

Without History: An Experiment in Case Presentation

Ezra FEINBERG, Evan MALATER, Jamieson WEBSTER, Jason ROYAL, Olga POZNANSKY, Hannah WALLERSTEIN

On January 10, 2015, *UNBEHAGEN: A Free Association for Psychoanalysis* organized an experimental event in New York City. Its general purpose was to examine new ways to present psychoanalytic case material in a group meeting. What follows are comments from the members of the planning committee on the results of the experiment.

Ezra FEINBERG

Case presentations in group or individual supervision generally follow the same format: The presenter shares process notes from one or more sessions, important events of the patient's childhood, a history of family and romantic relationships, medication history, history of the current treatment (duration, frequency), information about prior treatments, features and charac-

and never entirely or completely knowable, a patient's history can become a technical crutch, leaned on by the analyst to maintain a state of knowing when, in fact, far less is known than the analyst thinks. It's not just that the facts of a patient's history are never concrete, but also that the analyst's need for history can occupy a piece of both the analytic dyad and the space of supervision. Case histories assume an orienting quality, a lighthouse or port in the storm of the often overwhelming material that emerges within a psychoanalytic treatment. But where are the limits of this orienting object? We sought to address this question with an experiment whereby case history is removed from a case so as to purposefully disorient, and to then observe what might remain.

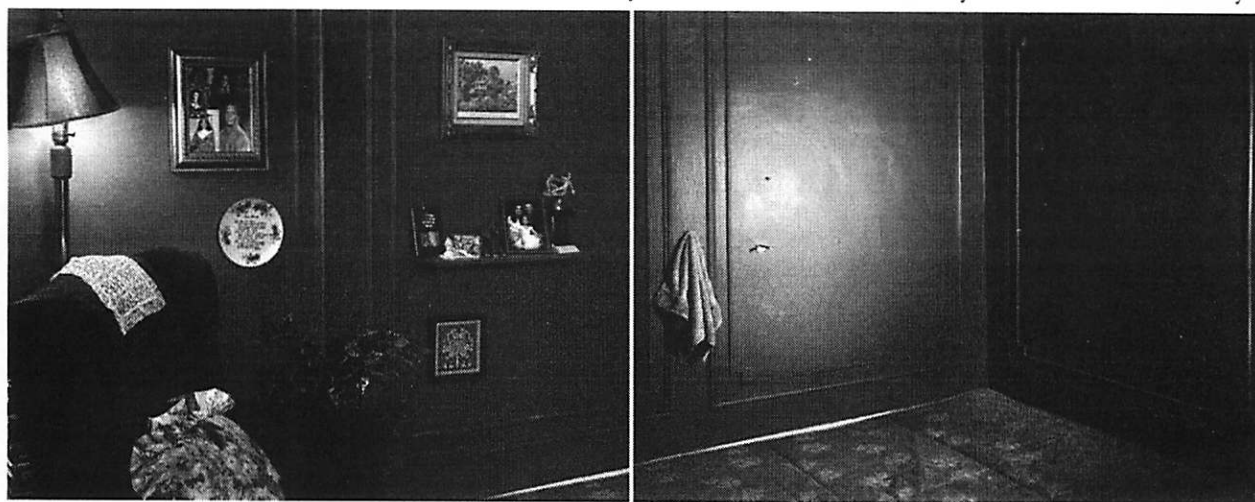
What happens in a case presentation without a case history?

it's you or me." One conclusion we might offer from this experiment is that the analyst's orienting position from the start is toward history, and a "proper" case history is not required. ■

Evan MALATER The Experiment

Now a month after "the experiment," I wonder what, if anything, our experiment wanted to achieve and what, if anything, happened.

Maybe it will be helpful to start with a simple description of what was done. We applied a subtractive logic to the all-too-familiar format of the case presentation. We took away the presence of the analyst at the event. We took away from the panelists any formal organizing history, instead giving them only raw case notes from the analyst.



Hrvoje Slovinc, *Untitled II (Home Blessing)*, 2009

teristics of the current treatment (including transference and countertransference issues and the patient's personality and character traits), job and relationship status, and, of course, psychological symptoms, including the patient's "presenting problems," and the vicissitudes of those symptoms throughout the treatment.

