Review
Ανασκόπηση

Psychoanalytic psychotherapy in times of social crisis: The impact on therapeutic relationship

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Psychiatriki 2018, 29:257–263

Discussion on defining therapy factors develops along two lines: one focusing on the interpretation and another focusing on the relationship. Changes in the socio-economic circumstances, cultural particularities, dismissal of institutions, constant negation, lack of boundaries, confusion of roles, various family secrets revealed due to "collapses," major conflicts, violence and aggression filling the individual as part of both the internal and the external reality – all are known risk factors causing the individual to experience trauma either due the nature of the received stimuli/threats or due to the loss of the enabling/supportive environment. Also, this situation affects the analyst's psychic structure as well. The analyst will have to strike a balance between their own internal objects, which under the circumstances activate the analyst's own suppressed conflicts, and the multiple intense projections of the analysand. First of all, the internal struggles taking place in the analyst's psychism regarding their own griefs, frustrations, and conflicts concerning their adjustment to the current reality, as well as individual griefs relating to their narcissistic doubts and the projections of omnipotence they receive. The question is whether the analyst will go through a destabilization process, being overwhelmed by psychic stimuli in multiple levels, or react with "manic defences" resulting, perhaps, in the prevalence of anti-psychoanalytic dynamics on the transference - countertransference axis. A second line of thought involves the internal struggles taking place in the psychic structure of the analysand, and often the "meeting" of the latter with the analyst through the "parallel process." Finally, we think about the multiple – due to psychic tensions – instances of enacting (or acting out) and the setting being put to the test in terms of frequency, fees, difficulty of symbolic processing, and aggressiveness towards the interpretations and demands of the analyst as object introjected to the superego and requiring "compliance" to certain standards, the setting principles. We refer to the internal processes resulting from conflicts in the therapists' psychic structure as regards their own internal objects, life experiences, frustrations in relation to the parent/authority, adolescent conflicts with the system, political views, life philosophy, and sense of fairness. Issues are more complex in the therapy of children and adolescents. Their mental condition is affected by that of their parents. When it is hard for

the therapist to become an object of identification and idealization, since all institutions around them have been undermined, confirming the adolescent's guilt-ridden fantasy aggression? How, then, will the therapeutic process move forward when models crumble; when parents are being proved weak and unable to receive the aggressiveness of the independence-gaining process; and when reverie fantasies cease to exist? Today, more and more often we see adolescents who cannot develop because they are involved in their own parents' unprocessed situations. Despite the aforementioned difficulties, the therapy space as a setting with boundaries and empathetic functions could function as a "womb" that will give birth to new mental life. And this life will bloom as long as therapists preserve intact within them their values and principles – and their ability for reverie!

Key words: Transference, countertransference, psychoanalyst, social crisis, therapy, children, adolescent.

"We both were looking at the same stone.
We were looking at each other through the stone…"
("Maria Nefeli", Odysseus Elytis)

Introduction

No major procedural transgressions are to be expected from the patient in a therapy with a sufficiently analyzed and well-trained psychoanalyst. What is of interest is the way that subtle nuances, different qualities in the character of the psychoanalyst/therapist, common behaviours, and relatively conflict-free behaviours might affect the therapeutic process.

Discussion on defining therapy factors develops along two lines: one focusing on the interpretation and another focusing on the relationship. Based on observations of the mother-baby transaction, as child psychiatrists we believe that it takes more than a flawless interpretation for psychic change to occur – and that additional element is an integral part of the intersubjective relationship between the analyzed and the analyst. According to Stern (1998),[1] this "implicit knowledge of relationships" is acquired unconsciously and is beyond conscious attention and experience. The unconscious dimensions of this relationship knowledge, called "unthought known" by Bollas (1987),[2] are these "meeting" moments defined as intersubjective moments in analysis.

The "good enough" analyst is able to effectively work with each patient's set of fantasies and defences in a wide range of patients and situations.[3] What defines the particular limits and strong or weak points of the analytical work is the analyst's individual characteristics.

Countertransference reactions are usually manifested when there are similarities in the internal conflicts of the analyzed and the analyst or when, through projective identification, patients unconsciously choose that analyst's side which matches their own perspective on early relationships and attach their transference there or when this "match" facilitates or hinders the therapeutic process, depending on the specific patient-analyst pair. The concept of this special communication between patient and analyst along the transference-countertransference axis is involved in transference acting out and countertransference enactment; overlaps with the notion of projective identification; touches upon the concept of empathy; and highlights blind spots with an unconscious meaning in the psychisms of both parties.

