is no reason for it to produce anything different.

This is a principle that must be kept in mind because it can take different forms. Patients would like to base their actions on a limit. That is to say, "when I hit rock bottom" or when I reach a certain level, things have to change.

Unfortunately (or perhaps fortunately), humans do not function that way; there is no "bottom." Humans are capable of enduring again and again. If nothing has changed, there is no logical reason why it should happen today.

Why not the day before or the day after? Any change is a form of violence that both the psychological and biological systems try to avoid.

If the patient is unable to tell you, or is not interested in the question, it will come up again (or not). You can also identify it yourself in their speech and potentially suggest it to them.

For many patients, the request does not come from them. Whether it is a child who is brought in because something is troubling the parents, or a husband who is troubling his wife.

Theoretically, the patient is supposed to be the one for whom the problem arises. You can try to encourage this by suggesting that the parents come and talk about it.

This does not mean that the child should be sent away. The fact is that the child is there too, and if they take up the request, it means they have something to say.

However, it is important to make a distinction, i.e. not to take what the parent says at face value, because it is possible that what the child comes to work on with you has nothing to do with the parent's initial request.

The parent may then ask you for reports on the sessions or the child's progress. It is up to you to decide what to do about this, but neither the therapist nor the patient is supposed to talk about what happens in the session outside of the session.

Yes, the confidentiality of the session is also supposed to apply to the patient.

Sometimes patients bring their partner to the session, saying something like, "This is the source of my problems." And the partner responds vaguely, "Oh, you're exaggerating." Like wanting to show something on their phone, or having written down their dream or something else, it's an intrusion that needs to be questioned, that is, worked through.

Rather than looking at the phone, which would be acting out, ask why the patient wants to use the phone rather than talking about it.

What matters in therapy is not the dream itself, but what the patient does with it. However, it is a matter of encouragement; if the partner is already there, you are not going to refuse them on principle; sometimes you also have to welcome them. Working through it is not always possible, as we saw earlier.

6 : The fundamental limit

The boundary is an important concept in psychology for understanding psychological structures, desire, relationships... It is a cornerstone of relationships with others as well as language, in a way, of what makes humans human.

The limit is the fact that the subject is not all-powerful. Since they are not all-powerful, it is necessary to communicate through speech.

This is what initiates them into the symbolic realm.
It is often said that limits concern neurotics and that psychotics are not subject to them. This is not entirely the case; there is indeed a limit in psychosis, but it concerns the Other.

To understand the principle, let us take the example of paranoia, where the subject thinks that God needs him to repopulate the Earth. God is therefore limited because he needs the paranoid person.

To grasp what the limit is, let's look at the Oedipus complex. Those who have not understood what is at stake will tell you that the Oedipus complex is about a little boy who wants to sleep with his mother.

Let's return to the myth of Oedipus, the principle being that he did not know that Jocasta was his mother. She, on the other hand,

knew.

When Oedipus wants to go to the oracle to ask him what the truth is, she first tries to dissuade him because she already knows that nothing good will come of it, to the point that she has already hanged herself before Oedipus even returns to tell her.

What does this tell us about the concept of the Oedipus complex?

That desire is first and foremost that of the Other.

This means that the Oedipus complex is about how a subject deals with the desire of the Other (of otherness). Whether the subject is female or male, whether the Other is a mother or not, all of this is secondary and accounts for the possible variations that give rise to different psychic structures.

The limit represents the subject's link to language, because desire is inscribed in the symbolic field (i.e., language).

Let's break this down. At birth, the subject is one with the Other. This is a necessary illusion to support the nascent subject.

This wholeness is temporary (except in autism); once the subject discovers that there is an Other, they become divided.

Many attempts at "therapy" (personal development and other) attempt to fulfill the fantasy of being unified again, which is what we call the oceanic feeling.

We find this attempt in all cultures and peoples, because division creates a lack, and this lack creates a desire.

Desire is a source of tension, and therefore costly in terms of energy. It makes sense to try to reduce this tension through the pleasure that comes from being unified again.

You have already heard this in the form of "you have to love yourself“ (or even ”you have to love yourself in order to love another“), ”you must not need another" or any kind of post-modern empowering. That is to say, a denial of limits.

Let's return to our story of the emerging subject. Let's clarify that this is not a historical moment but a mythical one (i.e., conceptual). To explain this, the stages (oral, anal, phallic) are not located in time. We cannot say "from such and such an age to such and such an age, this stage, then that one."

It must be understood that the being does not stop at the ego, it does not begin at birth. The subject inherits its unconscious, which is a family history (Lacan says that a psychotic is made in three generations), the subject is born of a desire that precedes its birth.

The baby is carried by desire long before its creation. Mythical also means that it is not about the reality of generations. But rather a linguistic tapestry that the subject will grasp and give meaning to in one way or another.
So the stages, as well as the psychic structure and the rest, are

already present from the beginning. What the subject will do with them and how they will position themselves in relation to all of this is, on the other hand, entirely their responsibility.