"Without History" grew out of a desire to question, investigate, critique, and play with this form. It also grew out of the planners' experience of case presentations in group or individual supervision as puzzles to be solved. Symptoms are fit like pieces into a case history, or vice versa, all via process notes and discussion (including parallel process) and—*voilà*—the puzzle is solved through the trusty process of group or individual supervision. While most thoughtful supervisions and case presentations recognize history as both unstable

One thing that happened in this event was the articulation of other forms of history for this case that had no history: etymologies of certain words from the case, including the etymology of the word "case," narratives of the process of receiving, reading, and writing up impressions of the case for the event, and associations to the case material based on personal or clinical experiences of the past. These overlaid histories may have served to fill the gap left by the original removal of the case history, thus exposing the analyst's enduring desire for history. This endurance, despite the basic tenet of the event, resonated in the wake of the event. Indeed, history found its way into "Without History," perhaps spotlighting the analyst's fundamental desire for origins, backstories, or one form of explanation and explication or another. The analyst desires these words in some form, whether spoken or listened to, as if to say "someone's bringing in history here whether

Finally, we took away the audience's access to even the raw material that the panelists were given. The audience would only be granted the information that accrued from the three panelists' comments.

With so much taken away, what could we expect to gain? To ask this in another way, if we hoped to gain something, what could that be? Was it some form of knowledge? In organizing our experiment, some of my colleagues suggested that this knowledge might come in the form of something that could be conveyed between the crevices of the three panelists' accounts, because or in spite of all that was taken away. Weeks after the event, I wonder whether we remained all too grounded in the hope for a takeaway knowledge and that our experiment led to something other.

Each of the panelists handled the challenge in their own way, in turns poetic, philosophical, funny, and fretful. Muriel Di-

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men joked about her ongoing attempts to clarify what it was that was being asked of her, only to be sent the basic rules again and again. Can you imagine being saddled with such basic rules, rules that have no basis or grounding in the logic of everyday life? Can you imagine protesting only to have a stoic analyst reaffirm those very same minimal rules without mercy or elaboration? It sounds a bit like psychoanalysis.

I don't know that I derived any knowledge or that I wanted any. When one of the presentations presented a surplus of the actual historical facts plucked from the case, I wanted to stuff my ears and say *la-la-la-la*. I didn't feel that we were there to learn something about the invisible analyst's work. I know that his might be my particular form of resistance to the experiment.

To make an experiment is not necessarily to seek knowledge. I think we made an intervention—on the format of the case presentation itself. Everybody was off balance in some way. Maybe this is because

panelists, discussants, and audience alike to have remained unmoored. It was hard. In the run-up to the event, we'd already had to steel ourselves against various doubts, suggestions, and pleas of incomprehension.

I think it was a good experiment and an excellent intervention. I don't know if we gained or even wanted any knowledge. I do know that *something* happened. ■

