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Contemporary Psychoanalysis: Change of the Paradigm of Development

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Abstract

In this paper, modifications of therapeutic methods and setting in contemporary psychoanalysis, which have led to the phenomenon described by the author as a change of developmental paradigm, are analysed. Freud's investment in study of mental processes and psychopathology, as well as development of his ideas in works of Bion, Bowlby, Klein, Lacan and other authors is summarized. The role of interpersonal approach (Sullivan) and intersubjective approach (Baranger) in outlining the therapist-patient system is emphasized. Phenomenon of psychoanalytic self-criticism is explored that involved critical attitude to rigid aspects of psychoanalytic education, training and setting, and new approach introduced by the Russian school of psychoanalysis is described.

Keywords: *Theory of Psychoanalysis; Contemporary Concepts of Psychoanalysis; Psychoanalytic Practice; Setting; Modification of Psychoanalytic Practice*

Introduction

The term "psychoanalysis" embraces theory, therapeutic approach and research method develop by Sigmund Freud. This definition had seemed incomplete for rather long time; the third component could be discerned as relatively independent on the first two of them, that is, specific psychoanalytic setting. This expanded definition of psychoanalysis includes theory, method and setting. The author intends to summarize 120 years of psychoanalytic history from perspective of these three components and to analyse how modification of psychoanalytic knowledge and practice has gradually led to what could be called "the change of developmental paradigm" [1].

Methodology and research method: retrospective analysis of the theory of psychoanalysis and methods of organization of therapeutic practice.

Part 1. Psychoanalysis as research

In the recent decades, a plethora of new concepts has been developed in psychoanalysis, but now, in the 160th Sigmund Freud's anniversary, we should stress that they merely expand brilliant discoveries made by the founder of psychoanalysis. It is necessary to admit that significance of these discoveries for fields other than psychoanalysis has not been properly evaluated yet. Even in psychoanalysis they are sometimes forgotten or perceived as outdated in comparison to brand-new theories and concepts. In my opinion, it is a mistake.

Let me remind you the main cornerstones of Freud's theory. It is theory of the unconscious. Metapsychology. Structure of mind (the two topologies). Theory of psychic trauma and drives. Object relations theory, transference and countertransference. Concept of psychic energy. Concept of aggression, sublimation and guilt. Theory of dreams. Theory of psychosexual development. Concept of defence mechanisms and resistance. Theory of neuroses, conversions, borderline and psychotic disorders. Concept of psychosomatic disorders. Concept of narcissistic disorders. In addition, there is psychoanalysis of culture, religion, large group processes, literature and arts, etc.

This list is not exhaustive; each one of these outstanding discoveries is sufficient for wide recognition of a scientist who made is, and they all were made by only one man. These ideas are fascinating. In some incomprehensible way, they unveil invisible and intangible world of human psyche. It is this beauty and universality of Freud's practically proved ideas that makes us identify with psychoanalysis. There is another Freud's achievement, which is rarely mentioned but which should be added to the list of outstanding observations and discoveries of psychoanalysis, by no means exhaustive. He developed a special language to describe human soul, the language used by all contemporary therapeutic approaches. More than that, its terminology has been integrated into our everyday life and multiplied by literature and cinema. There is no doubt that however many new theories will appear, these classical tenets will always remain methodological and theoretical basis of all contemporary versions of psychoanalysis.

Later, this theoretical basis was widened. It is possible to mention two or three dozen names and not less than a hundred new concepts that appeared after Freud: projective identification by Melanie Klein; containing, alpha and beta elements by Bion; Bowlby's attachment theory; mirror stage, concept of the Other and new approaches to language by Jacque Lacan etc. But they did not significantly influence conceptual frames of psychoanalysis. New theoretical developments clarified Freud's theory, introduced new terms and generalizations or shifted focus, but they did not bring significant change [1-5].

Let me remind you that in classical psychoanalysis the main therapeutic approaches were based on special role of repressed memories as well as on restoration and interpretation of unconscious contents. Analysts were primarily focused on their patients' intrapsychic processes and conflicts revealed by free association and exploration of the patients' speech, memories, dreams and fantasies. Actually, all psychoanalysts of the first and the following generations, who created new hypotheses and concepts, proceeded in the way which Freud defined as "to make the unconscious conscious".

