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Psychoanalysis and the public health sector: The Greek experience

D.C. Anagnostopoulos,¹ N.G. Christodoulou,² D.N. Ploumpidis¹

¹*1st Psychiatric Department, National and Kapodistrian University of Athens, Eginition Hospital, Medical School, Athens, Greece*

²*Research Department of Mental Health Sciences, University College, London, UK*

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The question of whether psychoanalysis –outside the original psychoanalytical setting– can co-exist with the public sector of health services has been substantially answered by the development of relevant psychoanalytic theory and the evolution of novel psychotherapeutic techniques. Psychoanalysis has a non specific and a specific effect on the public sector. The first explores how psychoanalytic concepts formulate a special understanding of mental disorders in everyday clinical practice; both in the organisation of services and a personalised approach of particular circumstances and needs of patients. The second explores how different kinds of psychoanalytic therapies are incorporated in the public sector. The setting is as crucially important here as are the appropriate funding, the recruitment of an adequate number of specialists and psychoanalytic training. Unfortunately psychoanalysis is not considered as cost-efficient by the majority of decision makers. In Greece, psychoanalysis has been present since the late 20's, initially as an instrument of perfection of children's understanding and education and also as a specific therapeutic method, appropriate for human psyche's understanding and for the treatment of some mental diseases. In the last 30 years psychoanalysis has been more closely implicated in the development of public health services and, by extension, in the psychiatric reform taking place in the country. Psychoanalytic supervision is mainly implemented in outpatient clinical practice. Brief psychoanalytic psychotherapies are implemented in outpatient and inpatient settings.

Key words: Psychoanalysis, public health, psychoanalytic setting, psychoanalytic supervision, brief psychoanalytic psychotherapies, public sector, Greece.

Introduction

Psychoanalysis, just like all original theories, has been influenced, since the beginning until the present, by specific social circumstances perceptible in the work of S. Freud and his disciples. A social understanding is equally necessary, in order to approach reactions to psychoanalysis. A characteristic example is the reaction caused by the concept of child sexuality, in the early 20th century, especially in some social classes and within the psychoanalytic movement itself (We are referring to the detachment of A. Adler). Also, the hostility of Academic Medicine to psychoanalysis, the accusation of not being a scientific method, in comparison to the dominant biological positivism of that time. In practice, the context of private/solitary medicine was prevalent, at that time, and a serious debate on the existence of a Public health sector, was not possible.

Since this early period, psychoanalysis transcended the margins of solitary and private practice. The experiences of the "Poliklinik" in Berlin and of the "Ambulatorium" in Vienna, in the early 20's, testimony on the interest of Freud and his disciples for a public exercise of psychoanalysis. They have proposed time limited indications for psychoanalysis, especially for delinquent young people and patients suffering psychosomatic diseases.¹ We have to notice also K. Jung's² remarkable work on the therapy of psychotic patients and the pioneering work of S. Ferenczi,³ who was the first to develop novel therapeutic techniques for patients that would be today diagnosed as "borderline", and realized the importance of countertransference and empathy.

Many changes have occurred in all aspects of human life in the century following the appearance of psychoanalysis. The development of a continuously developing Public Healthcare Sector is one of those changes. This was the consequence of a public mandate for free and comprehensive health care for everybody under the auspices of the State. As a pioneering practice, in the beginning, and as a necessary component of any psychotherapy after World War II, psychoanalysis have gained a huge audience, some people speaking about a "right to psy-

choanalysis". Psychoanalytic theory, following the changing needs and opportunities, has proposed new techniques, new fields of application and improvements in its theoretical framework, all these in a more and more competitive field of psychotherapies, where new concepts and methods (behavioral, systemic, cognitive and others) have challenged psychoanalysis, adopting in the same time many of its achievements.

General theory – Basic psychoanalytic concepts

Psychoanalysis revealed the role of drives in the formation of a subject's desire and the mechanisms through which desire is satisfied. At the same time emphasized on the primordial mother-child relationship, recognizing the importance of the object of investment of drives and later of psychical representations in the formation of the subject. This is how S. Freud set the foundations of the development of each individual's unique personality and of the person as a social being.⁴

Psychoanalysis has to investigate the individuality of the subject and its relationship to the external and internal environment. Concerning the internal environment, investigation equally refers to its intrapsychic and its interpsychic dimensions, while for the external environment it is important to study the relationships with significant others, in the context of family and social institutions.

