A Clinical Introduction to Freud: Techniques for everyday practice.
by Bruce Fink
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Although the publisher's claim on the flyleaf, that 'there has never been a clinical introduction to Freud that might be of use to students and professionals' is a little overstated, even inaccurate, this book is to be recommended. The style is clear, as is the exposition of the original psychoanalytic model, which is clearly and lightly illustrated with vignettes – or Freud's own case examples. This is not a doomed attempt to survey the complete canon of Freud's contribution; rather, the author selects key areas of thinking that might just persuade those practitioners, who have been seduced by the 'quick fix, conscious cognitive' type of approaches, that there is much to be gained by revisiting the founding figure of the psychotherapies.

The chapters focus on the key thinking to do with symptom formation, and the relationship to the unconscious, as manifested in dreams, mistakes, or forgetting. Considerable space is also devoted to some re-examination of two of the seminal cases in Freud's early writings: The Rat Man, and for me, more usefully, 'Dora' (or Ida Bauer). This is no dry exhumation of sacred texts. Rather, Fink uses the case studies to illuminate and in the latter example, rehabilitate the clinical concepts of obsessional behaviour and hysteria respectively. Given the continuing influence of psychiatric classifications and induced pharmacological dependency, there are also, inter alia, pertinent critical observations of psychiatry as a so-called psychotherapeutic practice.

As a Lacanian practitioner of Freud, Fink uses this approach in a way that is particularly clear (famously, not something that can be said of Lacan's often gnomic writings) and I found the application of the oft-quoted dictum – 'the unconscious is structured like a language' – one of the best I have read. This is especially the case as applied to 'dream-work', or dream-interpretation, of course an original and radical lynch-pin of Freudian therapy. Why some clinicians fail to understand this, let alone develop their dynamic technique, I find staggering – as Fink notes, the meta-theory, culturally present in various forms, of understanding, and valuing dreams has been with us since antiquity and can hardly be considered as outmoded in some way. This is illustrated, cross-culturally, by our everyday adages, not least Fink's reference to the French 'la nuit porte conseil' (night time will bring counsel). To dismiss dreams as epiphenomena, mere neurological-electrical nocturnal discharge, is as reductive in the extreme as a claim that all dreams possess inherent symbolic meaning awaiting expert divination. As with much else in the book, the author counsels against glib over-simplification or crass application of technique. In the case of dreams, a standardised de-coding, almost manualised approach cannot do justice to the fact that different things mean differently to different subjects.

Fink is particularly clear, and easily digestible, on every-day, ordinary neurotic patterns, typically self-defeating, often self-destructive over a life-cycle; for example, perfectionism, attachment patterns, or psychosomatic 'illness' and gratification, and how, almost inevitably, the origins of everyday pathology are to be found in original conflicts, usually involving the parental triangle. The
psychogenesis that leads to arrested development, regressive behaviours, or blocked creativity should be obvious to clinicians. But, maybe not always these days, hence a need for books like this, that refresh the parts that other models fail to reach. As the author says, “CBT, a so-called therapy of choice, fails to go anywhere near the early losses and failures that lead to symptomatic acting out, to negative adaptive 'life-styles’” (p. 150). To put the return of the repressed differently, short-termism has no sense of time, or, in the familiar phrase, those who do not remember their history are doomed to repeat it! Hence the common tail-off of effectiveness in intervention and a reappearance at the doors of the clinic.

Confronted with yet another re-examination of the case of Dora, I was reassured because Fink's discussion permits some thoughtful, and critical reconsideration of the analysis of this woman, as well as a contemporary Lacanian review of Freud's own technique – especially his idealising of his approach, the problem of transference, and of course the oft-trod ground of analyses, like this one taking place in pre-countertransference days. At the same time, echoing Lacan's claim, this is a return to Freud, albeit one that is informed by a century of critical thinking and clinical development; the chapter, like the overall book, is a balanced advocacy of this form of psychoanalysis. Fink is to be applauded for trying, successfully, to rehabilitate the idea of hysteria, as a clinically useful construct, an empirically applicable diagnostic category, the efforts of fashionistas and feminist revisionists notwithstanding. As he notes, the 'condition' is as widespread as it ever was, it has not magically evaporated due to cultural changes, but matters have not been helped at all by the multiplication of classificatory terms (a case of old wine in new bottles) or parallel efforts to – as if – sanitise, or ‘de-toxify'; the term from associated meanings that some view as derogatory.

