

Shrink Rap Radio #196, February 20, 2009, Exploring Lacanian Psychoanalysis with Raul Moncayo.

David Van Nuys, Ph.D., aka “Dr. Dave” interviews Raul Moncayo, Ph.D.

(transcribed from www.ShrinkRapRadio.com by Florencia Reali)

Excerpt: *Often the person thinks the symptom is painful but they don't realize that the symptom produces unconscious pleasure, and that's a complexity that although the person wants to get rid of the symptom, unconsciously the symptom is hooked, or they are fixed onto the symptom in more ways than one. So we never take for granted the fact that somebody comes and says, you know, “I'm really depressed”, or, “I'm really anxious”, and even though it looks like they want you to help them with that, and they want to get rid of that, we don't take that at face value. Of course, we empathize with the pain, and we empathize also with your defenses, but we realize that there are defenses at play that are keeping these symptoms in place as well. And that becomes part of the working through and the skill in managing the clinical and the transference relationship.*

Introduction: That was the voice of my guest, Dr. Raul Moncayo. Raul Moncayo, Ph.D., is author of the recent book, *Evolving Lacanian Perspectives for Clinical Psychoanalysis*. He is also training director for Mission Mental Health in San Francisco under the Department of Public Health. He is a member of the Research Faculty at Alliant University (formerly The California School of Professional Psychology) and a Training Analyst at the Lacanian School of Psychoanalysis in Berkeley, California. He also has a private practice in which he provides psychoanalysis, consultation, and supervision.

Dr. Dave: Dr. Raul Moncayo, welcome to Shrink Rap Radio.

Dr. Raul Moncayo: Thank you, David. It's a pleasure to be here with you again.

Dr. Dave: Yes, I'm pleased to have the opportunity to talk to you again and, as many of my listeners will know, I did a previous interview with you on my Wise Counsel Podcast series. And, that interview was pitched more towards a professional audience. And, the topic of Lacan's psychoanalysis is sufficiently complex that I think it deserves another interview and this time coming at a... more from the perspective ... uh... trying to make it as understandable as we can for the layperson.

Dr. Raul Moncayo: Yes.

Dr. Dave: It's a challenge for both of us here and it will be fun to try to rise to it. Before we get into the discussion of Lacan in your book, and, by the way, remind me of the title of your book because I had it for the earlier interview but I don't have it in front of me any more...

Dr. Raul Moncayo: OK, it's called *Evolving Lacanian Perspectives for Clinical Psychoanalysis*, and the subtitle is *On Narcissism Sexuation and the Phases of Analysis in Contemporary Culture*.

Dr. Dave: OK, and I'll note that it is available on Amazon.

Dr. Raul Moncayo: Yes.

Dr. Dave: So, as I started to say, before we get into discussion of Lacan, how about telling us something about your background?

Dr. Raul Moncayo: Yes, well, I've always been bilingual and bicultural. My mother was North American from New York, my father Chilean, and I grew up primarily in Chile but I also studied in Argentina where I got my first degree in Psychology and was exposed to psychoanalysis my early training in Buenos Aires which is a very large psychoanalytic center. And, at that time, the psychoanalytic culture was in transition, going from a Kleinian approach to a Lacanian approach to psychoanalysis.

Dr. Dave: OK, and then you did graduate work here, right?

Dr. Raul Moncayo: Yes, I went to the Wright Institute and obtained a Ph.D. Initially I had plans to do postgraduate work in London, but then I decided to come to the US because I was a US citizen, and I was interested in the interface between psychoanalysis and social theory and that's something that the Wright Institute was pretty well-known for. And so, I went to the Wright Institute and got a Ph.D. in Psychology. And then I continued my training in psychoanalysis, in Lacanian psychoanalysis, through the Lacanian School of Psychoanalysis, which is located in Berkeley and was founded by Andre Patsalides, who's a Belgian analyst who was in analysis with Lacan himself in Paris.