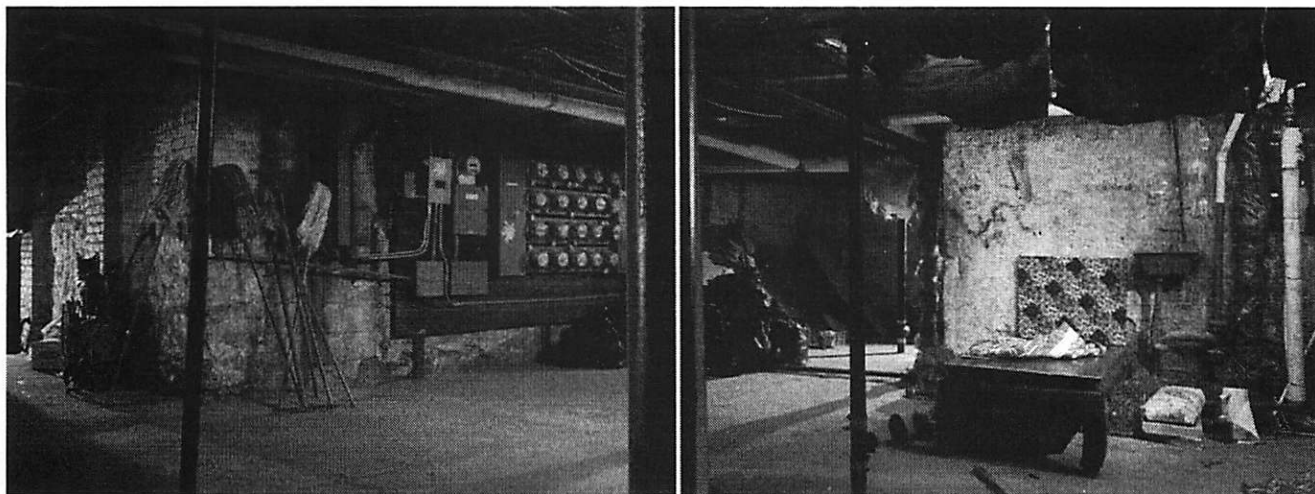
Jamieson WEBSTER

Nachtraglichkeit—I always thought it sounded like a sneeze and found it funny that some analysts muttered it with such mystical reverence. When thought about less in terms of trauma or turning points in treatment, and more along the lines of grammar, it's rather simple—pointing to the fact that only when we reach the end of a sentence can we reach meaning, ascribing meaning retroactively. History happens via the future. The clinical case experiment "Without History" was this experience for me. I'm not sure if it is because the moment

second signifier—*instant* (and *instanter*)—as if crisis united in the figure of a too-immediate pleasure and time as moment and momentary. In leaving a very long analysis, she found an instant.

I then moved on to Muriel Dimen's portrayal of this patient, struggling with independence, stuck in positions of servitude, getting off on serving, wishing to leave and being unable to, leaving things unopened, not knowing if she wanted them open or unused, and the analyst's struggle with being demonstrative, directive, and decisive. It mirrored Muriel's comical struggle with the assignment, uncannily also on a trip away from home. What was this analyst fighting? she wondered. Or perhaps better, with whom? Who told this analyst what to do and not do in the first place? And just at the moment that you felt yourself divided, patient against analyst, analyst against patient, they were united by the heading "impossible agency." And both were to be forgiven.

Finally, Patricia Gherovici gave us a



Hrvoje Slovinc, *Untitled VIII (Squeaky Clean)*, 2009

in some essential way, we were all put in the position of the patient. We, the players of the case presentation, were the ones being discussed, as much if not more than the semblance of the case we heard about. I think that this was dimly recognized but hardly articulated. I think we made an intervention on the expectations and habits of the case presentation itself and on the players of the various roles. What emerged was something like the bare desire of the players in the drama of the case presentation—the panelists, the listeners, and discussants alike—a desire for and against the case presentation itself.

In retrospect, I wish we could have been less composed, that we had not even tried to pull ourselves together in the immediate aftermath of the panelists' contributions, as if to make up for the deprivation we had inflicted. I would have liked for

of analysis discussed in the case itself had the structure of a turning point, left open and in need of an *après-coup* appraisal, or because without history, we were given over to an experience of blindly following until we found our own stopping point, only then putting together some kind of understanding. Maybe, luckily, it was both together, making this a particularly vivid experience of deferred effects. Maybe the anonymous analyst to whom we owe so much gratitude gave us these sessions knowing something about how history works, and so which sessions best illustrated it, knowing we would be without it.

As I listened to the three presenters I followed a path. It began with David Lichtenstein's description of the event of the treatment like Oedipus at the crossroads, running from home. Crisis is the signifier in a search for a pleasure that was lost or had never been. These united in a

lesson on Gotham, where the question of go, go, go, was driving this treatment in its very language. Why can't we just go?! For Patricia, the knot was not a question of separation, but a question of sex. How a woman goes and how a man goes are different, a difference that suffuses this patient's imagination. And suddenly, as I listened, the question of feminine sexuality colored the crisis of a newly born woman. The question of pleasure—who comes and goes, who goes then comes—and the fantasy of agency were driving the distributive ethics between her and her analyst. I think I had some sense of the crossroads that she constructed as the repetitive obstacle in the transference that would be the force of her cure in the future.

