

ON THE BEGINNING OF TREATMENT (138-40)

Sigmund Freud (1913)

Summary:

At the beginning of psychoanalytic treatment, we encounter patients who claim to have nothing to share, despite having a complete life and history of illness. It is crucial not to succumb to their request for direction on what issues to address. This initial resistance is evidence of the defense that the neurosis exerts over them. We must confront this resistance firmly in order to allow access to analysis. Patients who start out this way are usually prepared to explore intense sexual or emotional topics.

Their initial actions and symptoms may reveal important underlying complexes. For example, a patient with refined aesthetics may reveal previous behaviors related to coprophilia, while another may exhibit narcissistic pride in their physical appearance. It is critical to address these early signs in order to better understand the underlying dynamics of neurosis.

In addition, many patients prefer to modify the traditional position of the analysis to maintain a more visible interaction with the doctor. This can divide their treatment into "official" and "informal" times, where they feel more comfortable sharing. However, it is essential to break this separation and address the resistances that try to maintain this division.

It is crucial not to address the transfer until it becomes an operational resistance. Before introducing in-depth interpretations and analytical techniques, it is necessary to establish a strong therapeutic relationship. Only then can we begin to explore the deeper meaning of patient interactions and address the resistances that arise in the process.

Explanation and conclusion:

This text highlights the challenges we face at the beginning of psychoanalytic treatment when patients may resist participating in the therapeutic process. The importance of not giving in to the patient's request to guide the direction of treatment is emphasized, as this may be an indication of the defense that the neurosis exerts over them. Instead, it is crucial to confront this resistance firmly to allow access to analysis.

It is noted that patients who start treatment in this way are often prepared to explore intense sexual or emotional issues. In addition, it highlights the importance of paying attention to the patient's initial actions and symptoms, as they can reveal important underlying complexes that need to be addressed in the analysis.

The text also mentions the tendency of the patients to modify the traditional position of the analysis in order to maintain a more visible interaction with the doctor. This can result in a separation between the "official" and "informal" moments of treatment, which must be overcome to promote more genuine and effective communication.

Finally, the need not to address the transfer until it becomes an operational resistance is emphasized. It is essential to establish a solid therapeutic relationship before introducing in-depth interpretations and analytical techniques. Only then can we begin to explore the deeper meaning of patient interactions and address the resistances that arise in the therapeutic process.

In conclusion, the text highlights the importance of firmly confronting the initial resistance of patients and establishing a solid therapeutic relationship before delving into the analysis of transference and other more complex aspects of psychoanalytic psychotherapy.

Main Ideas:

- Patients claim to have nothing to share at the start of treatment, despite having a complete history.
- Do not give in to patients' requests on what topics to address, initial resistance as a defense of neurosis.
- Initial resistance needs to be firmly addressed to allow access to analysis.
- Patients who start out this way are often ready to explore intense topics such as sexual or emotional.
- Initial actions and symptoms may reveal important underlying complexes.
- Examples include disclosures of previous behaviors such as coprophilia or narcissism.
- Modification of the traditional position of the analysis to maintain visible interaction with the physician is common.