Dr. Dave: Yes, just to bring our the listeners up to speed here... we're referring to Jacques Marie Emile Lacan, a French psychoanalyst and psychiatrist who died in 1981 at the age of 81, and, he's much better known on the continent of Europe than he is here in the US, and I gather also in Argentina.

Dr. Raul Moncayo: Let me say... clarify... I would say the American continent since he is quite well known in Mexico and in South America, and as well as in Canada.

Dr. Dave: That's interesting. I'm curious about a couple of things. Why was Buenos Aires such a hot bed of psychoanalytic thought? Are there historical reasons for that?

Dr. Raul Moncayo: Well, I think there was a large number of, just like there were many analysts who migrated from Europe to the US, many analysts also migrated to Buenos Aires and started the Psychoanalytic Institute in Buenos Aires, and I think that... Argentina had the first University system in Latin America, so, it's always been very evolved culturally in that way. And people value ideas and the intellect to a significant

degree and I think that probably that had something to do with the development of psychoanalysis there.

Dr. Dave: Do you recall how you first heard about Lacan?

Dr. Raul Moncayo: Yes, I had a friend of mine... I was studying in a University called John F. Kennedy, Argentinian University in Buenos Aires. It was a private University and it was at a time when the National University, which was an excellent University, but was intervened by the military at that time. My plan was to study and then move abroad, and so I went to a private University. And there was another private University where a friend of mine was going to. And there, Roberto Harari, who is a prominent Argentinian Lacanian psychoanalyst, was teaching there. He invited me to a class and I became very interested in what he had to say. He had a school and a study group. I joined his study group and became his student. Roberto now has... also, some of his books have been published in English by the Other Press in New York. He's a great author to serve as a kind of introduction to Lacan, because, Lacan has to be approached gradually and it takes a long time. If you go straight up to read his texts, it will be very difficult to understand. So, you have to kind of read introductions to Lacan, and usually that is the way it gets transmitted is through people who already are familiar with the teaching and the practice and therefore can serve as a kind of link to the work of Lacan himself. And, of course, Lacan is an open text. It's an evolving ... (that's why I call my book *Evolving Lacanian Perspective*) he provides several perspectives that allow to look at things from different points of view, from different registers, from different dimensions at the same time. So, it's a work in progress and it doesn't have only one way of defining or interpreting it, although the interpretations are not infinite, there's a limited number, but it does allow for flexibility in interpretation as well.

Dr. Dave: Why is it that Lacan is so difficult for people to approach head on? You said they need to be introduced to it by a person, they have to be mentored, to have their hands held in a way. Is it because people are reading it in English and it's translated from the French, or, are there other reasons?

Dr. Raul Moncayo: Well, there's something related to the language. Romance language cultures, I think, are more evocative and metaphoric and make plenty of use of analogies and metaphors. It's a more poetic expression in some ways. I think that English language asks for much more precise and linear definitions of things. So, it's more difficult to translate in that sense, because it's not written in one voice but in many voices simultaneously. So, I think that part of it has to do with the style and the nature of the language itself. The other thing is that he also had studied many different disciplines. So, he's coming at psychoanalytic questions from many disciplines at the same time, and it's highly theoretical writing on the one hand, and at the same time it's poetic. He's also trying to write in the form of the language of the unconscious. The way he speaks and writes is the way the unconscious speaks and writes, which is something that is not immediately transparent to the reader or the listener. I think that's part of the difficulty, just the level of intellectual discourse and the fact that it is highly allegorical in many ways.

Dr. Dave: OK, so, I remember first trying to read Jung and having some difficulty getting into Jung and I really had to read some introductory sorts of books that were written by other people before it began to open up for me. Also, think about some of the most challenging poets, if one isn't steeped in the sorts of mythologies or other things they are making reference to in their poems, their work is very opaque. I have the impression that, in this country, Lacan is better known in Humanities departments and Literature departments than in Psychology departments.

