

# **The role of psychoanalysis in the welfare state crisis: from taking care of the patient to taking care of the healthcare institutions**

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## **Abstract**

Recent developments in psychoanalytic outreach researches have offered ever more convincing evidences of a circular, mutual relationship between the internal world, the group and the external society. From such point of view, the author explores the current crisis scenarios of the welfare and the parallel crisis of credibility and market of the psychoanalytic therapy. He suggests that in the future psychoanalysis could shift its focus from individual treatment to the study of group and institution, to the point of recasting itself as a "clinical approach to organizations" to improve efficiency, awareness and well-being in the workplaces. To make it happen, it is necessary for psychoanalysis to overcome the mistrust for interdisciplinary dialogue with other approaches, methods and disciplines, and the discomfort in dealing with issues unrelated to its own culture, such as money, power and labor.

**Keywords:** psychoanalysis, welfare state, institution, interdisciplinary, group

"Psychic reality and social rules - Money, power and work between ethics and narcissism": this is the title of the XVI Congress of the Italian Psychoanalytic Society which took place in Rome in May 2012. In the same period Stefano Bolognini, the new President of the IPA started his term with a presentation on "the social function of psychoanalysis". The last development of the psychoanalytic outreach (1) researches have provided more and more convincing evidences of a circular, mutual relationship between the internal world, the group and the external society, in line with Freud's statement that psychoanalysis should be fundamentally considered a social psychology.

The increasing impoverishment of the wealthy Western societies, mainly based on a consumer idea of wellbeing, being struck by a drop in consumption might end up by also reducing narcissistic investments, the individualism, the fetishistic idealization of external objects, concrete possessions and status symbols; this could revive values like relatedness, inner life and awareness, that are since ever the psychoanalysis' special object.

But in the crisis of welfare even psychoanalysis is in trouble. Patients are beginning to run out, and many of them do not accept any longer extended or two/three session a week treatments (not to mention the classical four-session analysis) essentially because of their high costs in terms of money, time and emotional engagement. The space for psychotherapeutic practice and psychoanalytic culture in healthcare institutions appears more and more reduced, as a consequence of their increasing business orientation, the spending cuts, a managerial approach focused on economy

and procedures, the attacks on psychoanalysis from its competitors (such as cognitive approaches), the emphasis on action to the detriment of reflection, a general withdrawal of the interest for psychic life, a prevailing emergency-based and survival oriented culture.

What would then be the remaining space for psychoanalysis outside the analytic room, that is in the world of services and organizations?

On March 7th 2012 at the London King's College Psychiatry Institute a debate took place on the following subject: "Does psychoanalysis have a valuable place in modern mental health services?". The debate, which was published on the *British Medical Journal*, confronted to each other two biologic scientists (Paul Salkovskis and Lewis Wolpert) and two psychoanalysts (Peter Fonagy and Alexandra Lemma): obviously the former answered "No" and the latter "Yes".

As Fonagy and Lemma (2012) wrote:

*Psychoanalysis is under greater attack than ever before. An unprecedented decommissioning of psychoanalytic services has taken place across the United Kingdom's National Health Service (...), justified by cost savings. What are the reasons for this attack and what can be said in psychoanalysis's defense? It has been claimed, perhaps fairly, that psychoanalysis and psychodynamic psychotherapies have failed to promote a culture of systematic evaluation and that the outcomes are difficult to measure and demonstrate.*

According to the Authors the psychoanalytic approach can offer three valuable and unique contributions to a modern healthcare economy

*First, in their applied form, psychoanalytic ideas can support mental health staff to provide high quality services despite the interpersonal pressures to which they are inevitably exposed when working with disturbed and disturbing patients. (ibid.)*

Secondly, Fonagy and Lemma argue that the increasing evidences that adult mental health problems are developmental in nature – that is they can be traced back to difficulties in childhood – strongly support the psychodynamic approaches.

*The psychoanalytic model is unique in proposing a developmental theory (of attachment relationships) that is now firmly supported by evidence. It therefore allows us to understand the relationship between early experience, genetic inheritance, and adult psychopathology. This developmental framework emphasizes early intervention and has been critical in shaping positive mental health policy... (ibid).*

Third, the psychoanalytic ideas “continue to provide the foundations for a wide range of applied interventions”.

Rather ironically, as showed by the clinical research itself, other approaches such as cognitive-behavioral therapies actually incorporated theoretical and clinical features derived from psychoanalysis into their own techniques, which “may well enhance the overall effectiveness of these modalities” (Fonagy, Lemma, 2012).