How can we evaluate Freud's investment to science from contemporary perspective? Freud was a researcher in the first place. Even his office looked like a laboratory of an archaeologist.

Let me suggest, by no means denying brilliance of the founder of psychoanalysis, that he was much more interested in laws and mechanisms of psychic functioning than in therapy. The same way was chosen by most of his outstanding followers, who researched and generalized data on new hypothetical structures and mechanisms of psyche. New theories, concepts, hypotheses, terms and general ideas appeared. But, let me repeat it, research was still the main goal of analysis. I suppose, many of us can understand a difference between a medical doctor, such as GP, and a medical researcher who deals with analysis, X-rays and other tests, creates theories and concepts, but does not treat patients. Let me stress that it does not mean that we doubt value of Freud's therapeutic work; we just emphasize specifics of his analysis.

Part 2. Psychoanalysis as therapy

Gradually, focus of the analysts' attention shifted towards therapy. After initial concentration on insight, analysts started paying more and more attention to working through. Let me remind you that initial goal of therapy was to restore pathogenic traumatic event in the patient's memory and then to stimulate re-living of suppressed material in safe setting. Subsequently, restoration of traumatic event, although still a significant stage of analysis, was not perceived as the most important part of therapeutic work. More attention was paid to not to reappearance but to repetitive working through of pathogenic material.

The main focus now was on interpretation of resistance, which previously had been viewed as merely an obstacle to therapy. The other task of the analyst was to discover how pathological patterns of the past are repeated in the present. For some period of time this approach prevailed, and it was quite efficient. Many colleagues of mine still rely upon this paradigm. This approach, which is called "personocentric approach" in psychotherapy, replaced the previous nosocentric medical approach. It was an obvious progress at that time.

However, then Harry Sullivan in his works convincingly proved that to understand psychopathology it is not sufficient to focus on the patient in personocentric way. On the basis of his therapeutic experience, Sullivan [6] formulated a number of seemingly simple but highly productive ideas. Let me repeat some of them:

- Individuals cannot be separated from their environment;
- Personality is formed only in context of interpersonal interaction;
- Personality and character are not "inside" human being but rather expressed in his or her interactions with other people, and might be expressed differently in different relationships.

Sullivan clarifies that personality, which is expressed exclusively in situations of interpersonal communications, is a persistent stereotype of repetitive interpersonal situations specific for one's life. Thus, interpersonal approach replaced personocentric one. In addition to traditional techniques, analysts paid more attention to stereotypes of the patient's interpersonal situations, including his relationship with the therapist. Later Baranger M and Baranger W [7] developed these ideas into intersubjective approach and formulated a number of principally new ideas. One of the main tenets of this approach can be formulated as following: psychotherapy is not what the therapist does with the patient but what is going on between them. One and the same patient might have completely different transferences onto different analysts, and each analyst has different countertransference while working with different patients. Finally, therapeutic approaches started to change qualitatively.

Part 3. Setting

For some time, the only unchangeable aspect of analysis was therapeutic setting. Role of setting was neglected for quite a long time, but it was the touchstone differentiating psychoanalysis and psychoanalytic psychotherapy. It is amazing and even paradoxical: all theoretical and methodological similarities notwithstanding, any therapy that did not include using couch minimum 4 sessions per week 50 minutes each was not considered psychoanalysis as recently as in 1980s. Psychoanalytic setting remained a kind of "sacred cow" and everyone who tried to reconsider these principles was viewed as renegade, revisionist etc.

At that time, an unexpected process began which can be defined as "psychoanalytic self-criticism". There had always been plenty of caricatures depicting psychoanalysis. However, in this case it was not sarcastic attitude of those who misunderstands or dislikes psychoanalysis: psychoanalysts themselves shared with caricaturists their plots. Let me remind.

These caricatures are well known outside psychoanalysis. They severely criticize extended length of analysis; neutrality principle; analyst as a "guru"; obligatory use of the couch and minimum four sessions per week; impossibility to change an analyst in the process of training; work with patients from different cultures in the third language, which neither the analyst nor the patient know as their mother tongue; cast structure and isolation of analytic community from other modalities of psychotherapy; monastery-like system of filiation and training and certification of analysts resembling consecration.

