



**A PRACTICAL INTRODUCTION TO
NEUROPSYCHOANALYSIS:
CLINICAL IMPLICATIONS**

SATURDAY

THEORETICAL LESSONS

Session 1 (9:00-11:00)

- The affective basis of consciousness itself (the conscious id)
- The unconscious nature of cognition (the unconscious ego)
- Working memory: the role of consciousness in cognition

Session 2 (11:30-13:30)

- Consolidation, automatization and repression (the ‘cognitive’ and ‘dynamic’ unconscious)
- Reconsolidation (“consciousness arises instead of a memory trace”)
- Repression and defense (the return of the repressed)

Session 3 (15:00-17:00)

- Life’s problems: a taxonomy of drives, instincts and affects (implications for psychopathology)

“quotas of affect spread over the memory-traces of ideas somewhat as an electric charge is spread over the surface of a body”

(Freud 1894*a*, p. 60)

Besetzung

cathexis

κάθεξις



Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2731212/>

during painful illnesses is perhaps a model of the way by which in general we arrive at the idea of our body.

The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface.¹ If we wish to find an anatomical analogy for it we can best identify it with the 'cortical homunculus' of the anatomists, which stands on its head in the cortex, sticks up its heels, faces backwards and, as we know, has its speech-area on the left-hand side.

The relation of the ego to consciousness has been entered into repeatedly; yet there are some important facts in this connection which remain to be described here. Accustomed as we are to taking our social or ethical scale of values along with us wherever we go, we feel no surprise at hearing that the scene of the activities of the lower passions is in the unconscious; we expect, moreover, that the higher any mental function ranks in our scale of values the more easily it will find access to consciousness assured to it. Here, however, psycho-analytic experience disappoints us. On the one hand, we have evidence that even subtle and difficult intellectual operations which ordinarily require strenuous reflection can equally be carried out preconsciously and without coming into consciousness. Instances of this are quite incontestable; they may occur, for example, during the state of sleep, as is shown when someone finds, immediately after waking, that he knows the solution to a difficult mathematical or other problem with which he had

Freud, 1923

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There is another phenomenon, however, which is far stranger. In our analyses we discover that there are people in whom the faculties of self-criticism and conscience—mental activities, that is, that rank as extremely high ones—are unconscious and unconsciously produce effects of the greatest importance; the example of resistance remaining unconscious during analysis is

¹ [I.e. the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body, besides, as we have seen above, representing the superficies of the mental apparatus.—This footnote first appeared in the English translation of 1927, in which it was described as having been authorized by Freud. It does not appear in the German editions.]

² I was quite recently told an instance of this which was, in fact, brought up as an objection against my description of the 'dream-work'. [Cf. *The Interpretation of Dreams, Standard Ed.*, 4, 64, and 5, 564.]

perception in our intellectual and emotional life; nor are they subject to the critical restrictions of logic, which repudiates some of these processes as invalid and seeks to undo them.

The id, cut off from the external world, has a world of perception of its own. It detects with extraordinary acuteness certain changes in its interior, especially oscillations in the tension of its instinctual needs, and these changes become conscious as feelings in the pleasure-unpleasure series. It is hard to say, to be sure, by what means and with the help of what sensory terminal organs these perceptions come about. But it is an established fact that self-perceptions—coenaesthetic feelings and feelings of pleasure-unpleasure—govern the passage of events in the id with despotic force. The id obeys the inexorable **pleasure principle**. But not the id alone. It seems that the activity of the other psychical agencies too is able only to modify the pleasure principle but not to nullify it; and it remains a question of the highest theoretical importance, and one that has not yet been answered, when and how it is ever possible for the pleasure principle to be overcome. The consideration that the pleasure principle demands a reduction, at bottom the extinction perhaps, of the tensions of instinctual needs (that is, *Nirvana*) leads to the still unassessed relations between the pleasure principle and the two primal forces, Eros and the death instinct.