The very first time the subject is fed, it is a matter of need, and it will be the last time. For the Other will pour their desire into it. What we call sexuality includes any satisfaction of an organ (i.e., eating, but also seeing or grasping with the hand).

In its popular sense, sexuality represents the sexual act, due to what is called the primacy of the phallus, which occurs in the phallic stage. In psychology, the meaning is broader.

The parent will interpret the child. "He's crying because he wants to eat“ or ”because he wants me to pick him up." At that moment, the child sees that when he cries, something happens.

What is initially just a reflex, such as grabbing something with his hand or smiling when someone smiles at him... is interpreted: "He is smiling at me because he is happy to see me,“ ”He is grabbing me because he doesn't want me to leave"... is then interpreted, a meaning is attributed to this child, who will then grasp it.

This is understood in the formulation I proposed to you earlier: the child is first driven by desire.
care and instinct. From that point on, food becomes
a matter of desire; eating is a performance.

To fully enter the realm of desire, the child must experience deprivation. He will cry, and this time he will not receive

food, or at least not immediately.

The Mother (as a metaphor) is on the side of immediate satisfaction and fusion: "with my baby, we don't even need to talk to understand each other."

The father (his metaphor) is an authority that comes between the mother and the child, his role is to introduce language and therefore the fundamental limit. He forbids the mother from enjoying only her child .

It is not for the mother to wish for her child's autonomy; the mother must be able to take care of him, which means that the baby must need help.

Let us be clear that no one is the Mother or the Father; these are metaphors, signifiers, and therefore we can all embody them at different times.

At times, a father will have to be nurturing, and when a mother is on the side of prohibition, then there is the metaphor of the Father. If the father thinks he is The Father, then we are on the side of paranoid psychosis.

However, only the mother can introduce the father. If the mother refuses to be deprived of the enjoyment of her child, then the paternal metaphor cannot take hold.

There is no access to the symbolic, the limit is not operated, and the subject, in order not to be annihilated by maternal enjoyment, will resort to psychosis. What takes the place of the symbolic is then hallucination and delirium.

As the symbol is missing, the Father does not carry out this imperfect attempt to respond to the desire of the Other, so the subject resorts to this structure that we call schizo-paranoid.

Psychosis is a spectrum with schizophrenia on one side, scattered, unable to make sense (even delusional) of perceptions that are not perceived as signifiers but as reality (thought is not a thought but an external voice, for example); on the other side is paranoia, which attempts to make sense of the world without being able to use the metaphor of the father, giving rise to delusions such as "my neighbors read my thoughts and give them to aliens" or "God wants to turn me into a woman to repopulate the Earth" (this example is particularly interesting because it shows that there is nothing to prevent the enjoyment of the Other and that castration has not taken place either, given that the subject could be transformed into a woman, i.e. that his entire delusional theory attempts to answer the enigma of desire).

The role of the father is to say "this child must speak to ask for what he wants," with the possibility of refusing him.

Once again, we see that the Oedipus complex does not primarily concern the child's desire (which would be to sleep with the mother) but rather to forbid the mother from enjoying the child.

The father reminds the mother that she is also a woman, and in particular his wife. The mother, who until then had been unified, returns to her own castration and lack. We can understand from this that there may be refusals or at least certain problems.

The vast majority of the time, the issues that people

encounter in their lives and relationships are actually very logical.

Patients tend to say, "I have this problem, but it's not normal/logical," and when we take a look at it, it's at least understandable. The father demands that the mother give up her object of desire and become divided again!

This complaint is once again logical, because having to consider that we are right to have the symptoms we would like to put aside would lead us to ethical consequences that are much more complicated than their initial suffering.

Let's say that the mother (for one reason or another) accepts that there is the father between her and her child.

To explain a little more about the difference between historical and mythical that we were talking about earlier, the fact that the mother accepts is mythical here. It is not an event in itself where she would signify that she agrees. Once again, it is symbolic.

In other words, it is a position; the mother may in fact agree and then no longer agree. What matters is how the position is perceived, and this may well reside in an event, a memory.

You might ask, “But is it an event or not?” And that's why I said: not an event in itself. But rather for what it represents. There may not be a related event either. It's a representation.

To conclude, I would say that therapy is therefore not based on

results. Since the subject is human beings, we need to detach ourselves from a purely scientific approach, orient our judgment differently, and hypothesize about the unconscious and the symbolic register. Human beings are made up of processes and movement.

Psychological symptoms, whatever they may be, always stem from the same underlying issue.

The fact that it is fundamentally impossible to make gains in terms of existence. We will always lose more than we gain.

But humans do not do what they do to gain, they do what they do because they desire to. And this desire is uncompromising and doesn't care about anything else. It is what gives meaning to the world, and without this meaning, nothing works.

Psychology lies precisely in this meaning. It is not that of reality or imagination, it is another meaning that belongs only to you.

If you found my approach in this book interesting, I invite you to continue exploring and delving deeper into other topics and horizons in my other works. See you soon.