Dr. Raul Moncayo: Yes, because Psychology departments, in general, are not very psychoanalytic in the US.

Dr. Dave: That's right.

Dr. Raul Moncayo: Because Psychology departments are trying to follow more the model of empiricism within the Social Sciences, which follow the methodology of the Natural Sciences, whereas psychoanalysis is a different kind of Social Science that is not based on empiricism, and long-term treatment is not something that can be really studied very efficiently with the methodologies of the Natural Sciences. Also, clinical practice is not something that renders itself very easily into empirical studies and that is why most of empirical studies are done with University populations rather than with actual clinical populations. So, there is a kind of divergence between clinical practice and empirical research. Even though there is a pull to one to investigate if treatments are actually effective or not, particularly when they're expensive it becomes an important question to study, it's a difficult problem. So, psychoanalysis is empirical in the sense that is based on a practice and it's based on trying to solve actual clinical problems, and so it becomes a problem when psychoanalysis is relegated either to the private practice model with people who can afford it, it gets reduced to that, or, you have it in the humanities, which is completely divorced from actual clinical practice. So, then it becomes a theory that doesn't have much grounding in clinical practice. Or, you have clinicians, who are practicing in clinics, who don't have much theoretical understanding whatsoever. They rely just on some fragmented study here and there to inform them as to what may be effective with different types of diagnosis, but really don't have an overall understanding of the field or of the structure of the psyche or how the structure of the psyche relates to the phases of development, and how phases of development relate to family structure, and how all of this relates to the different types of diagnosis or different forms of psychopathology. So, you end up with all these theories or fragmented discourses, which I think in the end don't do much good to anybody.

Dr. Dave: OK, so one of the things I gather then that draws you to this approach is that it offers a fairly comprehensive theory in which to understand diagnosis, family development, symptom formation, treatment, all of that, is that right?

Dr. Raul Moncayo: Right, and the structure of the psyche as well, and also the interfaces with society and social phenomena, questions of culture and class, as well as the interface with spirituality, which has become a growing important aspect of the culture.

Dr. Dave: That is quite a bit... Most of us are familiar, at least in an anecdotal way, with psychoanalysis, with the practice of psychoanalysis, in terms of things like the 50 minute hour, patients going to see their analyst maybe 4, 5 times a week, lying on a couch, doing free association, that going on for years and years. That is kind of the picture of what would be called orthodox psychoanalysis. Of course a lot of people modified it... It can be shorter, not necessarily using the couch, etc. How would Lacanian analysis look different from what I just described?

Dr. Raul Moncayo: Well, the important starting point is the fact that most people don't know a couple of things. One is that psychoanalysis in the United States was disseminated primarily with Anna Freud at its head. And Anna Freud developed the school of Ego Psychology. So, primarily psychoanalysis was known through Ego Psychology and Ego Psychology is not the same as Freudian Psychoanalysis. That is something that Lacan makes a big point to emphasize, that in Freud psychoanalysis what's central is the question of the unconscious and the question of unconscious desire, and how that determines development and the production of symptomatology. In Ego Psychology you get much more pushed to try to adapt the person to society at all costs, into existing norms. So, there's a difference there in terms of the way of conceiving psychoanalysis. The second point is that Ego Psychology was the dominant form of psychoanalysis that formalized the standard frame, what we consider the standard frame, which is what you were describing... And the standard frame... Lacan points out that Freud did not practice according to the standard frame, and a lot of people sort of dismissed the way that Freud actually practiced because he wasn't analyzed himself, and he's the founder. So, he took a lot of liberties with the frame, that people after him had to be more Freudian than Freud, like they say, "more papist than the Pope".

Dr. Dave: Yes, yes...