Socio-economic crisis and mental health

The socio-economic crisis affects mental health in two interconnected ways, i.e. by undermining protective factors or by increasing risk factors.

In the current situation, changes in the socio-economic circumstances, cultural particularities, dismissal of institutions, constant negation, lack of boundaries, confusion of roles, various family secrets revealed due to "collapses," major conflicts, violence and aggression filling the individual as part of both the internal and the external reality – all are known risk factors causing the individual to experience trauma either due the nature of the received stimuli/threats or due to the loss of the enabling/supportive environment.

The impact on the analyst, the analyzed, and the therapeutic setting

In our opinion, this situation cannot but affect the analyst's psychism as well. The analyst will have to strike a balance between their own internal objects, which under the circumstances activate the analyst's own suppressed conflicts, and the multiple intense projections of the analysed. Our thoughts as analysts will unfold along the following lines:

First of all, the internal struggles taking place in the analyst's psychism regarding their own griefs, frustrations, and conflicts concerning their adjustment to the current reality, as well as individual griefs relating to their narcissistic doubts and the projections of omnipotence they receive. The question is whether the analyst will go through a destabilization process, being overwhelmed by psychic stimuli in multiple levels, or react with "manic defences" resulting, perhaps, in the prevalence of anti-psychoanalytic dynamics on the transference - countertransference axis.

Our second line of thought involves the internal struggles taking place in the psychism of the analyzed, and often the "meeting" of the latter with the analyst through the "parallel process".[4]

Finally, we think about the multiple – due to psychic tensions – instances of enacting (or acting out) and the setting being put to the test in terms of frequency, fees, difficulty of symbolic processing, and aggressiveness towards the interpretations and demands of the analyst as object introjected to the superego and requiring "compliance" to certain standards, the setting principles.

The internal "turbulence" in the therapist's psychism

We refer to the internal processes resulting from conflicts in the therapist's psychism as regards their own internal objects, life experiences, frustrations in relation to the parent/authority, adolescent conflicts with the system, political views, life philosophy, and sense of fairness.

Furthermore, to their own personal, professional, and financial frustration resulting from years of effort aimed at approaching an – often highly placed – ideal self.

At another level, feelings of anger or guilt or threat emerge within the framework of personal persecutions inflicted by the system in an irrational way, e.g. through bureaucratic and often cursory receipt audits and/or the frequent imposition of fines by the IRS, i.e. situations of control evoking the threat of an intruding authority and bringing to the surface the vestiges of previous developmental phases.

All this often leads to the collapse of the sense of narcissistic omnipotence which is strong mainly within those colleagues that have chosen to work in an individual setting, without associating very much with the elements of another external reality – that of the public sector, insurance funds, psychiatric institutions, and the difficulties of the psychiatric reformation.

Under these circumstances, the therapist's ego must mourn its false relationships, mainly with its "ideal" part, bringing out intense emotions and taking part in mourning processes that will continue to unfold until the new redefinition.

The psychoanalytical relationship and the change of dynamics in the session

The therapist comes into the session with this internal background; a therapist more upset, perhaps nursing the silent fear of whether they will be master of themselves in the challenge that the psychoanalytical condition makes us face at every instance.

The "parallel process"

During the session, the meeting moment comes with the parallel emergence of relevant – but obviously more serious – issues of the analyzed. However, it is often harder when the meeting moment becomes a moment of "matching" between the analyst and the analyzed in a parallel process. It is then that the analyst must neither act as if seduced by the emotional manifestations of the analyzed nor be rendered immobile by guilt that they themselves have caused these manifestations.[5] This "meeting moment" is an obstacle that could halt the process, requiring an immediate external supervision.

The psychoanalyst "in transition"

Therefore, during this phase when they feel "in transition," and within the framework of their own adjustment to the impending situation, the analyst

also receives the attacks of the analyzed as a result of their own processes, either of regression in the face of new threat and annihilation anxieties or in the psychically more mature situations of mourning and depression. This therapist-parent is no longer omnipotent, cannot offer any solutions, cannot protect in a fantasy level; they are not being idealized either by the analyzed or by themselves.

