

# Psychoanalysis and Research

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# Peter Fonagy

**“So, why is it that talking about research to psychoanalysts can feel like selling deep freezers to Eskimos?”**

Professor Peter Fonagy Paper presented at the Annual Research Lecture of The British PsychoAnalytical Society on 1st March, 2000. “Grasping the Nettle”

**“Data is, of course, not the plural of anecdote,”**

Professor Peter Fonagy

# Sigmund Freud

**“Philosophy is not opposed to science, it behaves itself as if it were a science, and to a certain extent it makes use of the same methods; but it parts company with science, in that it clings to the illusion that it can produce a complete and coherent picture of the universe, though in fact that picture must needs fall to pieces with every new advance in our knowledge.”**

Freud, 1932

**Niezsche.... “whose guesses and intuitions often agree in the most astonishing way with the laborious findings of psychoanalysis”**

Freud, 1924

# John Bowlby

**For Bowlby, psychoanalysis had to be rooted in science.**

**He felt that when analysts abandoned science they deprived themselves of all objective means of settling theoretical conflicts between them.**

Bowlby, J. (1979b). Psychoanalysis as art and science.  
*International Review of Psycho-Analysis*, 6(3), 3-14.

# André Green and Ernst Mayr

**“If something is not validated by the scientific method, it is regarded as negligible”** Andre Green(2000 p.46).

Andre Green (2000 p.47) attempts to console the non-scientific psychoanalytic researcher by claiming,  
**“the scientific method till the present has proved to be sterile in psychoanalysis”**.

**“Even if there were a Nobel Prize in biology (which there is not), Darwin could not have been awarded a prize for the development of the concept of natural selection - surely the greatest achievement of the nineteenth century-because it was not a discovery”**.

Mayr 1997

# **To Begin at the End: Psychoanalytic Findings**

- **80% of all children and adults with an intellectual disability referred to me over 25 years had been sexually abused**
- **They covered their pain with a “secondary handicap” to disguise their true shame and fear at being different**
- **Children and adults with mild, severe and profound multiple intellectual disability could all make use of psychoanalytic psychotherapy**
- **Symptoms of post-traumatic stress are misdiagnosed in people with an intellectual disability**
- **Aggression, sexual disturbance and echolalia are misperceived.**
- **Key themes (Sinason & Hollins) are the disability itself, loss, dependency, sexuality and fear of being murdered.**
- **Secondary handicap, the defensive cover and distortion of the primary handicap, can be worked through within 18 months**

	<b>Trauma</b>	<b>Abuse</b>	<b>Learning Disability</b>	<b>Religion</b>	<b>History</b>	<b>Psycho-analysis</b>
	I am bad and that is why it has happened to me (omnipotent defence)	I am bad, that is why it has happened to me (defending the abusing attachment figure by taking omnipotent blame)	I am bad and that is why it has happened to me  (omnipotent defence against disability by taking omnipotent blame)	I am bad-I have sinned. I am guilty.  (unconscious guilt using religion as sadistic superego)	I am bad/or wrong and do not deserve to be included	I cannot make use of talking treatment as I am stupid  (defending the professional inability to bear emotional pain)
<b>Subject's reasons for not talking</b>	If I tell, it might happen again  (omnipotent defence)	If I tell, I will be hurt  (internalising threats of abuser)	If I tell or complain I will be killed (internalising threat of abuser plus unconscious awareness of societal death-wish)	I must bear my shame and guilt in silence  Or Holy Fool in my manner	I do not exist  You, the normal public, do not want to see, hear or know me	I am so stupid they cannot understand me
<b>Society's Voice</b>	You are bad	If you tell you will be hurt	You should not have been born	You are bad and guilty and sinful	You should not exist and we do not want to hear about you	You are not capable of symbolic thinking

# Secondary Handicap

## From Clinical Observation to Hypothesis to Clinical research

The secondary handicap is a defensive cover, a false self, that enables the individual to survive the societal response to the primary handicap.

**The Handicapped Smile** is a common form of secondary handicap

# Secondary Handicap reduced through Psychotherapy

Barbro Carlsson (2001), Clinical Psychologist, Project leader, the Services for the intellectually handicapped, Lund, Sweden was able to show that seven clients, tested by WAIS-R, DMT & PORT at the start of psychoanalytical therapy and after eighteen months had significant reduction in their secondary handicap.