Dr. Raul Moncayo: But actually, there is something that is missed here. Yes, there are things that most of us wouldn't do the way Freud did. For example, he conducted analysis walking down the streets of Vienna. He considered piece of analytical work talking to a waitress in a café who said "Oh, you're Professor Freud...", and he said "Yes..." and she sat down and started revealing to him a bunch of stuff about her life and her history, and he did a piece of, what he considered was a piece of analytical work and gave us some interpretations and so on. He did something else also riding on horseback with somebody else and so on... So, those are things that..., you know, I like to make fun of that thing that... Freud was being a street analyst, which is a metaphor that also Lacan uses for Socrates. He says that Freud is simply inheriting the Socratic tradition. Socrates went around town engaging people in conversation and to those who appeared to know he showed them that in fact they did not know, and to those who appeared not to know, he showed them that they did know. And that basic structure of analytical dialog has that precedent in the Socratic dialog.

Dr. Dave: So, let me comment here to make sure that I'm following here...

Dr. Raul Moncayo: Those are the exceptions... I'm just using that as an example to show the elasticity of psychoanalytic techniques. So, Freud did ... his analyses were mostly a year, they became like 10 or 20 years, and this was part of the problem that Lacanians are seeing, that also psychoanalysis went from the standard frame where the person had to be seen 4 times a week, you know, 50 minute sessions, and then became longer and longer lasting up to 20 years. And Lacan wanted to ... what he established, what I call, the multiform criterion for the practice of analysis, meaning that psychoanalysis can be practiced in many different forms, and the classical frame and the couch is one of the principal tools of investigation, but is not the only tool of psychoanalysis, is one of the tools. I'll stop there to... I have more to say, but...

Dr. Dave: Sure, and I want to hear it, but just to make sure that I'm on the same page... So, what I hear you saying is that Freud was a lot more flexible than most of us would give him credit for, or are aware of. And as seems to have happened with a lot of religious traditions that a lot of ritual and so on becomes encrusted and hardened by the followers, and it's not the same thing as the person who had the original experience, the original insight. So something similar has happened with Freudian analysis, that the people who followed in his footsteps introduced the kind of rigidity, which we referred to as the standard frame. So Lacan kind of wanted to go back to the original Freudian roots.

Dr. Raul Moncayo: Yes, to both the teaching of the unconscious and to more flexibility in the actual practice. I mean the main problem ... He had two problems with the international psychoanalytical association. One was that he was doing sessions of variable length. He introduced what we call *the cut* or, the more technical word, the *scanding* of the session, meaning that is not a chronometrical ending at 50 minutes but it's significant where the session ends. And that has a power to facilitate both the emergence of the unconscious and the working through of unconscious material between sessions. Because the work is not only happening within the session but it also is happening between the sessions, and it's important to facilitate not only regression but also progression. The cut of the session is also introducing something of the paternal function, not just the object relations holding environment. The paternal function also is helpful in facilitating independence rather than dependence on the analyst. So, we need to be moving in kind of both dimensions at the same time, of facilitating trust and dependence on the one hand, so that certain material can be evoked, but really not creating this dependence on the figure of the analyst.

Dr. Dave: I really like this idea of the variable session length. It has an almost Zen quality to me. As if the analyst were the Zen master and is waiting for, or is sensitive to...uh... I want to use the word "the bit", you know, that particular place in the session where maybe there's a sort of pregnant feeling that either something just has been completed or something is about to emerge. And so he says, "now, this is the place to stop..." and kind of lets the person stew in whatever is coming up. Am I characterizing that at all accurate?

Dr. Raul Moncayo: Yes, you are. And, often people with the standard frame... I mean, we get two critiques of this, you know, one is the critique that "How do you know when

to stop? Are you making assumptions based on your own mind rather than having something to do with what is good for the patient?” and “Aren’t you being authoritarian by you indicating where the session is supposed to end?” And so, what I usually emphasize is that there are different ways of doing that. And, of course, there is also an access dimension to this, access to treatment, because Lacan did sessions of length of 5 or 15 minutes. Most Lacanians we don’t do that. Our sessions last between 20 to 50 or 60 minutes maybe. And if you were to plot it, an average length probably would fall more on the 30 minute shorter than longer overall.

