



Técnicas e Diagnósticos em Psicanálise

Abram Eksterman

Allgemeine Methodik der Psychoanalyse (Método Geral da Psicanálise)

- Anunciado por Freud a C.G.Jung, Sándor Ferenczi, Karl Abraham e Ernest Jones em 1908.
- Nunca foi realizado (nunca passou de 36 páginas)
- Só com o tratamento do “Homem dos Ratos” foi enunciado a última grande recomendação técnica. (abster-se da própria curiosidade; respeitar o tema do paciente)
- *“A técnica da análise chegou a mudar tanto que o psicanalista não precisa mais trazer à tona o material no qual ele está interessado, mas permite que o paciente siga sua natural e espontânea linha de pensamentos”, (cit. Nunberg e Federn, pg 227)*
- Lista dos trabalhos de Freud sobre Técnica (St.Ed.Vol. XXII, pgs. 172, 173)

A Técnica em Freud: pontos de mudança

- Abandono da hipnose
- Técnica de associação livre
- Abandono do método de associação livre pela técnica de concentração (1898)
- Ênfase na interpretação de sonhos (1900)
- Ênfase na resistência
- Ênfase na neurose de transferência

Evolução da técnica psicanalítica por pressões circunstanciais

- Recomendações técnicas para incluir tratamento em psicóticos
- Inclusão de técnicas psicoterápicas (diante das necessidades sociais advindas da primeira grande guerra)
- Técnicas ativas: FÉrenczi e Rank.

Inovações na técnica psicanalítica

- Análise do caráter (Wilhelm Reich, 1933)
- Análise de criança (Melanie Klein, 1921)
- Análise didática (Inst. Berlim, Abraham, Simmel, Eitington).
- Psicoterapia psicanaliticamente orientada.
- Psicanálise Breve (Franz Alexander)
- Tempo lógico (Jacques Lacan)
- Psicanálise do Ego (Heinz Harmann)
- Psicanálise do Self (Heinz Kohut)

Bibliografias clássicas

- Freud, Sigmund. (1898a). Sexuality in the aetiology of the neuroses. *SE*, 3: 259-285.
- ———. (1900a). The interpretation of dreams. Parts I and II. *SE*, 4-5.
- ———. (1904a [1903]). Freud's psycho-analytic procedure. *SE*, 7: 247-254.
- ———. (1905a [1904]). On psychotherapy. *SE*, 7: 255-268.
- ———. (1909d). Notes upon a case of obsessional neurosis. *SE*, 10: 151-318.
- ———. (1912e). Recommendations to physicians practising psycho-analysis. *SE*, 12: 109-120.
- ———. (1919a [1918]). Lines of advance in psycho-analytic therapy. *SE*, 17: 157-168.
- Freud, Sigmund, and Laforgue, René. (1977h [1923-33]).

Bibliografias clássicas

- Correspondance Freud-Laforge, préface d'André Bourguignon. *Nouvelle Revue de psychanalyse*, 15, 235-314.
- Glover, Edward. (1955). *The technique of psycho-analysis*. London: Bailliere, Tindall & Cox.
- Greenson, Ralph. (1967). *The technique and practice of psychoanalysis*. New York: International Universities Press.
- Mijolla, Alain de. (1987). Unconscious identification fantasies and family prehistory. *International Journal of Psychoanalysis*, 68, 397-403.
- Nunberg, Hermann, and Federn, Ernst. (1962-1975). *Minutes of the Vienna Psych. Society* (Vol. I: 1906-1908). New York: International Universities Press.