Freud, 1939

The other agency of the mind, which we believe we know best and in which we recognize ourselves most easily—what is known as the *ego*—has been developed out of the id's cortical layer, which, through being adapted to the reception and

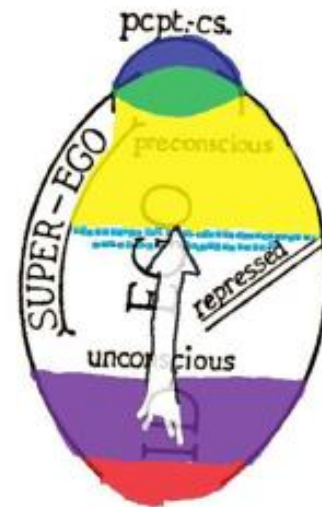
and pleasurable feelings with a decrease of stimulus. We will, however, carefully preserve this assumption in its present highly indefinite form, until we succeed, if that is possible, in discovering what sort of relation exists between pleasurable and unpleasurable, on the one hand, and fluctuations in the amounts of stimulus affecting mental life, on the other. It is certain that many very various relations of this kind, and not very simple ones, are possible.¹

If now we apply ourselves to considering mental life from a *biological* point of view, an 'instinct' appears to us as a concept **on the frontier between the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for work in consequence of its connection with the body.**¹

We are now in a position to discuss certain terms which are used in reference to the concept of an instinct—for example, its 'pressure', its 'aim', its 'object' and its 'source'.

By the pressure [*Drang*] of an instinct we understand its motor factor, the amount of force or the measure of the demand for work which it represents. The characteristic of exercising pressure is common to all instincts; it is in fact their very essence. Every instinct is a piece of activity; if we speak loosely of passive instincts, we can only mean instincts whose *aim* is

Freud, 1915



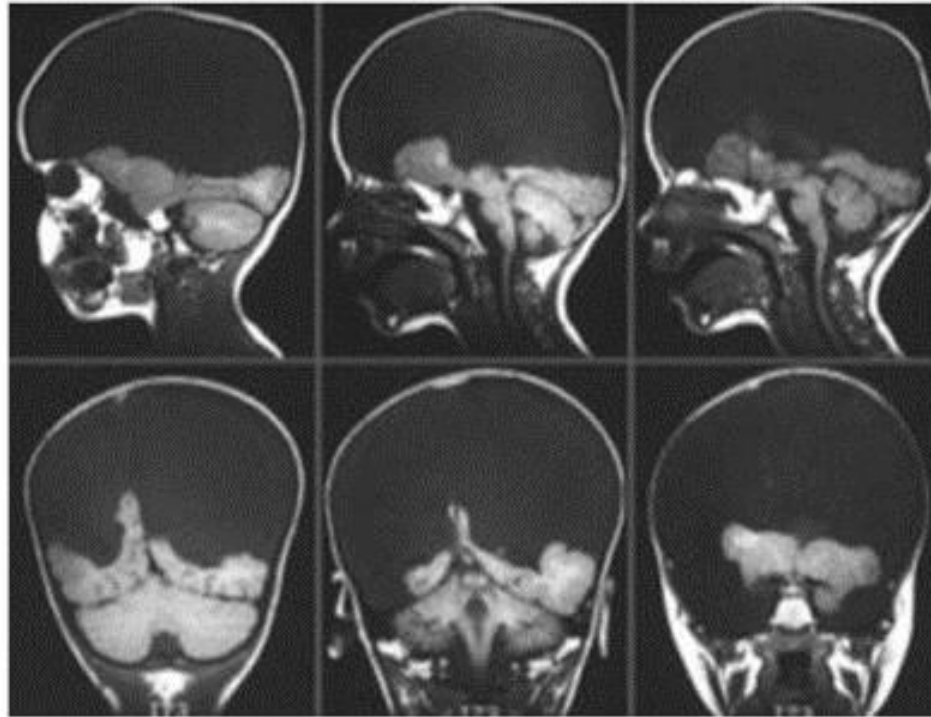




Figure 9. The reaction of a three year old girl with hydranencephaly in a social situation in which her baby brother has been placed in her arms by her parents, who face her attentively and help support the baby while photographing.