In result of this self-criticism, psychoanalytic practice and ethics have been substantially changed. I will try to formulate the essence of this paradigmatic shift considering specifics of Russian situation and from perspective of the Russian school of psychoanalysis.

We rejected the word "cure" and apply the term "therapy" as more neutral. Maybe our Western colleagues are not aware of it, but in majority of Russian clinics patients are still "cured" even from slight neuroses, predominantly by pharmacological treatment; doctors explain that just like patients with diabetes should take insulin, depressive patients should regularly take amitriptyline.

We apply the term "patient" or "client", which is more neutral than the current medical term used in Russia. Here again, our Western colleagues would hardly know what we mean; in many Russian clinics denigrating form of addressing the patient as "sick" or "ill" person is still accepted: "an ill man, you should visit your doctor". We rejected the term "mental illness" and describe the observed phenomena as "mental disorders". With the exception of major psychiatric cases, we rejected stigmatization of our patient with medical diagnosis and adopted psychoanalytic or psychological definition of mental disorders.

We rejected the role of "guru" or "illuminates", and in contrast to medical psychotherapists from traditional clinics we do not wear white robes, because we act on the classic definition of therapy given by Carl Rogers: it is a process that evolves when one human being comes to another.

We rejected the idea of cast closed structure of psychoanalytic societies and establish active contact with all psychotherapeutic directions; we participate in their conferences and invite colleagues working in different modalities to take part in ours.

We are trying to do our best to avoid terminological overload in psychoanalytic publications and strive to return to language used by Freud and understandable for any educated person.

The process of therapy has also been changed, in particular, less attention is now paid to the patient's insight and more to working through. Unfortunately, I do not remember the author of this very good comparison: working through should be as persistent as the child's toilet training. Role of interpretations has decreased, and now they are mostly delegated to the patient himself. It is not we who explain things to him, thus leaving him in passive role or a child or a neurotic, but he with our assistance looks for interpretations, finds them and gives them, even if the therapist understood the whole picture from the beginning. This role of "a very stupid analyst" is difficult for many of us, but irritation of a patient who "has already understood everything himself" is much more beneficial than his neurotic admiration of the analyst's brilliant interpretations. We do not suppress resistance in the process of therapy but rather work with it, because we remember that every time the resistance is overcome it leads to the patient's growth, as Freud implied in his concept of "maturating the patient". Focus on countertransference has increased, including a possibility to discuss it not only with the supervisor but also with the patient. In addition to traditional techniques aimed at the patient's unrestricted speech and containment, contemporary methods of working through are actively used, such as confrontation, joining, humour etc.

It is necessary to stress that significance of psychoanalytic neutrality principle has decreased. If the patient expresses a lot of emotions, we remain neutral. If the patient does not express emotions, we become more emotional and show him that it is possible and safe. If the patient needs compassion, we give it to him. First, Israeli psychoanalysts started doing it after an assassination of their national hero, prime minister Yitzhak Rabin, in 1995. They asked themselves whether it would be hypocrisy when their patients mourn this loss at the sessions and they just swallow their tears and attempt to remain neutral. The same question was raised by American psychoanalysts after the tragedy of 9.11.

We have separated psychoanalytic theoretical education and psychoanalytic practical training, because not everyone who is interested in studying psychoanalytic theory should be obliged to practice; there should be freedom of choice. We have developed University course of psychoanalysis including lectures, seminars, studying texts, group supervisions and presentations. Currently, the number of students in our psychoanalytic Institute (University) is more than 1800 people. Only 10 - 15% of them will have psychoanalytic training after their theoretical studies or parallel to it. However, we have never been told by our alumni that their knowledge was useless. Moreover, more than 30% students stressed in anonymous questionnaire that psychoanalytic education as such was therapeutic for them.

We have rejected filiation principle that was anachronistic even in the XXth century and that had made psychoanalysis look like a kind of cult with a kind of "priest ordinations"; in contrast to that, we recognize training received in accordance with European standards in any reputable professional communities. In some cases, we accept training analysis received with two different analysts in accordance with professional standards.