Dr. Dave: Interesting...

Dr. Raul Moncayo: Although it has to vary every session because every session is different, just like every client is different, every culture is different and so on.

Dr. Dave: So, there’s an effort to try to honor the uniqueness of the individual and of the moment.

Dr. Raul Moncayo: Right, but the other point I wanted to make was that we also ask the person, “Is this a good moment to stop? Shall we stop here?”

Dr. Dave: Yes...

Dr. Raul Moncayo: That’s the way it’s introduced.

Dr. Dave: OK.

Dr. Raul Moncayo: It’s not, “Well I’ll see you next time and goodbye”, so there is an opportunity also for the person to say, “Well, no, I don’t want to stop here because there is something else that I wanted to talk about”. So, then you give the person the benefit of the doubt of seeing what the something else was, and if legitimately it was something else that was important to discuss, or whether it’s a distraction, or a form of defense. And if that’s the case then it leads to new material, and if it proves to be significant material that was appropriate for that session, then the session may continue or the analyst may indicate again “Well, I’ll see you next Tuesday”, or whenever.

Dr. Dave: Yes, what about some of the other elements? Is the use of the couch, is free association a major technique that’s used? Is the role of transference in analysis, the transference on the analyst, the role of resistance, the analyst playing a, quotes, “blank screen”, not revealing much of himself... Is Lacanian analysis different in those respects or similar?

Dr. Raul Moncayo: Well.. uh... both similar and different. Let me say something about the rule of free association... of course, that’s the fundamental rule of psychoanalysis. Not giving advice is not the fundamental rule of psychoanalysis. Sometimes people think the analyst is never supposed to give advice, but that is not the case. It’s just that advice has to be given within the context and consideration of transference. But the fundamental

rule is the rule of free association. However, the rule of free association also has a freedom... it's always in a dialectical relationship with an imperative. There is an imperative to speak, there's an imperative to speak freely. But, speak freely so that I can see and hear how much also there may need to be cut in that speech in order to bring something of the ring of truth forward in that speech, as opposed to it being free association. And often free association may end up in idle speech, or the person talking about things that are really not that relevant or that important, that serve as a distraction. So, that's why the importance of free association has to go together with this kind of focused association where we use the technique that Freud used for dream interpretation. The technique for dream interpretation was that you ask the person to recount a dream, and then you ask them to free associate to particular images in the dream. So it is not just a kind of open-ended free association, it's also that you ask, "What does this bring up for you? What does this make you feel? What does this make you think? Can you associate to this or that?" So, you are selecting the nuggets within the dross of ordinary speech, and that's the role of the analyst. It's to hear and listen for those nuggets, for those key signifiers in that flow of speech and then asking the person to say more, or simply just reflecting back what that is. So, in a sense is like the Rogerian therapist, in some ways, that reflects back... The person says something like... uh... you know... you repeat 3 words that the person said but when you repeat them there's a different meaning of the word that comes forward that was implicit in what the person was saying but the person wasn't actually hearing it. When you repeat it, then they can hear it. So, the difference between that kind of ... uh...that I like to call it a symbolic form of empathy, which is an empathy with the unconscious, meaning that the person doesn't know what it is that you are saying, and so, just repeating something, you select certain things that are..., you know, Lacan uses this metaphor of the Moebius strip, which is an image derived from physics, which is... You have a strip of paper, let's say. You make a cut on the paper and then you flip one side onto the other and then you reconnect them. So, what you end up with is a band that goes from the outside to the inside and from the inside to the outside. And you can have an ant that walks over that surface and going from the outside to the inside and then from the inside to the outside. And so speech is like that. When somebody is speaking, their speech is going through from the unconscious to the conscious and from the conscious to the unconscious. So, often people don't know what it is that they are saying, and those are the things that you choose to reflect back, not just anything in particular but the things that are reflecting back to the person their own unconscious. So the analyst is in the place of the other, not only an interpersonal other, but is the other occupying the place of the person's own unconscious.