Psycho-analytic speculation takes as its point of departure the impression, derived from examining unconscious processes, that consciousness may be, not the most universal attribute of mental processes, but only a particular function of them. Speaking in metapsychological terms, it asserts that consciousness is a function of a particular system which it describes as *Cs.*¹ What consciousness yields consists essentially of perceptions of excitations coming from the external world and of feelings of pleasure and unpleasure which can only arise from within the mental apparatus; it is therefore possible to assign to the system *Pcpt.-Cs.*² a position in space. It must lie on the borderline between outside and inside; it must be turned towards the external world and must envelop the other psychical systems. **It will be seen that there is nothing daringly new in these assumptions; we have merely adopted the views on localization held by cerebral anatomy, which locates the 'seat' of consciousness in the cerebral cortex—the outermost, enveloping layer of the central organ.** Cerebral anatomy has no need to consider why, speaking anatomically, consciousness should be lodged on the surface of the brain instead of being safely housed somewhere in its inmost interior. Perhaps *we* shall be more successful in accounting for this situation in the case of our system *Pcpt.-Cs.*

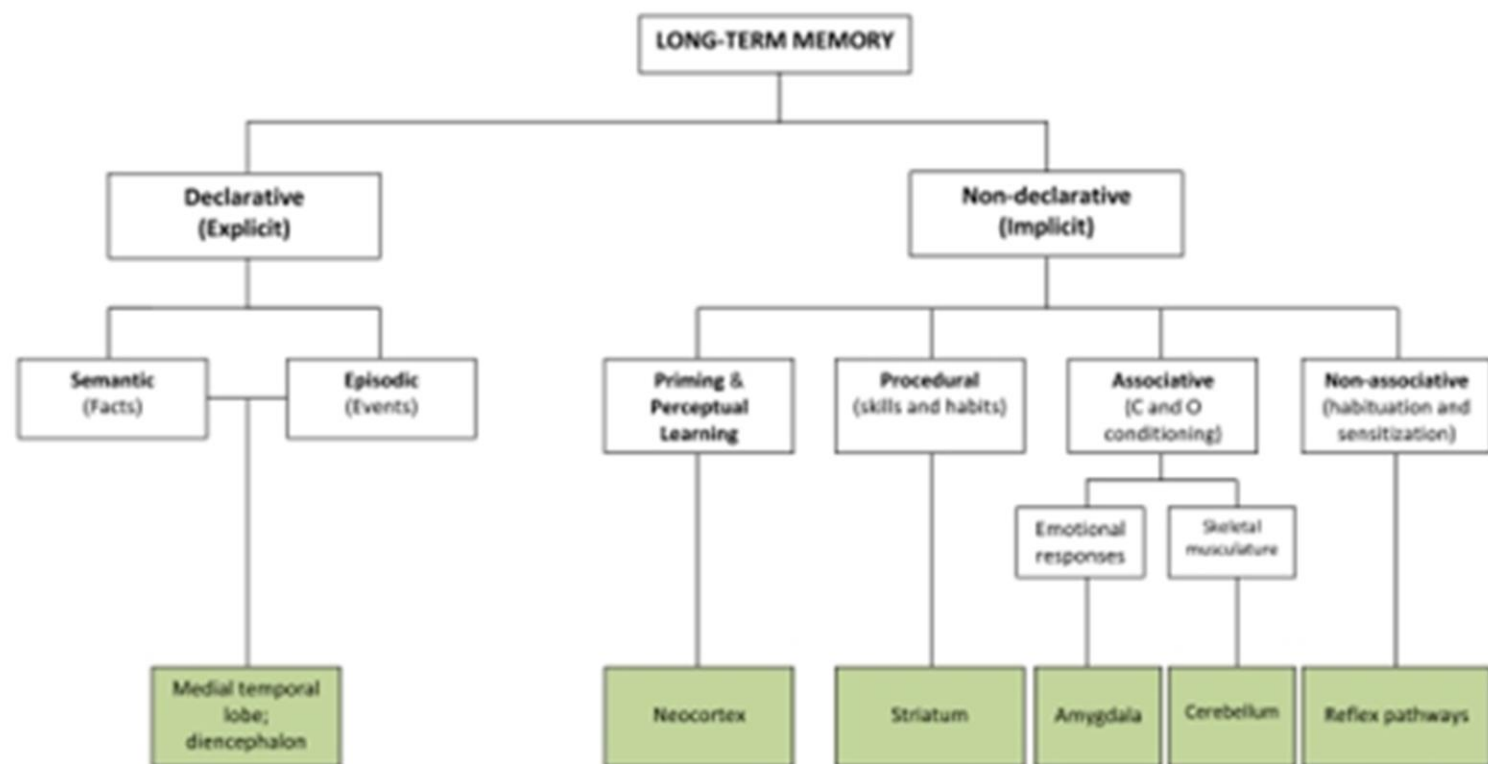
Consciousness is not the only distinctive character which we ascribe to the processes in that system. On the basis of impressions derived from our psycho-analytic experience, we assume that all excitatory processes that occur in the *other* systems leave