In a M-List debate on the Italian Psychoanalytic Society website Giorgio Campoli (Campoli, 2012) argues that “in the health services a psychoanalyst cannot convey the psychoanalytic method”, but suggests that “it would be possible *being* an analyst while working in the mental health”, even more, this might provide “a quite relevant added value for what concerns taking care of the patients, the staff group and their work, and eventually rethinking organization”. He goes on by acknowledging that he could find “generative” for the service work many psychoanalytic concepts addressing intra-psychic and relational aspects: group processes (Bion, 1961), the analytic field (Baranger M. and Baranger W., 1961-62; Correale, 1991; Ferro, 2002), the psychoanalysis of institutions (Obholzer, 2007); he nevertheless maintains that these cannot represent the ones and only theoretic bases for the service work, but should get used to opening a dialogue with other available knowledge (politics, sociology, biology).

Of course, such a dialogue has to be inspired by an attitude of modesty and a renunciation to hegemonic claims or fantasies; in this sense Campoli recalls a warning made by Paul Claude Racamier: “*Do use your personal theories in the most humble and unobtrusive way. Keep close to the more concrete realities. Do not believe that your working in an institution may change the world’s face*”. (Campoli, *ibid.*).

Beyond the mental health services, may we anyway ask ourselves in operational terms how could psychoanalysis make a contribution to improving the organizational life, and what would be concretely able to do? Could it not for example propose itself as a special lens to understand what is going on in the heart of an institution, below its surface and in its “shadow zones”, in such a way as to orient the teams’ actions and the managers’ strategies towards more healthy, aware and creative directions?

In a context of crisis and deep changes of the idea of welfare and its institutions what should be appropriate is thinking of a migration - or, better, an oscillation - from a clinical method based on the individual or the group, to a clinical approach to organizations, which may put together while also studying their complex interactions

- the individual and its inner world,
- the workgroup and its dynamics,
- the organizational system with its roles, tasks and boundaries, authority and leadership structures, relatedness, basic assumptions and unconscious fantasies.

What the psychoanalytic method could offer to such a pathway are several valuable understandings, guiding concepts, working hypotheses and even models for action, provide it faces beforehand some challenging transformations:

1. Going beyond a conception of psychoanalysis as one that brings its couch into an institution, while rather developing a “couch-less” psychoanalysis which is able to deal with institutions without its usual toolkit and setting, or which can find the way to put the organization itself on an appropriate couch.
2. Overcoming its own mistrust of any inter-disciplinary dialogue with other approaches, methods and knowledge, in particular with systems theory.
3. Recognizing and facing the “deafness” and “blind spots” of the traditional psychoanalytic practice and culture for what concerns a variety of “bizarre objects” like:
  - authority, power and leadership
  - money and economics
  - work, organization and management
  - technologies
  - politics
  - digital cultures and social network
  - ecology and sustainable development
  - macro-social and global processes.

Even staying within the domain of psychotherapy we could nonetheless wonder whether it may be still meaningful going on to work “as if” those issues were not existing or mere mental objects, as if they would not have anything to do with the cure, and above all would not be deeply impacting on it.

When moving then to the ground of institutions and society, we become aware that the analytic community has since long time lost contact with this reality and the above mentioned subjects, at best by paying them an occasional and limited attention within the so called “applied psychoanalysis”.

The SPI Congress I quoted at the beginning after all asked itself a powerful question in that direction: is it possible for us to reflect around these elements - money, power, work - from a psychoanalytic point of view, even though the instruments to deal with and to govern them are mainly non-analytic? In other words, could we think of a psychoanalysis which in looking at the external world may turn into a sort of consultant to those - leaders, groups, organizations - who have the task to “manage” this world? And, moreover, may psychoanalysis - without being afraid to corrupt itself or behaving as the star pupil - engage in a dialogue with other approaches and bodies of knowledge, whose contributions appears essential to understand societal and institutional processes under a “clinical” perspective as well?

Psychoanalysis was sometimes described as a kind of “after-education” (2): I suggest that the challenges coming from a contemporary world which is increasingly

complex, liquid and chaotic, much more unsafe and less and less governable, would also entrust it potentially with a “meta-educational” role, that is forming and making more aware the representatives of what Freud called the three “impossible professions” - treating, bringing up and governing - , namely the healthcare and social welfare practitioners, the trainers and the educators, the establishment ruling corporations, institutions, and societies. Certainly psychoanalysis would never leave the cure of patients, but will maybe move with more decision to treating the organizational systems that in many ways take care of people; not different from what Freud himself already did by providing the little Hans with an analytic treatment mediated by his father.