**Some Preliminary Findings in an Anglo-Swedish Psychoanalytic Psychotherapy Outcome Study using PORT (Percept-genetic Object-Relation Test) and DMT (Defence Mechanism Test).**

Sinason, Valerie, Hollins, Sheila, Carlsson, Barbro, & Nilsson, A.

# Sheila Bichard, Anthony Lee, Valerie Sinason and Judith Usiskin

**Language Change in a Group of 7 therapy patients  
with a learning disability, compared to a contrast group**

- **Increasing vocabulary, especially negative words**
- **Increasing length of discourse**
- **Disappearance of echolalia**
- **Increase in mean length utterance**

# Language Change, Ms A

	Yr 1	Yr 2	Yr 3	Yr 4
<b>Longest sentence</b>	19	34	27	42
<b>Adjectives and adverbs</b>	7	14	14	15
<b>Verbs</b>	5	9	15	15

Time of TAT	Initial	Year 1	Year 2
<b>Adjectives</b>	17	36	45
<b>Verbs</b>	73	123	215
<b>Adverbs</b>	47	39	73
<b>Morphemes</b>	897	1477	2830

# Adult Group: Adjectives scored from Transcripts

<b>Negatives</b>		<b>Positives</b>	
<i>10 Weeks</i>	<i>One Year</i>	<i>10 weeks</i>	<i>One Year</i>
<b>Worried</b> <b>violent</b> <b>rude</b> <b>sad</b> <b>upset</b> <b>difficult</b>  <b>6 words</b>	stupid nasty bad handicapped different nervous busy dying horrible hard burned itchy dirty cruel alcoholic jealous unbearable cruel painful terrible silly smelly unhygienic depressed starved blind suicidal collapsed wet stained spilled devastated slippery ill mad sharp trapped pathetic poor tired disturbed childish spastic hurt shut-out allergic thick retarded slow filthy  <b>49 words</b>	<b>Easy</b> <b>happy</b> <b>sunny</b> <b>good</b> <b>nice</b>  <b>5 words</b>	<b>Good quiet</b> <b>proper alright</b> <b>clean happy nice</b> <b>warm sunny</b> <b>lovely new</b> <b>easy bright lucky</b> <b>nice</b>  <b>15 words</b>

# Children's Group: Adjectives

<b>Negatives</b>		<b>Positives</b>	
<i>10 Weeks</i>	<i>One Year</i>	<i>10 Weeks</i>	<i>One Year</i>
<p><b>Hungry</b>  <b>hurt</b>  <b>rude</b>  <b>sad</b>  <b>messy</b></p> <p><b>5 words</b></p>	<p><b>Starving thirsty hungry</b>  <b>smelly dirty horrible</b>  <b>handicapped disabled stupid</b>  <b>Fatty fucking dunces</b>  <b>dumbhead shithead spastic</b>  <b>bitch crybaby cunt</b>  <b>Teabag</b>  <b>(colostomy) greasy slippery ill</b>  <b>headachy sad depressed</b>  <b>terrible bastard upset</b>  <b>Violent rude sexy worried</b></p> <p><b>32 words</b></p>	<p><b>Nice</b>  <b>blonde</b>  <b>white</b>  <b>normal</b>  <b>glad</b></p> <p><b>5 words</b></p>	<p><b>Good quiet proper</b>  <b>alright clean happy</b>  <b>nice warm sunny</b>  <b>lovely</b>  <b>new</b>  <b>easy bright lucky</b>  <b>nice</b></p> <p><b>15 words</b></p>

# Changes in Morphemes (with Dr Tony Lee)

Total number of morphemes	Year	Treatment	Non-treatment
	1	500	550
	2	700	500
	3	1050	500
MLU		7.69	8.46

# Wish List

**That Learning Disability is re-conceptualised as a condition that involves dealing with trauma.**

**A Trauma-based Approach will :**

- encourage strategic thinking and planning therapeutically informed services.
- result in a more compassionate and respectful delivery of service (Institute of Psychotherapy and Disability Mission Statement is “treating with respect”.)
- ensure responses are more empathic as linked to unresolved grief.

**A trauma-based approach would aid psychiatrists, psychologists and other members of the multi-professional team in re-thinking treatment responses to aggressive behaviour in learning disabled people.**

**“Learning Disability as Trauma and the Impact of Trauma on Learning Disability”**

PhD Valerie Elaine Sinason,

St Georges Hospital Medical School Department of Mental Health – Learning Disability