“Consciousness arises instead of a
memory-trace” (Freud, 1920*g*, p. 25)

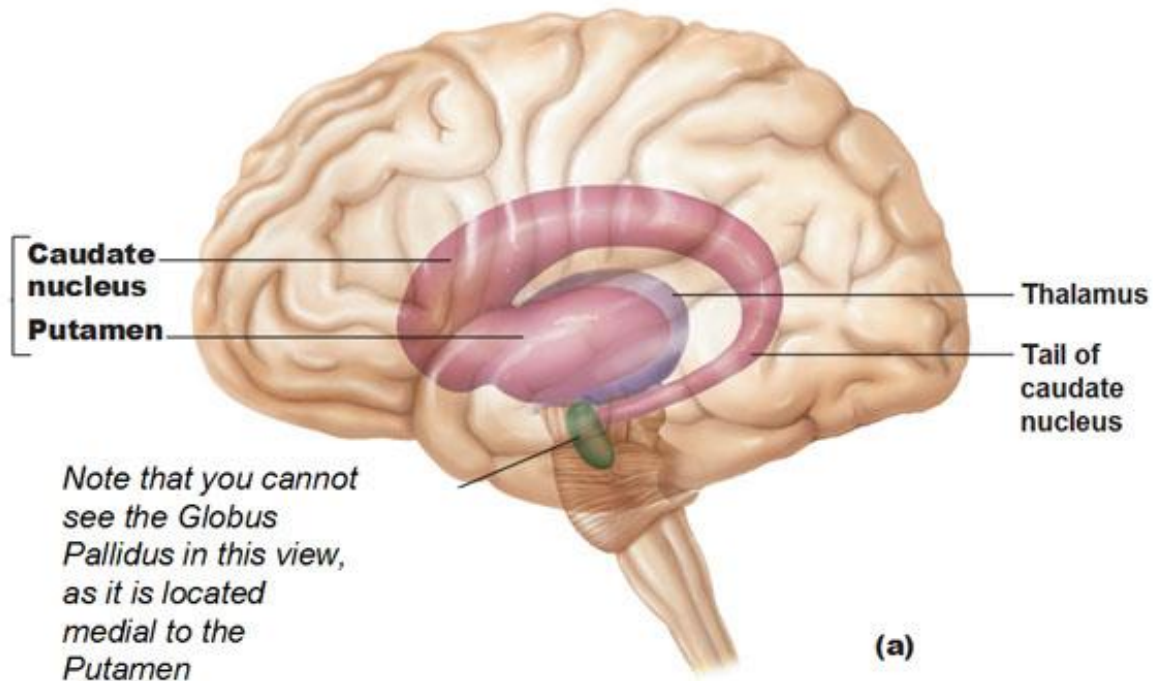
Session 2 (11:30-13:30)

- Consolidation, automatization and repression (the 'cognitive' and 'dynamic' unconscious)
- Reconsolidation ("consciousness arises instead of a memory trace")
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([protein synthesis](#) inhibitor [anisomycin](#))