Dr. Dave: Sure, you know, something very similar can happen in Gestalt therapy that I've seen or that I've conducted, in which you hear a phrase that the person kind of said, but they haven't experienced the full meaning. And a Gestalt technique is to ask them to say it again and maybe again, and maybe again, or say it louder or say it with feeling and at some point they connect to that feeling. It sounds similar...

Dr. Raul Moncayo: Yes, it is similar.

Dr. Dave: Yes...So, what is the goal of Lacanian analysis? Is it self-understanding? Is it being free of symptoms? Is it, quotes, a “cure”, or self-acceptance?

Dr. Raul Moncayo: OK, let me say that, let me say, you know, there’s a lot of things I didn’t mention that would be interesting to talk about, in terms of the use of the couch or the question of the mirror, the blank screen, or the analyst as a blank mirror, which ... uh... maybe some other time, we don’t have time today, but I wanted to say something about the chair or the couch. Can I say something about that?

Dr. Dave: Yes, definitely.

Dr. Raul Moncayo: The chair arrangement... A Lacanian analysis could be done on a chair or a couch, because it’s more of a subjective position rather than an actual physical position. But if a chair is at use, then the chair arrangement should not be face to face to allow for the possibility of having or not having eye contact. And this arrangement follows the principle that different structures require different things and that the eye does not see what’s essential to the eye. That sounds a little bit like *The Little Prince*, meaning the organ of sight, the eye doesn’t see the organ of sight. So, in that sense we can say seeing is not seeing, and not seeing is seeing. So, the “not seeing” that is necessary for effective analysis can be embodied on a perpendicular chair arrangement or on the couch. This “not seeing” provides the psychical space for the analysand, the person, to speak about what ordinarily is not allowed to be seen or heard in society. And this is particularly important if you are conducting shorter forms of treatment, because the focus of analysis is unconscious fantasy. And fantasy is something that is usually communicated with a lot of embarrassment, and these are things that the person doesn’t tell anybody and haven’t told anybody. And so, often they are communicated with a lot of embarrassment and shame, and if they are not, then they are communicated in a kind of acting out, superficial way, and that in itself is very diagnostic. So, for the most part, the analysis begins in a chair or a regular couch, and then after a while we invite the person to take the analytical couch but if they refuse they can stay in the chair as long as they want, or for as long as the work is productive. If the work begins to lag, then the analyst should recommend the couch to be able to make further progress. Sometimes people want to start on the couch, and then they want to get off the couch and return to the chair, and this is acceptable to us, as long as the work is not compromised. So, the person has a choice, because we are not fixed on the particular sitting arrangement so long as the principles that I just detailed are kept in mind.

Dr. Dave: Yes, the thing that stands out for me is that you said the focus is on unconscious fantasy.

Dr. Raul Moncayo: Right, aha, yes, and of course traumatic experiences as well. Because we are not dealing just with the psychical reality, we are also dealing with environmental reality, and more important, the interfacing of both. And that’s something that sometimes in psychology, you know, you get a school that deals with the environmental reality, and then you get a school that deals with psychical reality and then you get a school that deals only with the biological reality, and that is the way the field

gets split up. So, it's important ... that is the way the multidimensional, multi-perspective approach, is to see how all these dimensions are all, each one is independent, but they are all interlinked or interrelated and it's important not to collapse any one and keep them all in play in some way. So, back to the question of the goal of Lacanian psychoanalysis... uh... So, any treatment has to affect a symptom or a problem that the person brings and produce a transformation of the symptomatology or psychopathology, which in our case, we could say happens in a number of levels. One has to do with the transformation of affective experience, which is the cathartic aspect of psychoanalysis. And then we have schools that run away with the cathartic method, then, of course, Freud changed the cathartic method to the method of free association, and it focuses more on the question of insight, and then we have a school that runs away with that, you know, part of that is a kind of market I think...