The narcissistic issue

Serious issues of narcissistic doubt often lead them to feel frustration, loneliness, being gridlocked, and often angry. This is a special form of mourning process, of their own neurosis, according to Freud (1923).[6] If the transferential projection of omnipotence is combined with the analyst's tendency for omnipotence and omniscience, they are then led to "manic defences/ the manic triad", i.e. triumph, control, and contempt, when anti-psychoanalytic transference/countertransference dynamics become prevalent.[7]

The threat to the intermediate space

According to Winnicot (1971),[8] analysis is an intermediate space where the playing fields of the two subjects meet and the rules of play require from us to accept that all events within this structure (thoughts, emotions, acts, silence, etc.) do not imply what they would outside the structure. A prerequisite for this is that the analytical attitude provides a clear guarantee of safety, for if challenges are left unchecked, they will infiltrate and destroy the illusionary structure.[9]

Fairbairn (1958)[10] describes the patient's attempt to subdue and place their relationship with the analyst in their own closed system through transference; if this attempt runs into the analyst's inability to manage it, it creates the risk that the gap between the analyst's subject and its function might collapse. The analytical situation is then at permanent danger of deteriorating into a real situation.[11] This is the result of the violation of the transitional/intermediate space and the obliteration of the symbolic function.

We believe that in this new phase the analyst must process their intense emotional readjustments, the flood of psychic stimuli and stirrings from patients, and the presence of too many feelings of guilt (or lack thereof) regarding the experience of deprivation associated with the hard and unyielding nature of the setting's boundaries. Therefore, it is a mourning process taking place at multiple levels. In the framework of an assimilation process for these stimulations, analysts feel, think, are supervised if necessary, share within their professional institutions/associations, and process through seminars and/or publications such as this in order to restore the associative connections that would deal with new challenges in therapy and produce creative content, allowing the therapy to move forward.

The setting and the therapeutic relationship

The boundaries of the external setting are now in confusion, while the boundaries of the internal setting of the two protagonists (analyst/analyzed) under reconfiguration, inevitably testing the therapeutic relationship against the setting as well.

It is accepted that the setting's main features are stability, consistency, predictability, confidentiality, and continuity. Even though the setting comprises these constants, i.e. it must undoubtedly be and remain stable and unchanging, at times it should also be flexible, adjusting to the patient's needs when these have been understood and evaluated by the analyst.[12]

Environmental influences are unavoidable (parents, health issues, socio-economic and/or political changes, etc.), but must be kept at a minimum. Obviously, the more regressed a patient is the greater the importance of the analytical setting.

Therapy is not an issue linked to the degree of the setting's perfection. Besides, the "perfect setting" would leave the patient's unvoiced, psychotic parts unobserved and untouched.

The breakdown and restoration of the setting is an essential part of the analytical work and a major factor for genuine – not superficial – analysis.[13]

The often-repeated statement that the analyst is the guarantor of the setting does not imply a "mandatory" inflexibility or a mirroring coldness, distance, and silence, since analysts offer their own psychic setting as a cornerstone for the analytical process, guaranteeing that they assume full responsibility. In this we are in line with A. Green (2005)[14] who proposed that when the setting needs to be radically modified, the therapist must turn to an internal setting – that of their own internalized analysis – and enforce it, as it were, on the current relationship.

The setting is now put to the test regarding frequency, fees, content, and resistances. Digging deeper becomes more difficult when external pressures overwhelm the psychism, and interpretations may be low-key or aggressive, depending on the analyst's own processes.

The analyst is at times projected as an ally, a giving, "good enough mother» who will relieve anxieties, and at other times as a depriving mother, a sadistic institution who asks of you too much, who asks of you to be deprived in order to get what you consider self-evident: her availability.[3] "You need it, but not like that." This is the regression of a psychism seeking for a breast unconditionally, with no limits. This illusion of omnipotence by the regressed psychism, in contrast to the rigid omnipotence of the analyst-breast, is sure to cause threat anxieties to the analyzed, both in relation to their own projected driven aggressiveness but also in relation to the revenge on the part of the other.

The anger of the analyzed about the setting projected on money is associated with parental demands introjected to the superego of the analyzed. The therapist as object (mother or father) interjected to the superego requires conformation to certain standards.

The discussion about money –sometimes conducted, others avoided– is experienced as a "prohibition" of anger that intensifies the latter, in combination with an introjected sadistic, condescending father which the analyzed must not attack in order to meet the requirements for character perfection and to feel strong.

Linking the management of the fee issue with the archaic objects introjected to the superego of the analyzed contributes to the experiencing of a difference between fantasy and reality. At this point, session delays and instances of acting out start occurring and the therapy is often stopped.