It seems important to note that the *nachtraglichkeit* in Freud always concerns the structure of sexuality. Sexuality happens in two halves that never meet. Sexuality happens "without history," since its history

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is repressed, lost; we are forced into re-finding it, in our objects, again and again and again. There will be, thanks to sex, no stability. If it's not a complaint, it's a source of gratitude and grace. The experience I have in traditional case studies belies this experience of psychoanalysis. This experiment reminded me how we have to listen to a past that only happens in the future. If the analyst should know one thing, Lacan said, it is that the future belongs to no one. The grace of this event was such that structuring it "without history" brought this fact to bear on every one of us. ■

Jason ROYAL

After 6 months of planning, the day had come. The idea—the hope—was that we would catch a glimpse of three seasoned clinicians as each reached through not-knowing toward coherence. As for all of us listening in the room, we had nothing to go on, except for what these three would tell us about the case. We would all have to listen in the way that each of us, in our own way, must listen to patients. At first, there is listening without knowing what one is hearing. Then, islands of possible knowing form and coalesce—made possible by theory, experience, and intuition. At least this is what I thought would happen.

I was both prepared and not prepared for what I heard. David Lichtenstein, the first presenter, began talking about the case in a way that was original and evocative. But at first, I could not make out the outlines of what actually happened in the sessions. What was I listening to, or for? Would we be lost in a chaos to be hopelessly endured for the entire event?

My worry shifted, however, into an excitement, as I began to tune in—as if to a radio frequency or a picture transmitted through airwaves—to something like the features of the case: a crisis, a departure and a return, a dream, secret pleasures of a sort (*jouissance*, in David's terms), a complicated transference.

Muriel Dimen told us more of her process of sense-making, the confusion, the identification with the patient, a series of associations, the details of what sounded like separation-individuation. She told a story, actually a story within a story, that of the patient within her own.

Patricia Gherovici found a history embedded in the speech of the patient, a desire to "go," and dreams of men and women—that is, dreams of how to be, and to be with, one or the other, along with the wry paradoxes that a patient can bring to a treatment.

I won't say more about the case here, but I will say that I was left with an astounding feeling: a sense of electricity, a felt sense of something about this case that came, it

seems, through the three presentations taken together, in harmony and dissonance. I did find myself thinking of tropes of development and conflict, but none of them captured the texture of what I heard. What was this electric feeling, this aliveness, a sensibility that I imagined belonged to this case? I don't know. Was it really something of the case transmitted? Or an artifact of the three presenters' chemistry? Or an effect of all of us in the room together?

Equally interesting was what happened after the presentation. Some audience members found the experience of this contrapuntal case presentation thrilling, enlivening. (Someone later told me the event had been "wild," her eyes smiling.) Others were infuriated. Most responses fell in between. Some wanted to argue or question points of the case. Others tried to make sense of the group's experience. Yet others wondered about theory and orientation. One person seemed to ask, what can we ever know about a patient? And then there was this electricity that remained throughout, having to do with the case, the presentation. I found myself wondering whether the group, through the voice of individuals, was articulating the multitude of elements that make up the experience of being at the edge of not-knowing: the thrill—or is it anxiety—of the not-me that contact with the other inherently entails, including with patients. That is, until the experience is filtered, contained, and faded by "understanding."

I'll note that the group also reflected, in a few instances, a resentment against what was felt to be the deprivation of this event: we, the organizers, chose never to "reveal" the case to the audience. (We felt that doing so would halt a process that we wanted to leave in an open state at the conclusion of the event.) I wondered whether the group's response, taken as a whole, captured a multivalent transference to the event (and its organizers), ranging from ecstatic to angry, a transference that was evoked by the ambiguity of the situation, and then split among voices in the room. Are these all elements, amplified here, of what each of us must navigate when we listen? When theory is reached for, perhaps it is with a dual purpose: both to allow one to respond, to work, but also to protect one's self from the complexity of contact with what patients bring to treatment, a complexity that is maybe beyond our ability to think.

After this event, I found my clinical listening different. There is a moment when I begin to "make sense" when I am listening. I now wonder in a deeper way: why am I reaching for theory when I do? I now try to listen through the moments when I feel a pull to make sense. It means I have to tolerate not-knowing a bit longer, but I find

that if I can wait through it, to keep listening against my desire to know, I hear something unexpected. I think maybe I am a bit more aware of the edge of not-knowing, an edge that I also have to find a way to balance on, if I am to work and, at the same time, hear the not-me of the patient, a not-me that lies beyond the constructs that I use to understand—a not-me that, I think, is the most important thing for me to hear. ■

Olga POZNANSKY

"The Analyst isn't present..."