Dr. Dave: Yes, you are talking about emotional release vs. insight...

Dr. Raul Moncayo: Right, so, there has to be a transformation of affective experience, which in the Lacanian school we call *jouissance*. And *jouissance* is something that involves both pain and pleasure, and... uh... often the person thinks the symptom is painful but they don't realize that the symptom produces unconscious pleasure, and that's a complexity that although the person wants to get rid of the symptom, unconsciously the symptom is hooked or they are fixed onto the symptom in more ways than one. So we never take for granted the fact that somebody comes and says, you know, "I'm really depressed", or, "I'm really anxious", and even though it looks like they want me to help them with that and they want to get rid of that, we don't take that at face value. Of course we empathize with the pain and we empathize also with your defenses, but we realize that there are defenses at play that are keeping these symptoms in place as well. And that becomes part of the working through and the skill in managing the clinical and the transference relationship. So this transformation of affective experience has to result or should result in the ability to use aggressivity constructively, for example, to be able to enjoy sexuality without too much suffering being associated, to produce also a transformation of thinking, how we think, both consciously and unconsciously and sort of release the creativity and the power of the unconscious in its proper place. Also produce transformations on how the person acts in the world, transformations in terms of the quality of the social relationships, in the social links, transformations of the character traits and overall an increased ability to work and productive creativity. So, all of this is something that is part of the fruits of the treatment. Now, what is being cured is clinical suffering. I differentiate between clinical suffering and existential suffering. And so, the bottom line is curing clinical suffering or what we call the human neurosis. But like I said before, neurotic symptoms are not so easy to change, otherwise people would be able to do this themselves without the help of experts, right?

Dr. Dave: Right.

Dr. Raul Moncayo: And short-term treatments and behavioral treatments rely on the help of the expert to advise clients how to change and eliminate symptoms and so on. But often these changes are only temporary and may be only a question of time before relapse

takes place. The psychoanalytic approach to symptom reduction... I mean... the symptom for us is important, because the symptom is a metaphor. So, it's not just a physiological state. It's a physiological state but it's also a psychological metaphor. And Lacan in the end also says that the symptom is also in the real, it's a form of jouissance, and that's why it's so difficult to change, because it's also there for good reasons and it also has a productive aspect. The symptom is what he came to call *the sinthome*, it's what helps people grow. So, you don't want to get rid of all your problems because the moment you get rid of all your problems then you stop growing. Nevertheless, at the same time, there has to be a transformation, a different relationship to the symptom.

Dr. Dave: Yes.

Dr. Raul Moncayo: But the approach is indirect rather than direct, because if you tell people what to change... right? ... They are depressed and you tell them, "Well, instead of being home depressed you should go to the movies", they may either do it or they won't do it. If they do it, this may be superficial compliance and eventually the symptom will reassert itself because the root cause has not been really exposed. And this explains why in many paradoxical interventions they tell people to keep their symptoms, in order to get them to let go of them. Like in Systems Theory, they prescribe the symptom, they are trying to address the same mechanism, you know... like ... even though the person doesn't like the symptom, actually they are unconsciously invested in it. So, if you tell them to change it, they won't, but if you tell them to keep it they will. On the other hand, you know, psychoanalysis also doesn't stop the analyst from prescribing short-term solutions. Like, when somebody comes with, say, three panic attacks a day and they are completely disrupted in their lives, the psychoanalyst who is a, you know, a psychiatrist, you know, they often prescribe anti-anxiety medication, and the psychoanalyst who is a psychologist may prescribe a form of relaxation technique or breathing technique just to deal with the short-term impact or the severity of the symptom. But, of course, you don't want to reduce anxiety too much, because anxiety is also a generator, it brings forward a certain subjective truth about the person that they would rather not deal with. And if they didn't have the anxiety they wouldn't have to deal with it. So, then, the question is what is the object of the anxiety, and that's sort of the beginning of the analysis, is to find out what are the objects or the thoughts that are producing the anxiety. But the thoughts that produce the anxiety in the cognitive approach, we consider only that these are the pre-conscious substitutes. The core beliefs that people talk about in cognitive theory, that produce the thoughts, those are the super-ego structures or the preconscious structures that are substitutions for yet deeper unconscious thoughts. They are the ones that we are eventually interested in getting to, because that's the root cause of the problem. And that can only be "up-rooted", sort of speak, in a more long-term treatment. So.. uh... I think that's basically what I'd like to say... I don't know if I answered the question about the goal of Lacanian psychoanalysis or what we are curing.