The apparent demise of hysteria, as a valid clinical concept, which has been prompted by positivist tendencies in psychiatry and clinical psychology, is for Fink 'premature'. It has “manifested itself in myriad ways and is at the core of what may get classified as, for example, anorexia nervosa, conversion disorders, chronic fatigue syndrome, PTSD (an older, no less useful term developed in WW1 was 'shell shock'), borderline disorders, histrionic personality disorder, D.I.D.” (p. 191); it is a long, and tellingly illustrative 'laundry list'! The creeping excision of diagnostic terms since the 1970's, notably in DSM-5, has – in Fink’s view – mystified and obfuscated what were usually clinically valid terms, only to be replaced by terms with a pseudo-scientific ring, as if this fantasy would make treatment, typically cost-guided brief interventions, more effective. The fashionable removal of many terms has also been driven by ideological motives and social currents, including a post-modern urge to de-pathologise, as much as any clinical considerations. As the writer notes, this tendency, combined with manualised ‘procedures’, a bit like automobile maintenance, together with the resurgence of pharmacological co-investment in medicalised psychiatry, can hardly be coincidental (in case this appears polemical, it should be noted that much so-called research is funded by drug companies).

A central thrust of this book addresses the need for clinicians to adequately analyse phenomena and behaviour rather than leap onto any current, often simplistic formulae or politically tinged categories (this refers to much of the literature very recent decades concerning the critical revisions of recovered memory, 'abuse', sexuality and role of phantasy/fantasy). Fink rightly
sounds a cautionary note about ‘trauma hunting’, an all too zealous approach in psychotherapeutic contexts; this is as problematic as any earlier theorisations that treated traumatic experience too sceptically.

The scrutiny of this area of pathology perhaps highlights most clearly the writer’s argument for how and why a working grasp of the ‘psychology of the unconscious’ is an essential tool in the therapist’s bag. An understanding of projection, displacement, counter-transference, wish-fulfilment, or masochism and guilt, is necessary to negotiating pathways through often quite disturbed complaints, even allegations. This, of course, also includes notions of secondary gain, as well as the complex dynamics present in psycho-somatic disorders. Without such understanding, and teaching, not all activity, well-intentioned or otherwise, that claims to be therapy is good therapy.

Fink is not uncritical of the Freudian model. Not every dream is significant, or expresses repressed desire or wish-fulfilment, external trauma in lived experience does happen, the dynamics of transference need not mystify the therapeutic relationship. Although with a benefit of hindsight, he critically discusses Freud’s habit of not doing as he said but contradicting his own theory in practice. Whereas Freud’s writings, for example on ‘constructions in analysis’, carefully elaborated patient technique and levels of interpretation, by his own accounts and that of ex-patients he more often imposed, lead or prematurely provided therapist-directed interpretations of patient material (his own material, or countertransference, was of course hugely under-analysed). It is also true as the author notes, that an inevitable consequence of correct technique, being more of a hand-maiden for the client to make their own interpretations, is that analytic work takes longer – and is therefore, at least as a crude financial calculation – more costly!

In another section, Fink is similarly critical of Kleinian psychoanalysis; not everything in the analytic encounter has been ‘put into’ the analyst by the patient, the phenomenological world is not completely reducible to ‘objects’, existing in a conceptual void (p. 230). A final section, addressing contemporary culture and conventional criticisms of Freud is less satisfactory in my view; in apparently wishing to be even-handed in the allowable boundaries of therapy regarding matters like cancellations, vacations, and interruptions, Fink seems to wander off somewhat from his previously clear model of practice and technique (pp. 238–41). It is, fairly explicitly, as if he wishes to ‘update’, or adapt the model to the modern, post-industrial cyber-world and complex geographies. In this respect, maybe there is some countertransference that could benefit from further reflection?! In summary, a useful addition to the literature.

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