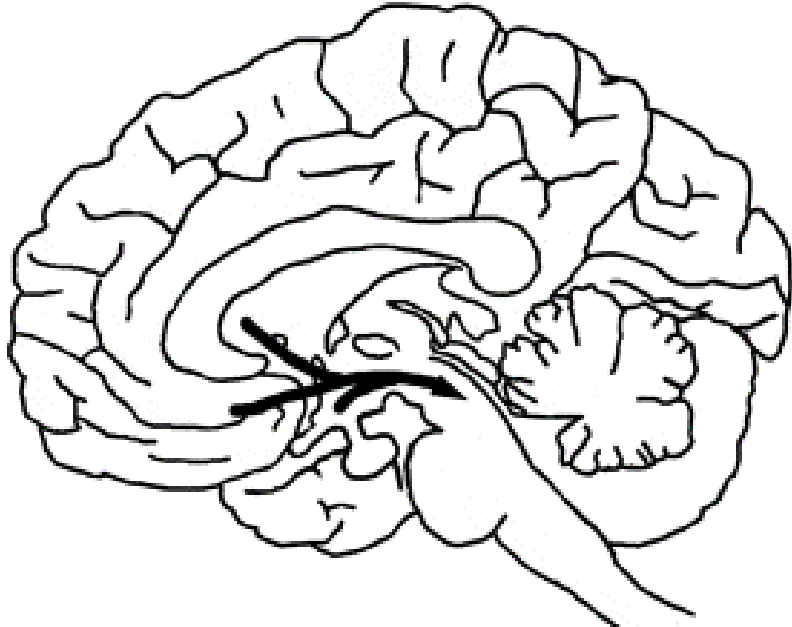


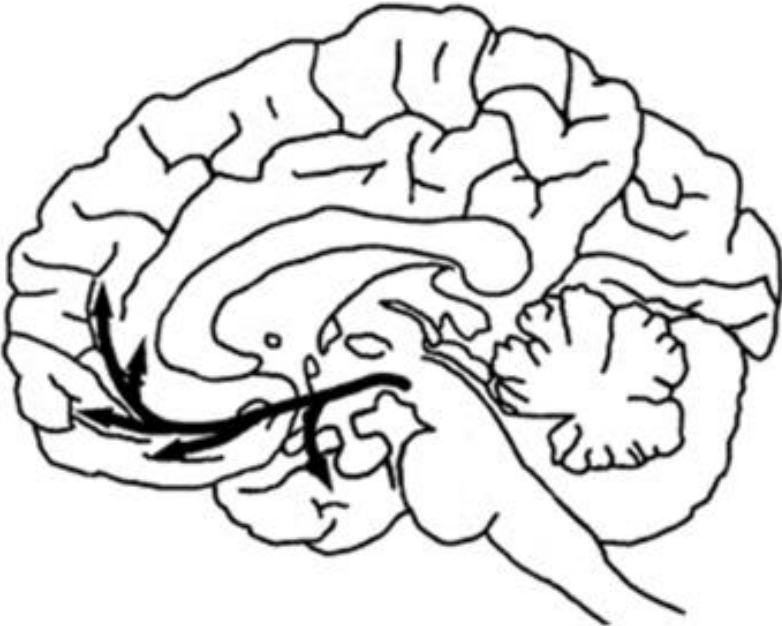
Basal Ganglia

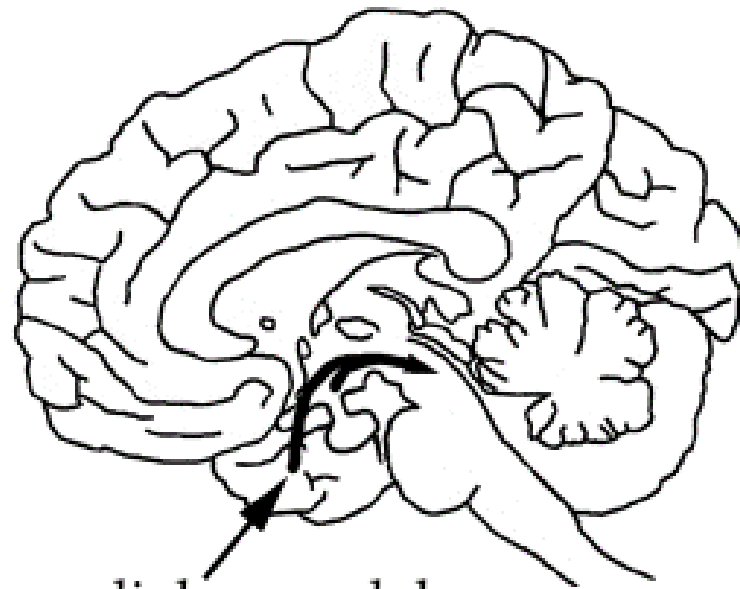


Session 3 (15:00-17:00)