Dr. Dave: Yes, I think you did, very complete answer. So, we are probably at about the place where we want to wind down, although I certainly recognize the frustration of trying to talk about a very complex approach, complex system, with the a lot of background, underlying theory, etc, in such a compact period of time. But I wonder if

there are any last thoughts or points that you want to make as we wrap it up here. Is there any piece that you would feel not served because you didn't get to say or make a certain point?

Dr. Raul Moncayo: I think that one of the things that (I don't know if this came through or not in the interview) is that the Lacanian analyst is much more active in the pursuit of the unconscious. Not active in the sense of trying to eliminate the symptoms right away, or in terms of giving advice, but much more active in terms of the pursued of the unconscious through the analysis of speech, as well as affect ... because affect is also important, sometimes people criticize Lacanian psychoanalysis for focusing too much on language or on insight and not enough on affect. So, Lacan towards the end of his life focused a lot more on this question of *jouissance* and the question of the real. But the important thing is that affect can be true or false. Often, sometimes in California we think that getting in touch with feelings is all there is to it. But actually, you know, for example, the hysterical structure, neurotic structure, has a lot of affect but often is false affect. The person is emoting and what they are upset about or what they are angry about is really not what they are really upset or angry about. So the affect is falsely linked to something that is really not the cause of the affect. So, the affect and the thought, the rationalization, need to be severed and the affect needs to be connected with something else. And so, they should be encouraged not to emote so much, but to put things into words rather than emoting and catharting.

Dr. Dave: Yes.

Dr. Raul Moncayo: Now, other patients, like the obsessional type, have no affect and they rationalize everything. And in that sense, in that case, the affect that needs to be brought forward is true affect and that will facilitate, instead of having access to the rationalization, to the intellectualization, to have access to the repressed speech and memory and so on. So, it's important to consider that just producing affect by itself doesn't have necessarily truth value. But it's sort of the interaction between affect and insight that's important. And also, finally insight is not just a question of intellectual insight. And this is also something that differentiates Lacan from Ego Psychology, because insight is not necessarily a rational function. It's not irrational in the sense of Jung either. We could say it's *trans-rational*, if we could use that term that I think was coined by Wilber, the transpersonal psychologist. But Lacan refers to a form of unknown knowing. Insight in Lacan refers to unknown knowing. Something that is known, that is not an Ego function that is not a secondary kind of process, rational thinking, but is something that is known unconsciously. And may also be known with the body, that the person doesn't know that they know. And that's the kind of insight that we're trying to evoke, not the intellectual insight that everybody knows already, and that people have heard about psychoanalysis in the culture, and they come with the stereotypes into the session and all that, that is not very helpful and functions more as resistance.

Dr. Dave: Yes, yes. OK, I think you've given us plenty to wet our appetite, to learn more, and also perhaps to be more open to these ideas that seem so foreign at first. So

hopefully listeners will want to learn more on their own. So, Dr. Moncayo, thanks so much for being my guest again here in Shrink Rap Radio.

Dr. Raul Moncayo: OK, Dave, thank you so much for having me again. It's been a pleasure speaking with you.