What are anyway the concepts and paradigms deriving from the psychoanalytic method which could fruitfully apply to working with social issues, giving birth to what Twemlow and Parens called a “community psychoanalyst”, an original however not completely new figure? (Twemlow, Parens, 2006).

First, the **analytic setting**, not so much in its traditional meaning of a relational and contractual space - which would be quite difficult to export from the therapeutic frame into the organizational turbulence - but rather as an “organizational model” and a temporary institution (see the concept of “encuadre” in Bleger, 1967): from this point of view one could imagine that both organization and setting have something to learn from each other; it should only be taken in account - reminding what we were saying above with regard to a need for modesty - that the institutional setting, unlike the psychoanalytic one, does not belong to the analyst, who therefore must more often to accept it as it is in its unstable and arbitrary nature, while resigning him/herself to be unable to rule it.

The concept of “**institutional container**” (Bion, 1962; Foresti, Fubini, Perini, 2011; Comelli, 2011) is another paradigm of the psychoanalytic approach to organizations. Starting from Bion’s model of the container as a psychic space in dynamic relationship to emotional contents, the institutional container may be conceived as an extended form of the “organization-in-the-mind” of the members of the workgroup or the institution (Armstrong, 1997), and also a function of the leadership and a basic component of the organizational culture. In that sense, a good enough institution should be able to work as a container which may be at the same time solid, enlightened, safe and transformative; and for what concerns the relation between container and content, when this is running on a prevailing symbiotic rather than a parasitic level, then it may become a conceptual basis for

- the decisions concerning the patient (psychotherapy, clinical management) or the client (role consultancy, counseling, executive coaching)
- the operating group governance (team leadership, workgroup-oriented mindset)
- the “clinical-institutional supervision” of the team (from focusing on the clinical case to focusing on the caring group)

- the organizational consultancy (from focusing on the caring group to focusing on the caring system)

Another concept, that of “**institutional isomorphism**” (Kaës, 1976), might help to understand how an institution is functioning in terms of parallel processes and a mirroring of the client’s internal world in the healthcare environment. This would be mediated by a mutual interplay of projections, introjections, unconscious fantasies and projective identifications, which allow us to represent to some extent the individual and the organizational system whom he/she belongs to as “creatures of each other” (Main, 1975).

Last, the idea of a “**negative capability**” (3) (Bion, 1970), although apparently contrasting with the mission of social institutions and also with current “macho management” cultures, can be a useful working tool and a sophisticated leadership function. Leadership actually - as Campoli reminds us - “involves taking up a responsibility in the very capacity to wait, however by neither demonizing action nor falling into a sort of psychotic-like inactivity” (Campoli, 2012).

There are some other psychoanalytic concepts that may prove helpful for working in and with institutions, but maybe what is most important now is to focus on a preliminary question: psychoanalysts find very hard “leaning out” of the analytic room and meet issues, objects, norms, relations and languages so different from those belonging to them; on the other hand organizations regards the analytic discourse with great mistrust, partly as they fear its truth’s disruptive potential and also because they are usually (and nowadays more than ever) in search of certainties and simplifications that psychoanalysis cannot provide (Perini, 2007).

Such relational tension, which is particularly evident in the dialogue of the deaf opposing clinical cultures to administrative and managerial ones, may waste a lot of human and material resources in a fruitless dominance/submission dialectic aimed to establish the supremacy of sanitary criteria or, on the contrary, of economic and procedural constraints; all this instead of engaging in an uncomfortable negotiation with a view to reality testing and depressive position.

But if we really believe that contemporary society, its guarantors and its institutions need for the contribution of psychoanalysis, then the first task to face is an effort to overcome that mutual distrust and to foster a peer dialogue which may illuminate hope without overshadowing the difficulties.

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## Notes

1. Outreach activities are aimed “to interchange with and learn more about the surrounding culture; to develop interventions derived from psychoanalysis; to increase involvement with universities and mental health disciplines, social sciences and humanities; to establish international networks of analysts working in these settings; and to respond to negative views about psychoanalysis”. (Holder, 2005).
2. In his “Five lectures on Psychoanalysis” Freud describes the analytic process as a “post-education” (*Nacherziehung*): You can, if you like, regard psychoanalytic treatment as no more than a prolongation of education for the purpose of overcoming the residues of childhood”. (Freud, 1910, p.47).
3. Negative capability is “when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason”. (Letter of John Keats to his brothers, George and Thomas, on 21 December 1817, quoted in Bion, 1970).

## About the author

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