We now return to our previous points. In attempting to extend the application of Breuer's method to a wider radius, I encountered the difficulty that some patients were not hypnotizable, despite showing symptoms of hysteria as diagnosed. This posed a problem, as hypnosis was necessary to expand memory and find pathogenic memories absent in ordinary consciousness. As a result, he had to find a way around this difficulty.

The question of why some were hypnotizable, and others were not was something neither I nor others could answer. I observed that in some patient's resistance manifested itself even before the attempt at hypnosis. The idea occurred to me that both cases could be identical and signify a subconscious rejection. Although I am not sure of the validity of this conception, I needed to find a solution without relying on hypnosis.

In my experience, I found that I could obtain the pathogenic memories without the need for hypnosis. During the first interview, some patients claimed not to remember the first occasion of their symptom, while others offered dark memories that they could not follow. I took a similar approach to Bernheim's, insisting that patients knew more than they thought and that memories would emerge over time. Some patients began to remember more under this suggestion, even without hypnosis.

These experiences led me to the conclusion that a simple effort could bring pathogenic representations to light, and that this effort seemed to meet with resistance like that found in the genesis of the hysterical symptom. This resistance, which is related to the defense of the self, prevents the conscious recall of pathogenic representations.

To overcome this resistance, I developed a little technical trick. Before applying pressure to the patient's forehead, I assured them that they would see a memory in the form of an image or thought and that they would communicate it to me. This procedure, although not hypnosis in the strict sense, was effective in directing the patient's attention to the relevant memories.

In conclusion, this method allowed me to access pathogenic memories and advance the treatment of patients. Although pressure on the forehead may seem like a simple gimmick, its effectiveness in directing the patient's attention to relevant memories has proven invaluable in my clinical practice.

We have just praised with such fervour the achievements of this auxiliary procedure which consists in the pressure on the forehead, but we have entirely neglected the point of view of defence or resistance. We should not believe that this little artifice can overpower the psychic obstacles of a cathartic cure. The patient's resistance manifests itself in a variety of ways and is often hidden behind singular subterfuges.

In our clinical experiences, we have observed that patients may initially resist revealing their deepest thoughts, even under the pressure exerted during the procedure. This can manifest itself in expressions of disappointment on the part of the patient, stating that nothing relevant or meaningful occurs to them during the pressure process. However, with perseverance and understanding on the part of the therapist, it is possible to overcome these barriers.

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Page 2 of 6

To overcome this resistance, one must arm oneself with patience and use different strategies. For example, sparking the patient's intellectual interest in the analysis process can be helpful. Explaining how the mind works and how thoughts are related can help the patient understand the importance of exploring their deepest thoughts.

In addition, it is important to devalue the patient's advocacy motives and show them that it is safe to express their thoughts and feelings. This may involve building a trusting relationship between the patient and the therapist, where the patient feels comfortable sharing their most intimate and vulnerable experiences.

In some cases, the doctor's personal standing can be a crucial factor in overcoming the patient's resistance. The patient may be more willing to open and explore their deepest thoughts if they trust the doctor's experience and judgment.

It is important to bear in mind that the therapeutic task is to move the patient towards the reproduction of the pathological impressions causing the symptoms and to help him to express them with affection. Once this is accomplished, the doctor has little else to do to correct or cancel the symptoms.

In summary, overcoming the patient's resistance in the therapeutic process can be challenging, but with patience, understanding, and proper strategies, it is possible to advance the analysis and help the patient reach a deeper understanding of themselves.

Given the technical difficulties we have exposed and the more challenging cases we have analyzed, the question arises about the efficacy of focusing on hypnosis or limiting the cathartic method to highly suggestible patients.

However, our experience suggests that even in the state of deep hypnosis, patient resistance may persist, calling into question the absolute value of hypnosis in facilitating cathartic cures.

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