Psychoanalysis –through understanding the symbolization of symptoms– is able to assign meanings to psychic illness of suffering individuals, without alienating them from their social environment and their personal history. Psychoanalysis attributes a meaning to projective processes (projection, projective identification), in relation to the development of transference towards "the Other", who could be a therapist or an institution (e.g. a ward of a hospital, or a group). In parallel, the development of empathy and the understanding of countertransference and its reactions allow a better understanding of the needs of a patient and favor a more effective management. The recognition of the importance of these processes in a therapist–patient relationship, is a *sine qua non* condition for the transformation of

an ordinary relationship to a therapeutic one, in individual and also in group therapies.⁵

Psychoanalysis promoted the idea of the “setting” that is to say of a framework of rules for its application, since the very beginning. This is the only way for psychic processes to be studied and dealt with, by using the interpretation as the basic therapeutic tool. The following questions are posed: (a) under the current conditions of medical practice, can the need for the setting be preserved outside the solitary-private doctor-patient relationship? and (b) how can the tool of interpretation be applied?

The initial capital importance of the interpretation for psychoanalysis, its value per se, has not been denied. However, nowadays we know better the substantial therapeutic value of other derivatives, such as the function of silence, of containment and of the corrective emotional experience.^{6,7}

With regard to the setting, it seems necessary to emphasize that it primarily refers to the internal capacity of the therapist or the therapeutic team to maintain firm boundaries in the relationship with the patient, so that the creation and –subsequently– the maintenance of the necessary intermediate space, which permits contact and collaboration between them, for the duration of the therapy. This means that the stability of the setting is a dynamic situation and not an inflexible technique, which has to respond to the particular needs of a patient. The setting permits the constancy of the therapeutic situation. It is composed of real and symbolic determinants. Its main characteristics are stability, consistency, foresight, confidentiality and continuity. It is ever-present, just like parents are for their child. Therefore it is necessary for any therapeutic process.⁸

We emphasized on the development of the setting in psychoanalysis, because we think that the application of rules, mostly deriving from it, in the development of psychiatric, therapeutic practices in the Public Sector services, is one of the most substantial contributions of psychoanalysis.

Modern psychoanalytic theory and practice

During the past few decades, clinical practice had to face new psychopathological forms, follow-

ing concurrent social and family trends, requiring new, modified techniques. Psychoanalysis mainly deals with a broad spectrum of disorders related to morbid personalities, reflecting new forms of familial and interpersonal relationships.⁹ We are called to deal with patients who have severe pre-oedipal developmental fixations, with severe archaic and narcissistic symptoms, with incomplete, non-integrated mental structures, with split aspects of their self and diffused identity. They present incomplete, problematic identifications, restricted internal differentiation and incomplete internalization of solid psychic structures, which can not dictate acceptable inhibitions and also can not allow sublimation and constructive outcomes on a social level. Thus the patient’s complaint is not fixed on a symptom, but mainly on various types of psychological malfunction: interpersonal and social difficulty and isolation, deprivation of social and personal integration, an unbearable feeling of void or boredom, seeking an identity and the meaning of life. These new forms of psychopathology and their associated clinical practice are closely observed and interpreted by modern psychoanalytic theory, suggesting new techniques, which are differentiated in their therapeutic aims and are adapted to the needs of these patients.

Holmes¹⁰ summarizes the changes in modern psychoanalytic psychotherapy, as follows:

1. From the awareness of unconscious psychic content and the arrest of repression, to the appropriate integration of the fragmented aspects of the self. Now the focus is in trying to establish the self and create a sense of subjective identity.
2. The aim of treatment is no longer an accurate reconstruction of past childhood, but rather the study of the patient’s material, as experienced in “the here and now” of the therapeutic relationship. Emphasis is placed on the analytic meeting as a new corrective experience, with key features of reliability, consistency, stability and non-exploitation.¹¹ The elements of the psychoanalytical process leading to structural change are: (a) insight, (b) the operation of containment and (c) the unprecedented new experience.

3. The redefinition of infant sexuality primarily in terms of dependence on the primary object of care, and emotional connection with it. The psychoanalytic theories of attachment emphasize the ability of the therapist-parent for emotional match-attunement with the patient-infant, as an important factor in mental change.
4. From reaching insight, to the development of self-consciousness. This means to be able to identify feelings, thoughts and impulses and to put them into words. This is very important for the abundance of modern clinical presentations characterized by poor mentalization and excessive somatization and acting out, for instance "psychoses blank", psychosomatic disorders, heavy borderline situations. Here the role of the therapist is to provide a transitional space, not only for making sense, but also for symbolic exchange and processing, which is internalized by the patient.¹²
5. There is a move towards being pragmatic about therapeutic goals, with emphasis, not so much on the radical restructuring of the personality, but rather on the shift of the psychic balance towards more mature-healthier patterns of function.