We wonder whether the symbolic processing of enactment (and acting out) instances might open internal communication channels among disconnected states or parts of the self, so that they can be understood as a result of conflicting unconscious procedures, when the external reality is also so uncertain, destructive, and unreliable.

We wonder whether in the current phase it is possible for countertransference difficulties to be externalized so that the analyst might be freed from the limitations described above.

In the current violent social developments, people feel a huge pressure aimed at depriving them of their freedom to think and seek alternatives at every level of individual and social life. This situation is reflected in the interpretative process as well. Due to special circumstances, the interpretative understanding moves from the partial and peripheral to the primary and central.

The analyst on one hand must investigate what is primary and central, making it conscious through interpretation, while on the other becomes involved in the partial and peripheral psychic life, which constitutes the truth of real life. At that time, the analyst will consider their thematic choices as well as the time of uttering transference interpretations as a tool for motivating psychic change.

Will they use, in order to achieve psychic change, the therapeutic alliance and empathy or the mutative interpretation, even though the analysed is assaulted by a painful external reality?[1,11] For example, how can fundamental issues of bond insecurity be interpreted when unemployment and the ensuing major uncertainty overwhelms the psychism due to its real dimensions?

Therapy in children and adolescents

Issues are more complex in the therapy of children and adolescents. Their mental condition is affected by that of their parents. For example, parents suffering from anxiety disorders are unable to absorb their child's anxieties; depressive parents cannot contain the child's concerns; and guilt-ridden parents will transfer their own unresolved conflict issues to the child. These parents often communicate contradictory messages and find it difficult to create a stable environment with continuous caring emotions. The result is children neglected or overprotected, immature, involved in states where roles are confused, while the satisfaction of their needs is inhibited. This leads to the formation of inhibited psychisms, immobilized as a defence in order to survive, or psychisms expressing themselves violently, acting out their unvoiced feelings of pain and anger and, in many cases, eventually creating the image of a false self.

In such cases, the need for a multifaceted therapeutic approach addressed to both the child and the parents is urgent and imperative. But how can parents respond to such a therapy contract when they have no insurance fund benefits, and what will be the therapist's reaction when parents quickly stop their own therapeutic work, giving priority to their child's therapy? (A therapy essentially impossible and meaningless without their own participation.)

And what will become of adolescent therapies? When it is hard for the therapist to become an object of identification and idealization, since all institutions around them have been undermined, confirming the adolescent's guilt-ridden fantasy aggression?

How, then, will the therapeutic process move forward when models crumble; when parents are being proved weak and unable to receive the aggressiveness of the independence-gaining process; and when reverie fantasies cease to exist? Today, more and more often we see adolescents who cannot develop because they are involved in their own parents' unprocessed situations.

This is a serious issue, since it is a daily, constant negation by adolescents, deeply questioning the ability for therapeutic response when the therapist, under the burden of reality, shares exactly the same negation. This inability of parents and/or therapists to process mourning is a very real risk factor for the transgenerational transmission of psychopathology in the immediate future.[15]

Conclusion

Despite the aforementioned difficulties, the therapy space as a setting with boundaries and empathetic functions is always a womb that will give birth to new mental life. And this life will bloom as long as therapists preserve intact within them their values and principles – and their ability for reverie!

Ψυχαναλυτική ψυχοθεραπεία σε περιόδους κρίσης: Οι επιπτώσεις στη θεραπευτική σχέση

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Ψυχιατρική 2018, 29:257–263

Στην παρούσα εργασία πραγματευόμαστε την επίδραση της κοινωνικοοικονομικής κρίσης της χώρας μας στη θεραπευτική διαδικασία και συγκεκριμένα στον άξονα μεταβίβασης-αντιμεταβίβασης. Οι μεταβολές της κοινωνικοοικονομικής κατάστασης, οι πολιτισμικού χαρακτήρα ιδιαιτερότητες, η κατάργηση των θεσμών, η συνεχής διάψευση, η έλλειψη ορίων, η σύγχυση ρόλων, τα διάφορα οικογενειακά μυστικά που αποκαλύπτονται λόγω των «καταρρεύσεων», οι σοβαρές συγκρούσεις, η βία και η επιθετικότητα που κατακλύζουν το άτομο και αποτελούν μέρος της εσωτερικής αλλά και της εξωτερικής του πραγματικότητας, είναι γνωστοί παράγοντες κινδύνου που οδηγούν το άτομο σε μια κατάσταση τραυματική είτε λόγω της φύσης των ερεθισμάτων-απειλών που δέχεται, είτε λόγω απώλειας του διευκολυντικού-υποστηρικτικού του περιβάλλοντος. Η κατάσταση αυτή δεν μπορεί –κατά τη γνώμη μας– παρά να επηρεάσει και τον ψυχισμό του αναλυτή τόσο στα ιδιαίτερα χαρακτηριστικά του όσο και στις νέες και έντονες προβολές που δέχεται. Καλείται δηλαδή να ισορροπήσει ανάμεσα στα δικά του εσωτερικά αντικείμενα που, κάτω από την πίεση των συνθηκών αυτών, δραστηριοποιούν τις δικές του απωθημένες συγκρούσεις, και στις έντονες και ποικίλες προβολές του αναλυόμενου. Οι άξονες πάνω στους οποίους αναπτύσσεται η δική μας σκέψη, ως ψυχαναλυτών-θεραπευτών,