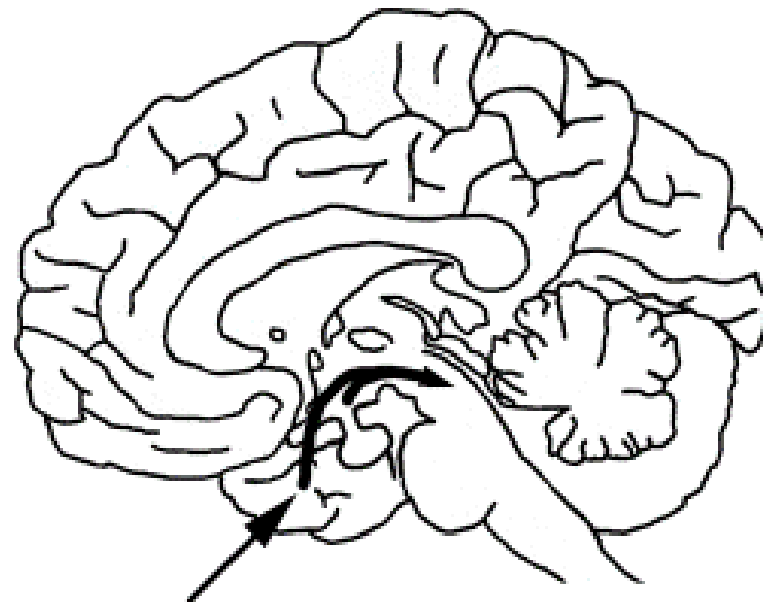
- Life's problems: a taxonomy of drives, instincts and affects (implications for psychopathology)