The event "Without History" was organized to challenge the conventional notions of how we speak and think about clinical cases, to put into question our assumptions about what is a presentation of a clinical case. Traditionally, a case presentation is meant to capture something of the texture of the treatment, of the mind of the patient and the clinician, of the clinical work as it is being done or, more accurately, *was* done. That is to say, a case presentation more often than not is a retroactive construction and usually includes a clinician presenting a narrative of the treatment as it already occurred. Implicit in any case presentation is that what a clinician says and how he says it can lead to a new kind of knowledge about the process of the work itself; hopefully both for the one who does the presenting and the ones who listen. But presenting a case is not easy and much of the success of the actual presentation lies in the hands of the presenter, in his ability to say things well and to communicate with the ones who listen. In essence, the one who presents a case, the clinician, is burdened with the expertise of knowing too much about the case and the audience usually takes this burden for granted.

"Without History" thus tried to experiment with what would happen if our usual markers of knowledge about a case were done away with. In other words, we tried to relinquish not only the history of the case itself, but also let go of the history of the method by which case presentations are institutionally done. For starters, we had no analyst who conducted the treatment present during the case presentation, and the identity of the analyst remained anonymous to all but the organizers. We had no access to a patient's history. We had three clinicians with no connection to the case material or the analyst work from process notes given to them prior to the event. No one, aside from the ones presenting, had access to the contents of the process notes we worked with. The process leading up to the day of the event was fueled with the anxiety of who should know what and how much. We were not clear what we wanted from the event, but we were clear we wanted something different from what

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usually happens at case conferences. What would happen when part of the history, and thus part of the burden of what an analyst within institutional structures is supposed to do, is relinquished?

The absence and the deprivation of knowledge about the case and the analyst inspired much turbulence for all involved. The audience alternated in their response between bewilderment, confusion, interest, and anger at having to “go without.” I think everyone struggled to come to terms with the “absence” and keep the hate and frustration from overwhelming everyone’s positive expectations for the event.

My own thoughts have to do with how to think about the structure of such an event and of “absence” as that which creates the ground for something new to emerge. For me, the most interesting moment of the event is exactly the experience of the impact of the “absence” on what happened within the event and outside of it. It is the “absence” that structured the event and generated the questions about the meaning of what the event organized to exclude, that is, history of the case and the analyst’s presence. When the analyst presents the narrative of his own case, his presence, his thoughts, and the transference he creates can be subtly coercive and act to conceal all that is frightful about clinical work. Per-

haps our insistence on absence and having to go without something was an attempt to open up the seams of authority that usually hold case presentations together. Of course we had our own “experts.” We asked senior analysts to take part in our event, thus relying on their experience, knowledge, and confidence with presentations to hold together the anxiety of doing something new and protect us from the vulnerability of it.

The question for me became about what the group is capable of doing in the absence of something it usually comes to expect, and can it use the frustration of having to “go without” to generate something new, come up with ideas, be playful and creative? In other words, can the event “Without History” be a spur for the development of thinking about cases in a new way and further working together? I think we gambled on the uncertainty, and while the results may not be what we expected, for me at least, the exercise of organizing