Psychoanalysis is able to assess its advantages, its limitations, its indications and contraindications. We have to notice some efforts to treat autism and especially schizophrenia in the 60s and 70's.^{13,14} Today, we focus on the psychoanalytic therapy of psychoses putting emphasis on the maturing role of identifications.^{15,16} The therapist offers primarily the most mature and healthy model for internalization and identification. This function of internalization is not limited to the personal relationship, but seeks the active support of the whole therapeutic framework. This process is closely related to the psychoanalytic concepts of intermediary-transitional space, the holding environment, the importance of a stable setting and the role of empathy.¹⁷

Specific psychoanalysis units

Psychoanalytic theory and practice has assured a decisive influence on the formation of mental health professionals and on the understanding of mental illness by psychiatrists. New points of view,

basic concepts, therapeutic techniques and practices resulted from it, which have been adopted, to variable degrees by the Public Sector. In addition, the contribution of psychoanalysis is objectified by the incorporation of specific psychoanalysis units. The latter are pleomorphic in both their theoretical and their technical approach. The main reason for this is the need to be adaptable to various and different clinical needs. For instance, psychoanalytic psychotherapy units that offer their services in the context of the General Hospital are very different to the psychosocial rehabilitation units for chronic patients.¹⁸⁻²⁰

Psychoanalytic education

The necessary requirements for the application of psychoanalysis in the Public Sector are the presence of a critical mass of psychoanalytically-trained mental health professionals and the necessary clinical supervision on the level of individuals, group and unit. The most important problem is the non-recognition of Psychotherapy as a profession by the State. This is directly correlated with the fact that psychoanalytic training occurs outside the State's educational institutions and costs dearly. This deters a lot of young mental health professionals who, under current circumstances, seek heuristic answers to their psychotherapeutic and intellectual needs.

Another problem, related to staffing, is the fact that existing staffs are expended at long-term therapies, not really necessary, which more modern forms of psychoanalytic work can remediate. These long therapies permit to the State's services to claim that psychoanalysis is more costly compared to other forms of therapy and not to recruit psychoanalysts. Recent literature strongly suggests that psychoanalysis is a cost-effective form of therapy, in the long-term perspective.²¹⁻²⁵ Another major anti psychoanalytic argument; psychoanalysis being a metaphysical and a non-scientific method, has collapsed under the weight of current findings of neurosciences.²⁶

The case of Greece

Particularly, as far as Greece is concerned, we can mention some pioneer experiences since the 20's

and 30's.²⁷ With the exception of a short experience of establishment of a psychoanalytic group, in late 40's, under the leadership of Princess M. Bonaparte,²⁸ the structured psychoanalytic groups appeared following the demise of the military junta in 1974.²⁸ Psychoanalysis had been strongly implicated in the research of a more liberal and friendly social environment, in the research of a profound reform of psychiatric services and more closely in the social demand of the development of well equipped services of public health. This process became more evident since the establishment of a National Health System, since 1983.²⁹

The recent psychoanalysis movement was primarily based on the action of many young psychiatrists who became socially radical during the years 1967–1974, of military dictatorship in the country. Many of them have followed later a psychoanalytic training. These young psychiatrists have been influenced by a small group of psychoanalysts of the previous generation, who had accumulated the necessary knowledge and experience from their practice in the National Health System of the United Kingdom, in psychoanalytic settings developed in public services in France, Switzerland, Italy and United States. These developments gave rise to a number of psychoanalytically educated psychiatrists, who integrated their psychodynamic expertise in the newly developed public sector. Psychoanalysis had a more profound impact in Children's and Adolescents' services, created in late 70's, because there was no resistance derived from a pre-existing non-psychoanalytic practice.³⁰

During the last 25 years the public mental health care sector has been transformed by a considerable development of out door and in door services. From the era of the big hospitals and asyla, when primary care was more or less practiced by the private sector, we have now transcended to the era of sectorised community-based psychiatry, where the State assumes responsibility for all levels of care.³¹

We can resume as follows:

1. Gradual decline of the asyla and their scheduled closure. Three of them have already closed, and the rest are expected to close by 2012.
 2. Big psychiatric hospital has been reformed. The number of beds per ward has decreased substantially; they acquired short-stay and acute units. They also developed community mental health centers and community services.
 3. A large, multimodal and extended network of psychosocial rehabilitation was developed throughout Greece, in order to cater for the increasing numbers of patients released from ex-asyla. Funding is a crucial problem to resolve for these rehabilitation units.
 4. A substantial number of Community Mental Health Centers was created, albeit still not sufficiently many.
 5. For the first time, Psychiatric Sectors were formed in General Hospitals, which now offer inpatient, outpatient and liaison psychiatric services.
 6. In parallel, an independent network of child psychiatric services was developed, mainly in the form of Child Guidance Clinic. There are only three child psychiatry sectors in general pediatric hospitals, and two outpatient services for adolescents (in Athens and Salonika). The development of child psychiatric services remains inadequate and lags behind that for adults.
 7. These changes were accompanied by an extended effort to educate and train personnel in order for them to create an array for all different mental health professions.
 8. On the academic level, the study curriculum for basic mental health professions changed. The main characteristic is the reform of educational programs, which adopted a psychodynamic direction – not exclusively of psychoanalytic orientation. E.g. psychotherapy education became compulsory within psychiatric training and child psychiatry has been recognized as an autonomous specialty, separate to adult psychiatry since 1981.^{32,33}
- Psychoanalysis, as a cohesive theory, put its mark on these developments focusing on the liberation of suffering persons from the compulsions of their mental illness, not merely relieving them from present symptoms. The basic psychoanalytic concept of a spectrum of defenses and psychical functions extending from mental health to mental illness provided the theoretical basis for the crucial

anti-stigma campaign, which is still on-going today. We think that the osmosis between the basic ideas of social psychiatry and psychoanalysis permitted to the later to have a serious impact in the development of the public sector.^{5,16}

The influence of psychoanalysis in the improvement of public psychiatric services has been considerable. Three examples which concern an early influence on everyday's work can be mentioned:

(a) working through appointments with pre-set duration, (b) favoring psychiatric practice in the team of mental health professionals, instead of solitary psychiatrist stand (c) the recognition of the significance of mental health professionals' feelings and their role in the establishment of a therapeutic framework - implicated in the process of understanding patient's morbidity and professionals' attitude and reactions.

Psychoanalysis and especially psychoanalytic training has blossomed in the private sector.²⁸

In parallel, specific psychoanalytic services have developed mainly in University departments, far less in units within the national health system and also in private non profit organizations. Training in psychoanalytic psychotherapy has been established in the Psychiatric University departments of Athens,³⁴⁻³⁷ Thessaloniki¹⁹ and also in those of Patras³⁰ and Thrace. These units are focusing more particularly on brief psychoanalytic psychotherapy.^{38,39} The psychiatric department of Athens University has also developed psychoanalytic inpatient and outpatient care of borderline patients.^{40,41}

We have to note that experiences of psychoanalytic supervision of clinical practice, since the beginning of the 80's, have significantly contributed to improve the exercise of community based psychiatry in urban areas and also through rural mobile units.⁴²⁻⁴⁶

Finally, psychoanalysis has offered a framework of understanding of institutional functioning as a whole.^{47,48}

If one critically examines the current status of psychiatry in Greece, could suggest that this is a status of a very wide reform, albeit still incomplete. If the reform focusing on out door care and

prevention can not be completed; a danger of regression becomes evident.⁴⁹ There is a mixed involvement of public and private services in different sectors of care, within the actual psychiatric reform. How to distribute, between them, service users and funding, becomes a serious problem of planning of the steps to follow further. The ways of funding of units, of establishing psychotherapies and of training of psychotherapists are also some crucial problems to face. Psychoanalytic training is still offered mainly through private, voluntary engagement of trainees. It remains always a unique method of profound training in facing the needs of a person as a whole. Everyday practice in the public sector, especially in the field of short psychotherapies, is rather eclectic, joining methods and concepts coming from psychoanalysis, but also from other approaches.⁵⁰

Conclusion

Psychoanalysis, not without trouble and retractions, is making the necessary theoretical and technical adjustments in order to meet modern requirements, i.e. new morbid conditions and new ways of developing units to cope with mental illnesses. It contributes greatly to preserve the individualized, human approach of patients, against "industrialized" forms of psychiatric care. The development of psychoanalytic theory and the evolution of novel psychotherapeutic techniques permit to psychoanalysis to face challenges coming from ongoing impact of other psychotherapeutic methods, like systemic and cognitive ones, especially in the public sector of mental health.³⁵ The acceptance of psychoanalysis in the public sector depends equally on the decision making strategies of governments concerning finances and stuff equipment. Psychoanalysis has to diffuse evidence on its efficacy, in order to limit preferences for less expensive, standardized methods, whose long term efficacy is not evident.

