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# In the pursuit of a “neuropsychanalytical interpretation”

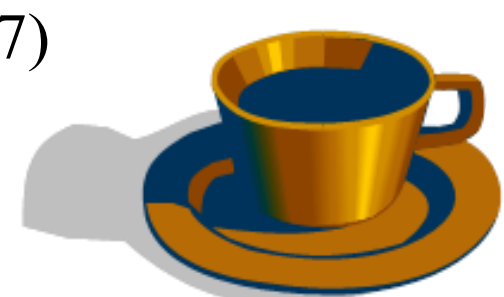
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## Introduction and historical background:

Sigmund Freud in his work “Project for a Scientific Psychology” (Freud 1895), attempted to explain psychic processes from a neurological standpoint, including those which were later to be called unconscious. However, three years later, in a letter to his friend Fliess (Freud–Fliess 1898), he had to admit that, “I am not at all inclined to let the psychological element fluctuate without an organic explanation. Nevertheless, beyond my own convictions, I have nothing, neither theoretical nor therapeutic on which to base these convictions, and I should therefore proceed as if I were in front of mere psychological factors”. So, after this time, Freud did not attempt to establish a connection between psychoanalysis and neuroscience. He abandoned the biological standpoint, but he expressed the view that man’s knowledge of cerebral functions would one day provide an underpinning to psychoanalysis.

“Freud himself developed a number of different types of interpretations to help patients understand their unconscious mind. Since then, psychoanalysis has broadened its interpretations and working methods as it incorporated more modern views of mental functions, including attachment theory, reflective function, intersubjectivity, the role of the relationship and the interpersonal interaction, as well as transference-counter transference enactments etc....”

“...Neuroscience is the closest thing we have to a science of the mind. It can only enhance psychoanalysis to consider incorporating it somehow into what we say to patients...” (Regina Pally 2007)



## Intervention and Interpretation:

I was struck by the sudden vivacity and joyfulness the patient showed expressing the first part of the dream. The knowledge of the seven basic emotions (J. Panksepp) made me immediately recognize the activation of at least two basic emotions: playing and seeking.

The way the patient communicated the dream showed her wish to play with me, to provoke me and surprise me, while the contents of the dream clearly spoke of her wish to escape from her house and to look for the pleasure of having a cup of coffee, of doing what adults do, and to do it by herself.

My attitude and interpretation voluntarily focused mainly on the sharing of the emotion of playing, of joy and novelty which appeared in the dream (and in the therapy). In fact, we both experienced a pleasant feeling of joy and mischievousness which we were happy to prolong. Above all, I pointed out to her the novelty of the appearance of emotions such as the desire to play with the analyst and to step outside the family, if only to have a coffee. We laughed together at the second part of the dream, when she replied to the “mother – owner” of the bar – in an angry way (rage of the patient).

We often recall that dream which represents the appearance of some “e-motions” in the sense of “evolutionary motions” (J. Panksepp) -Playing -Seeking and Rage which represented her first step of separation from her family and her first step towards adult life. When she goes through a moment of regression, she tells me, smiling: “I think I will go and get a coffee by myself at the bar!”

*I think that fundamental elements of psychoanalysis can be respected also when it is integrated within a neuropsychanalytical framework.*

The present report has been inspired by the work of Jaak Panksepp (2004-2011) and by his discipline called “Affective Neuroscience” about primary-process emotional feelings organized within primitive subcortical regions of the brain which are anatomically, neurochemically, and functionally homologous in all mammals that have been studied. These processes are ancestral tools for living - evolutionary memories of such an importance that they were coded into the genome in rough form (as primary brain processes), and then are refined by basic learning mechanisms (secondary processes) as well as by higher-order cognitions/thoughts (tertiary processes).

Jaak Panksepp’s seven emotional systems are: SEEKING (anticipation, desire) RAGE (frustration, body surface irritation, restraint, indignation) FEAR (pain, threat, foreboding) PANIC/LOSS (separation distress, social loss, grief, loneliness) PLAY (rough-and tumble carefree play, joy) LUST (copulation—who and when) and CARE (maternal nurturance).