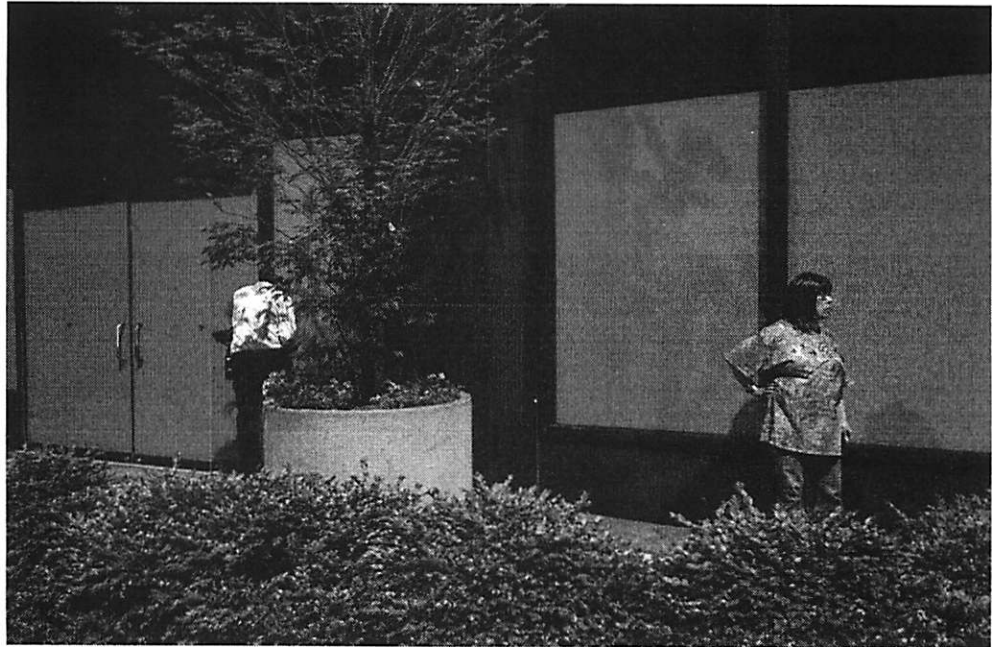
“Without History” put us in the position of being able to think about something—but before we could think *about* something, we needed the absence, the space to think of that which was not there (i.e., the history and the analyst). That, in addition to stirring up a process within the event itself, I hope created the ground for other ideas to take shape. ■

Hannah WALLERSTEIN

Case vs. Text

I am interested in thinking about two moments of the experiment together. Both functioned as openings. One is David Lichtenstein’s initial remark that he was very aware of encountering a text and not

that they are written by the presenter and then read, and all are texts in the sense of being the presenter’s linguistic rendering of what has occurred (the etymological root of *text*—*textus* or “thing woven”—highlights this creative aspect). While a related impossibility of direct access operates within the clinical encounter itself, there is an important difference: the unknowable reality of a treatment is experienced by both patient and analyst, whereas in the case presentation we take the presenter’s word for it, we do not experience it ourselves. “Without History” differed from other case presentations in multiplying this function—it was not only a text about a case, but three texts about a text about a case.



Peter Baker, *Untitled (Blue Facade)*, New York, 2014

But does the textual form of the case presentation necessitate the qualitative experience of a patient being missed? I suggest not: that a case presentation *can* transmit something of the case itself precisely by diverging from it. Bion’s description of a painter proves useful:

Suppose a painter sees a path through a field sown with poppies and paints it: at one end of the chain of events is the field of poppies, at the other a canvas with pigment disposed on its surface. We can recognize that the latter represents the former, so I shall suppose that despite the differences between a field of poppies and a piece of canvas, despite the transformation that the artist has effected in what he saw to make it take the form of a picture, something has remained unaltered and on this something recognition depends. (Bion, 1965, 1)

a patient. The other is the first comment from the audience—that only one of the presenters seemed to stay with the patient’s experience. This comment for me answers Lichtenstein’s remark, voicing anxiety that indeed it was not a patient we had encountered, that a patient has been missed.

Such is a (if not the) central question of the case presentation format. Can it present something of the case itself? If it cannot, it seems to me that the form should be abolished, or at least given a more appropriate name, such as “Presentation of Theory or Technique Couched in the Concrete Language of A Metaphorical Case.” But I am not ready for such drastic measures.

In one sense, it is true that a case itself can never be *presented*. If we take presentation to mean presence—the direct and immediate access to the case as thing-in-itself—no such presentation is possible. To return to Lichtenstein’s comment, most case presentations are literally texts in the sense

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Here is a productive analogy for thinking how and why recognition can occur in the case presentation format. No, a presentation will never offer direct experience of a case, just as a painting does not offer direct experience of that which is painted. But this does not mean it cannot capture something of value. The very fact that a case presentation is not a presentation *qua* presence but a re-presentation is what makes it potentially transformative—just as a painting of flowers can highlight something we would not have seen by looking at the flowers ourselves, a case presentation has the potential to put

What follows are remarks by the psychoanalyst who wrote the process notes for the experiment: **Without History**

My Novella
By Anonymous

So I was asked to put together process notes from a patient that could be used in an experimental case presentation: neither discussants nor audience would know anything of the prior history of the analysis or of the treatment—my notes were to be presented without context. For several years I had done a supervision in which I presented process notes that I had typed up over the previous week. I had notes from hundreds of sessions, from a few dozen different patients. I anticipated no problems pulling something together. Nothing, in fact, could have been easier.