In Greece, social demand for psychoanalysis and therapies of psychoanalytic inspiration remains quite strong, offering a fertile ground for a further development of these methods of care and of understanding of our rapidly changing societies.

Ψυχανάλυση στο δημόσιο τομέα υγείας: Η Ελληνική εμπειρία

Δ. Αναγνωστόπουλος,¹ Ν.Γ. Χριστοδούλου,² Δ.Ν. Πλουμπίδης¹

¹Α' Ψυχιατρική Κλινική, Πανεπιστήμιο Αθηνών, Ιατρική Σχολή, Αιγινήτειο Νοσοκομείο, Αθήνα,

²Research Department of Mental Health Sciences, University College, London, UK

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Το ερώτημα αν η ψυχανάλυση, έξω από το συνηθισμένο πλαίσιο άσκησης, μπορεί να συνυπάρχει με το δημόσιο τομέα έχει απαντηθεί ουσιαστικά από την ανάπτυξη της ψυχαναλυτικής θεωρίας και πρακτικής και την εξέλιξη των νέων ψυχοθεραπευτικών τεχνικών. Η επίδραση της ψυχανάλυσης στο δημόσιο τομέα έχει ένα μη ειδικό και ένα ειδικό χαρακτήρα. Ο πρώτος αφορά στο πώς οι ψυχαναλυτικές έννοιες επιτρέπουν μια ιδιαίτερη κατανόηση των ψυχικών διαταραχών στην καθημερινή κλινική πρακτική, τόσο σε ότι αφορά στην οργάνωση των υπηρεσιών όσο και μια εξατομικευμένη προσέγγιση των ιδιαίτερων συνθηκών και αναγκών των ασθενών. Ο δεύτερος αφορά στο πώς τα διαφορετικά είδη ψυχαναλυτικής θεραπείας έχουν ενσωματωθεί στο δημόσιο τομέα. Η έννοια του setting (της οργάνωσης της θεραπευτικής λειτουργίας) είναι ζωτικής σημασίας, όπως και το ζήτημα της χρηματοδότησης, της πρόσληψης επαρκούς αριθμού ειδικών και της ψυχαναλυτικής εκπαίδευσης. Δυστυχώς, η ψυχανάλυση δεν θεωρείται οικονομικά αποδοτική από την πλειονότητα των φορέων λήψης αποφάσεων. Στην Ελλάδα, η ψυχανάλυση έχει παρουσία από τα τέλη της δεκαετίας του 1920, αρχικά ως όργανο τελειοποίησης της κατανόησης και της εκπαίδευσης των παιδιών, αλλά και ως ειδική θεραπευτική μέθοδος, κατάλληλη για την κατανόηση του ανθρώπινου ψυχισμού και την αντιμετώπιση των ψυχικών ασθενειών. Κατά τα τελευταία 30 χρόνια, η ψυχανάλυση έχει εμπλακεί πιο ενεργά στην ανάπτυξη των δημόσιων υπηρεσιών υγείας και, κατ' επέκταση, στην ψυχιατρική μεταρρύθμιση, που πραγματοποιείται στη χώρα μας. Οι πιο εκτεταμένες ψυχαναλυτικές παρεμβάσεις αφορούν στην εποπτεία του κλινικού έργου, κατά κύριο λόγο, σε μονάδες άσκησης της ψυχιατρικής μέσα στον κοινωνικό ιστό και τις βραχείες ψυχοθεραπείες, συχνά σε συνεργασία με μονάδες νοσηλείας.

Λέξεις ευρητηρίου: Ψυχανάλυση, ψυχαναλυτική εποπτεία, βραχείες ψυχοθεραπείες, δημόσιος τομέας, θεραπευτικό πλαίσιο, Ελλάδα

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Corresponding author: D.C. Anagnostopoulos, Ast. Professor of Psychiatry University of Athens, Eginition Hospital, 72–74 Vas. Sophias Ave., GR-115 28, Tel: +30 210 93 55 114, Fax: +30 210 93 23 450, e-mail: danagnos@otenet.gr