We admit that psychoanalytic setting plays a role, but we have rejected the idea of rigid setting and allow for the sessions to be conducted as a "short frame". Our experience has shown that if the dynamic process has already started, it will continue with any frequency of sessions, be that two, three or even one session a week.

In relation to work with patients, we allow for short-term analysis, including symptom-oriented analysis due to the patient's request or financial limitations or issues of time. We actively develop distance analysis via telephone and Skype. It is especially important for Russia, which is thousands of kilometres from East to West and from North to South, while for 140 million of its population there are only 2 thousand medical psychotherapists, 80% of who are concentrated in 5 megalopolises. However, not only distant patients can benefit from distance analysis. In our dynamic time, it could hardly be considered rational when the patient living in megalopolis should spend two hours to come to his analyst for a 50-minute session.

We have also established clear boundaries of theoretical education and professional training as well as clear requirements of certification and accreditation for specialists, training analysts and supervisors. After the candidate has completed the standard, he decides whether he finishes his analysis or continues it or starts a different analysis. Individual with graduate degree who wants to be a psychoanalyst come into education and training in order to get a new profession. Previously, he had to wait for years or even decades as a candidate or analysand for someone's approval. It is necessary to mention that only about 20% of analysands use their right to terminate analysis after they have completed standard requirements for training, while the rest of them continue analysis and supervision, with total number of hours equal to 200% or even 300% of the established standard [8-11].

Conclusion

In conclusion, I will give a scheme which illustrates vividly how some approaches were replaced by the others. The most important aspect is that they do not contradict but rather complete each other.

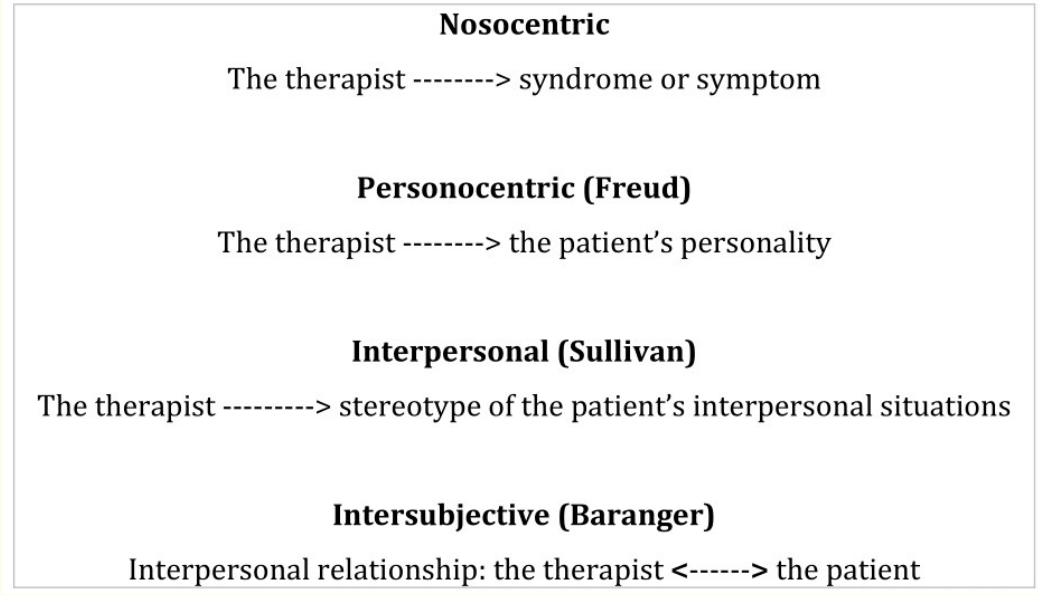

Figure 1: *Schematic illustration of development of therapeutic approaches and direction of the therapist's attention.*

Undoubtedly, the author does not pretend to the truth in the final instance and he is sure that colleagues could point to some missed aspects or give a different interpretation of the periods of development of the theory and methods of psychoanalysis. As everyone knows, psychoanalysis of psychoanalysis has always been one of the most interesting topics.

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