My first thought was to present material from the analysis of a female obsessional patient, since there had been a presentation on this topic earlier in the year. But when I looked over this material, I was struck by how uninteresting it was. I immediately realized the Big Problem: I was supposed to present material from sessions without any history, any context. But in this case, that would put me at risk of presenting something like the Rat Man's cogitations about how to get the 3.80 crowns back to Lieutenant A, without any sense of what that was about. Besides which, it was unlikely that the discussants would be able to stay awake while reading the notes. A dawning realization came over me that this was going to take some work.

My large cache of process notes was written to be used in a specific way: I wrote only what was verbalized between myself and my analysands, with the understanding that I could fill in other details—my impressions of how the patient appeared, what I felt, what I imagined the patient felt, and so on—as needed. After all, I was presenting material that was always fresh. It became clear, as I looked over all that material with all those patients, that I had

into focus something about a case not yet acknowledged. Like art, it can be more or less effective. This depends on a variety of factors spanning the experience represented, how it is represented, and the audience's receptiveness. An exploration of such factors or even how they played out in our specific event to create the experience of a patient being missed are beyond the scope of this response. Though as a first step, I propose a shift I believe central to the intention of the event: to think of the case presentation not as direct account (something of a reality TV show), but as an explicitly representational (i.e., cre-

always been able to fill in context as needed with my supervisor: the words I wrote down were merely prompts for discussion. It now hit me that to present these notes without any comment at all would be almost meaningless. There was no such thing as a context-less presentation. I had been tricked!

I was again struck by something I should have known long ago: a clinical write-up is a *fiction*. By this I don't mean that case presentations are made up (though of course that has happened with some frequency over the history of analytic case presentations); rather, that every case presentation is constructed. Further, these constructions serve a specific purpose. I did my first clinical write-up over half my life ago, and have done many, many more since. While different reports have emphasized different details depending on the focus of the presentation, all have been constructed in basically the same format. What I was forced to appreciate now was that this was not a *natural* format, one that presented what was really there, but a *conventional* one—a format that gave the reader or listener the information they were looking for in the most convenient manner possible. Constrained to write without recourse to those conventions, I was experiencing something of a crisis: what exactly was I supposed to communicate through my write-up?

So, how to decide which case to present, and how to present it? The single person from whom I had the most process material was also arguably the most interesting person I was seeing (two facts that probably are not coincidental). But what to include in the notes? The realization that my presentation would be a fiction in the way I describe above was useful, but said realization did nothing to solve my problem: I still had to write up the case in a way that would work for the program: knowledge did almost nothing worthwhile here. I showed a draft to a

colleague who knew how it would be used. "You're not in the material at all," she said. Well of course I wasn't in it—I presented myself to my supervisor in the original context. How was I to decide what to include? If I didn't give some context for what I describe myself as doing or saying, then my actions in the process material were inexplicable; but, by putting more of my understanding into the write-up, I was clearly telling the story more from my own perspective—there could be no pretense of a disinterested presentation. I thought of all the case presentations in all the different formats I had known: journals and books, conferences, supervisory sessions, certification and TA interviews. ...And each and every one of these was a fiction, at least in the way I define the term above, *novellas* as Freud described his case reports in *Studies on Hysteria*, rather than objective descriptions of something out there, a decontextualized thing waiting to be interpreted. I scratched my head and started contextualizing.

REFERENCE

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I would like to make two further observations. First, in writing the above I do not think I am criticizing psychoanalysis, hoping for some more objective measure of its validity. To the contrary, I would argue that what I discovered was a truth about investigations of the mind, one excluded from empiricist research, such as that informing the DSM, outcome research on psychopharmacology, and behaviorist therapeutic paradigms: the psyche is irreducibly subjective, and as such is not likely to reveal its secrets when submitted to an objective paradigm.

Finally, I was quite impressed by the three discussions of the case. I expected everyone to be complaining, "Why didn't the analyst address *x*?" Instead, I found a thoughtful discussion of the issues that, even at the most supervisory level, was useful—at least, I had paid good money for less benefit in more conventional settings. I felt very lucky to have been asked to contribute. ■