αφορούν τρία επίπεδα: Καταρχάς στις εσωτερικές «μάχες» που γίνονται στον ψυχισμό του αναλυτή, όσον αφορά τα δικά του πένθη, τις ματαιώσεις και τις συγκρούσεις που σχετίζονται με τη «δική» του προσαρμογή στην τρέχουσα πραγματικότητα, καθώς και τα ιδιαίτερα πένθη που σχετίζονται με τη ναρκισσιστική του αμφισβήτηση και σε σχέση με τις προβολές παντοδυναμίας που δέχεται. Σ' ένα δεύτερο επίπεδο αναρωτιόμαστε για τις αντίστοιχες «εσωτερικές μάχες» στον ψυχισμό του αναλυόμενου, και συχνά τη «συνάντησή» του με τον αναλυτή στα πλαίσια της «παράλληλης διεργασίας» (parallel process). Σ' ένα τρίτο επίπεδο σκεφτόμαστε τις πολλαπλές, λόγω ψυχικών εντάσεων, διαδραματίσεις (ή εκδραματίσεις) και το «θεραπευτικό πλαίσιο» που δοκιμάζεται όσον αφορά τη συχνότητα, την αμοιβή, τη δυσκολία συμβολικής επεξεργασίας, την επιθετικότητα απέναντι στις ερμηνείες και τις απαιτήσεις του αναλυτή, ως ενδοβλημένου στο Υπερεγώ αντικειμένου, που απαιτεί συμμόρφωση με ορισμένα προαπαιτούμενα. Στις θεραπείες των παιδιών και των εφήβων τα θέματα είναι ακόμα πιο πολύπλοκα καθώς η ψυχική τους κατάσταση επηρεάζεται από εκείνη των γονέων τους. Ειδικότερα, στις θεραπείες των εφήβων ο θεραπευτής δύσκολα μπορεί ν' αποτελέσει αντικείμενο προς ταύτιση και εξιδανίκευση, όταν όλοι οι θεσμοί γύρω έχουν υποτιμηθεί, επιβεβαιώνοντας την ενοχική φαντασιωτική επιθετικότητα του εφήβου. Το ζήτημα είναι σοβαρό καθώς πρόκειται για μια καθημερινή και συνεχή διάψευση του εφήβου και θέτει σε βαθιά αμφισβήτηση τη δυνατότητα θεραπευτικής ανταπόκρισης όταν συμβαίνει και ο θεραπευτής –κάτω από το βάρος της πραγματικότητας– να συμμερίζεται ακριβώς την ίδια διάψευση. Αυτή λοιπόν η αδυναμία των γονέων ή/και των θεραπευτών, η ανικανότητά τους να επεξεργαστούν το πένθος αποτελούν πραγματικό παράγοντα κινδύνου μετάδοσης της ψυχοπαθολογίας μεταξύ των γενεών. Παρόλες όμως τις αναφερόμενες δυσκολίες ο χώρος της θεραπείας ως ένα πλαίσιο με όρια και λειτουργίες ενσυναίσθησης, απαιτείται να αποτελεί δυνητικά χώρο δημιουργίας. Μια μήτρα που θα γεννήσει νέα ψυχική ζωή και αυτή η νέα ζωή να ανθίσει. Αρκεί και οι θεραπευτές να κρατήσουν μέσα τους σταθερές τις αρχές, τις αξίες τους και την ικανότητά τους για «ονειροπόληση».

Λέξεις ευρετηρίου: Μεταβίβαση, αντιμεταβίβαση, ψυχαναλυτής, κρίση, ψυχοθεραπεία, παιδιά, έφηβοι.

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