## Discussion

In this case, the analyst puts specific emphasis on sharing positive and vital emotions, which were hitherto absent. This is somehow similar to the *Affect Regulation* and the *Repair of the Self* of A. Schore, to the empathic sustaining of the “Kohutian self” (Kohut 1971), to the Alexander corrective emotional experience, (1946). In addition, Stern’s “now moments”(Stern 1988) although we should seriously reflect if those “moments” are cause or consequence of structural change; is also similar to the positive reinforcement which takes place at II level of process learning in the Panksepp’s topic of “nested brain mind hierarchies”. In this specific case, the author believes that sharing and actively pursuing that magical moment of playfulness, challenge, courage, instead of interpreting it, can create a new experience and therefore a new path at the level of implicit procedural memory.

The awareness and the conscience of what is happening, represent for the patient an opportunity of growth and the possibility of integrating new emotional aspects.

During the second part of the interpretation of the dream, we go back to the fundamental and traditional elements of analytical practice, focusing on the patient’s personal history, on her internal world and the strong presence of a maternal Super-Ego, including the conflict between regressive and progressive drives, on dream contextualization, on transference experience, etc.

## Objective

The objective of the present work is to illustrate an example of the neuropsychanalytical point of view in the course of a traditional analysis.

Clinical case: Virginia is a thirty- year- old, three times a week patient, who has been under analysis for about two years, on the couch. She looked like a Baroque angel, with a fixed and serious expression. She was shy, reserved, and she has never had a sexual relationships; she functions well work wise (a high achiever), while being totally absorbed into the fabric of an “endogamic” type of family (father, mother and a two-year- older brother). The “temperature” of the session was always the same: neither warm nor cold.

Her voice was gentle and polite. She never wept nor laughed. She only smiled kindly. Her family was characterized by an almost total closure towards the outside, with a marked attitude of controlling instinct and spontaneity in favour of intellectual and rational choices (it was considered stupid to practice sports, playing with balls or dolls, while reading, studying and playing complex cerebral games within the family was expected of her). The patient lived so as to preserve herself from any dangerous, external new experience which could ruin the “adored mother’s little girl”. (No scooters, no boys, no mini-skirts, no school trips etc.).

Then, the end of a love story, and the appearance of panic attacks pushed her however without much conviction towards an analysis. Here, her behavior was to be characterized by diffidence and verbal denial regarding any type of transference with the analyst, as if the patient’s objective were to demonstrate as quickly as possible to her mother that the “mother’s perfect and adored little baby” was back to normal.

After a year and a half of analytical work, the patient brought a dream that was accompanied by a sudden mischievous illumination of her eyes and a vivacious smile:

Dream: “I went to have a cup of coffee by myself at the bar! The bar owner, a lady, invited me to prepare the coffee myself, or better yet, make enough for four people, and she pointed to the coffee, cups etc. I became angry and replied that if I had known that I had to prepare coffee for four people, I wouldn’t have entered the bar at all.

## Conclusions:

As shown above, this approach shares, in common with other psychoanalytical approaches, all the elements that are fundamental in analysis: attention to transference-counter-transference phenomena, empathic, non-judgmental listening, encouraging inner thoughts, emotions, desires and needs, attention to conscious and unconscious processes including the ‘here and now’ relationship, “present moments”, attention to timing, focus on subjective meanings, affects, fantasies, dreams, and enactments. Knowing how to manage the dialectic equilibrium between spontaneity and ritual during analysis depends on the experience and knowledge of the analyst. But the goal of analysis remains the same for all these different approaches: to ‘understand the patients’ and to ensure that patients may understand themselves, at the highest level of knowledge and awareness. In order to achieve this changes, shared emotional experiences sometimes are required even though they may or may not be integrated into further more classical interpretations. These moments of intense or amplified sharing, are something different from what can happen during a traditional interpretation. These are moments of contact that occur within at the most profound level of the minds of both patient and analyst where mutual primitive emotions meet to look for the best adaptable solution. We need to learn to recognize these basic emotions and to be able to work with them. However, we need to recognize when we are in contact with the upper, more sophisticated parts of the mind, those that are more “specifically human”, for the purpose of enabling the patient to function more knowingly, adaptively and satisfactorily during his life”.

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