A questão do diagnóstico na clínica psicanalítica

- Diagnósticos originais

Conversão

Fobia

Obsessão

The Psychodynamic Diagnostic Manual

(publicado em 28 de maio de 2006)

- The PDM is based on current neuroscience, treatment outcome research, and other empirical investigations. Research on brain development and the maturation of mental processes suggests that patterns of emotional, social, and behavioral functioning involve many areas working together rather than in isolation

The Psychodynamic Diagnostic Manual

- The PDM was created through a collaborative effort of the major organizations representing psychoanalytically oriented mental health professionals; namely, the American Psychoanalytic Association, the International Psychoanalytical Association, the Division of Psychoanalysis (39) of the American Psychological Association, the American Academy of Psychoanalysis, and the National Membership Committee on Psychoanalysis in Clinical Social Work. Their presidents formed a steering committee and recommended members to serve on work groups to construct this classification system

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- ***The diagnostic framework formulated by the PDM work groups systematically describes:***
- Healthy and disordered personality functioning ;
- Individual profiles of mental functioning, including patterns of relating, comprehending and expressing feelings, coping with stress and anxiety, observing one's own emotions and behaviors , and forming moral judgments ;
- Symptom patterns, including differences in each individual's personal, subjective experience of symptoms.

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- **Dimension I: Personality Patterns and Disorders**
- The PDM classification of personality patterns takes into account two areas: the person's general location on a continuum from healthier to more disordered functioning, and the nature of the characteristic ways the individual organizes mental functioning and engages the world.

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- This dimension has been placed first in the PDM system because of the accumulating evidence that symptoms or problems cannot be understood, assessed, or treated in the absence of an understanding of the mental life of the person who has the symptoms. For example, a depressed mood may be manifested in markedly different ways in a person who fears relationships and avoids experiencing and expressing most feelings and in an individual who is fully engaged in all of life's relationships and emotions. There is not just one clinical presentation of the artificially isolated phenomenon known as depression

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- Contributing constitutional–maturational patterns
 - Central tension/preoccupation
 - Central affects
 - Characteristic pathogenic belief about self
 - Characteristic pathogenic belief about others
 - Central ways of defending

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- **Dimension II: Mental Functioning**
- The second PDM dimension offers a more detailed description of emotional functioning—the capacities that contribute to an individual's personality and overall level of psychological health or pathology. It takes a more microscopic look at mental life, systematizing such capacities as information processing and self-regulation; the forming and maintaining of relationships; experiencing, organizing, and expressing different levels of affects or emotions; representing, differentiating, and integrating experience; using coping strategies and defenses; observing self and others; and forming internal standards.

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- Capacity for regulation, attention, and learning
 - Capacity for relationships and intimacy (including depth, range, and consistency)
 - Quality of internal experience (level of confidence and self-regard)
 - Capacity for affective experience, expression, and communication
 - Defensive patterns and capacities
 - Capacity to form internal representations
 - Capacity for differentiation and integration

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- **Dimension III: Manifest Symptoms and Concerns**
- Dimension III begins with the DSM-IV-TR categories and goes on to describe the affective states, cognitive processes, somatic experiences, and relational patterns most often associated clinically with each one. We approach symptom clusters as useful *descriptors*. Unless there is compelling evidence in a particular case for such an assumption, we do not regard them as highly demarcated biopsychosocial phenomena. In other words, we are taking care not to overstep our knowledge base. Thus, Dimension III presents symptom patterns in terms of the patient's *personal experience* of his or her prevailing difficulties. The patient may evidence a few or many patterns, which may or may not be related, and which should be seen in the context of the person's personality and mental functioning. The multi dimensional approach depicted in the following sections provides a systematic way to describe patients that is faithful to their complexity and helpful in planning appropriate treatments.

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- *Psychoanalytically Based Nosology: Historic Origins* by Robert Wallerstein, M.D.
 - *Personality Diagnosis with the Shedler-Weston Assessment Procedure (SWAP): Bridging the Gulf Between Science and Practice* by Jonathan Shedler, Ph.D., and Drew Westen, Ph.D.

- *"Love cures people – both the ones who give it and the ones who receive it."*

"Attitudes are more important than facts."



Karl Augustus Menninger
(1893-1990)