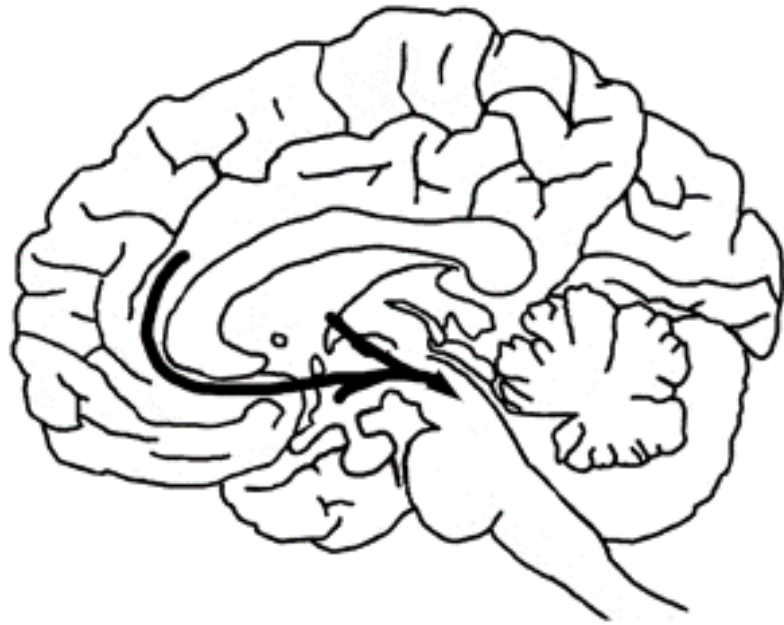




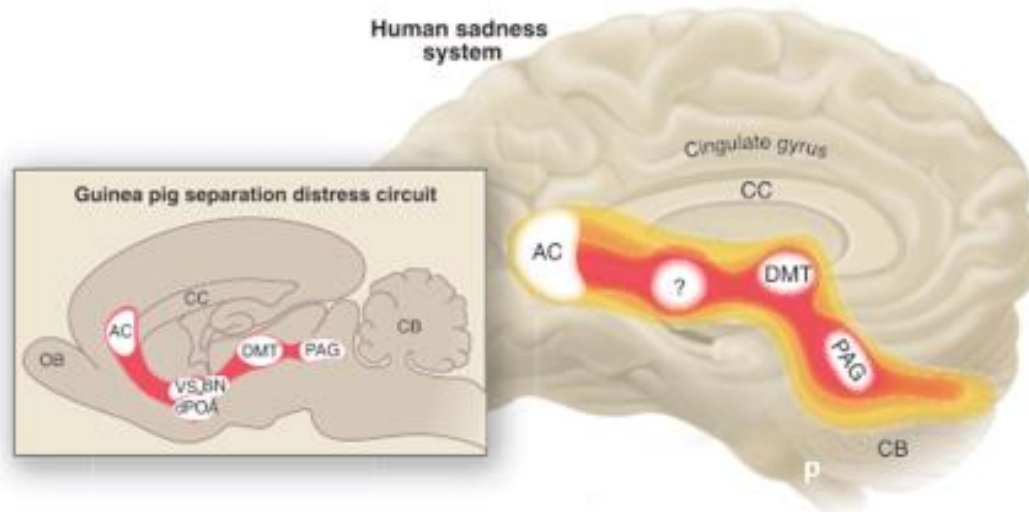
medial amygdala



lateral / central amygdala



SEPARATION DISTRESS CIRCUIT







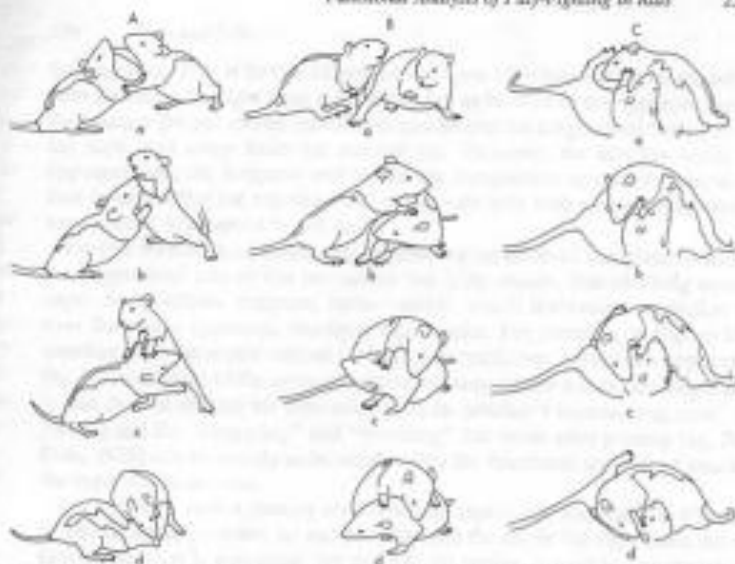


Fig. 1. Play-fights are initiated by an attack to the nape, which occurs both from the front (A) and from the rear (B). Even after the defender has adopted a supine position, the attacker continues to direct his attack to the nape, which in turn continues to be defended by the supine rat (C). Drawn from 16-mm movie film taken at 48 frames/sec. The rats represented in A and B are 31 days, and the rats in C are 56 days. Lower case letters signify frames of the sequence and are placed in a fixed location relative to the animals. The same procedure is used for subsequent figures.

SUNDAY

CLINICAL LESSONS

Session 1 (9:00-11:00)

- Implications of the conscious id for the 'talking cure'
- Why our patients suffer mainly from feelings
- The meaning of symptoms
- The actual task of psychoanalytic treatment
- Countertransference (affective and object-relational dimensions)
- Why transference interpretation is mutative
- Why psychoanalytic treatment takes time: 'working through'

PRACTICAL EXAMPLES

Session 2 (11:30-13:30)

- First case presentation (by a workshop participant) and discussion

Session 3 (15:00-17:00)

- Second case presentation (by a workshop participant) and discussion