



STRUCTURAL ANALYSIS

An Introduction



Cerca Trova

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“I am not doing well.”

SOME of us suffer from problems deemed as psychological. We may feel more or less disabling discomfort, have the feeling of not controlling our lives, and suffer from it. Magazines, websites, and society in general invite us to well-being. They provide a multitude of recipes and advice, only reinforcing the discomfort of those who cannot achieve this modern grail.

Whatever the approach taken and its goals, most of us seek to get rid of latent suffering. Who hasn't followed the thingamajig diet, practiced reflexo-introspective-acoustico-therapy with the best will in the world, practiced positive thinking or “letting go”, or more seriously followed a therapy approved by mental health authorities, only to fall back into their usual problems?

Furthermore, our lives unfold in a difficult reality. We all face the struggles of everyday life, like work problems, injustice, illness, and loss. Of course, we are all ready to

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sympathize with our neighbor's problems, to acknowledge some of the causes for their situation and to pity him, but before long we find ourselves suggesting things like, "Why not try this?" or "Have you considered doing that?"

The other's face crumples: of course, they have thought about it; they have been living in their problems for a long time and know them better than we do. But they can't manage to solve them. Worse, they don't even have the strength to implement the slightest solution. For us, the situation is comfortable: since they don't follow our advice, they deserve what they get, and we can talk about something else.

Obviously, life is tough, we know that, but shouldn't we distinguish what depends on us from what doesn't? Especially since today's society emphasizes individual responsibility and freedom and claims that many things are within our control. Between recognized psychological illnesses, small bouts of depression, latent discomfort, lack of willpower, and the confrontation with the world, what do we truly master?

"I don't have control over anything": some examples

TO EXEMPLIFY, let's introduce Julie, a 27-year-old journalist who works for the professional magazine *Local entrepreneurship*. She lives with Serge, her partner, in a large provincial city. She leads an active life typical of a woman her age. However, Julie doesn't have the life she

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dreams of. She has her share of problems: for example, she thinks she's too fat; besides, she's not entirely satisfied with her relationship with Serge. She's considering leaving him. She dreams of something else without knowing exactly what.

As per the advice found in women's magazines, she sets numerous resolutions regarding her emotions, career, family, listing things to change. She sometimes displays great optimism, but always ends up disappointed, stuck back at square one. Nothing happens. Eventually, she becomes fixated on her weight.

She starts diets but never manages to follow them for long. She constantly talks about her problems and desires: "I'm too fat. I need to lose weight, I need to exercise." This obsession becomes a source of pain.

Some readers might say: "But what is she complaining about? There are greater misfortunes. As for her weight, she doesn't really want to lose any; otherwise she would have succeeded. She should accept herself as she is, and be happy to have a boyfriend and a job... If problems persist, it's because she doesn't have the right attitude. She just needs to get her act together.

This story is anecdotal, but it highlights the fact that initial reactions to this type of problem are often based on a moral demand: Julie should do this or that; she could do it if she really wanted to.

Let's imagine for a moment that Julie's problems aren't really problems and introduce Stephanie. Stephanie is

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35 years old and single. She works in a large administration and suffers from social phobia. Her relationships with others are very complicated. She imagines that they talk negatively about her and that her actions are always judged and ridiculed. At work, meetings are a nightmare for her. She dreads them and, when they are over, replays the events over and over in her head, repeating to herself that she should have said something else and that she made a fool of herself. Anxiety paralyzes her, and this situation causes her a lot of suffering.

Let's also introduce Rachid, who suffers from obsessive-compulsive disorder (OCD). He is 45 years old and a philosophy teacher in a high school. He constantly checks that the doors are locked, the lights are turned off, and the faucets are not leaking. In addition, he cannot help but perform rituals to ward off bad luck. For example, in certain conditions, he must constantly repeat phrases to ward off misfortune. This requires him considerable time and energy, not to mention the time he spends hiding his condition from his colleagues, students, and family. He feels alone in his suffering.

Some people may think that Rachid and Stephanie are really sick and that there are therapies or medications to treat their pathologies. Others may argue that it's all in their heads and that Julie, Rachid, and Stephanie don't really have problems. However, we should acknowledge that Julie, Rachid, and Stephanie all have psychological disorders to varying degrees. That is precisely their problem. What control do they have over their respective situations?

END OF EXCERPT