Classical Approach as an Operative Outlet to Clinical Psychoanalysis in Evolving Societies

Saeed Shoja Shafti

Abstract

In different developing countries, which have recently started to study psychoanalysis and related insight-oriented psychotherapies, many serious issues are clearly needed to be explored precisely. Eluding Freud due to demographic or cultural concerns, highlighting hypothetical subjects against practical topics, substituting earlier analytic schools with later ones, discounting essential analytic techniques, underestimating standard training curriculums and ignoring the boundaries, the benefits and the shortages of different insight-oriented psychotherapeutic methods are among the most remarkable problems in evolving societies. But in learning and practicing psychoanalysis and its related insight-oriented derivatives, the chronology of psychoanalysis, should be considered. The shift from a ‘one-person’ to a ‘two-person’ approach or from a ‘there-and-then’ to a ‘here-and-now’ attitude is not easily supposable with respect to psychotherapists of societies who obviously have never touched or experienced unconsciousness, insight and behavioral alteration in themselves or in patients. This problem arises from a series of reasons, including the lack of standard institutes or supervisors. Historically, psychoanalysis was the product of exercise, not supposition, and it has been developed by practice, so it will survive only by rehearsal; otherwise it will die or never develop into an effective therapeutic tool. Avoiding Freud because of any reason is equal to avoiding the most influential and genuine psychoanalytic literature or resource, which in turn is equal to a fake or ineffectual psychoanalysis. The establishment of a proper analytic mentality is not possible by chaotic or unmethodical training. In spite of everything, in developing societies and among different psychoanalytic schools, the classical, orthodox or Freudian approach seems an applicable and practical method. Moving from simple formulations based on the conflict theory, acknowledging unconscious/resistance/transference and taking them as the starting point of the work, stressing the importance analyst’s neutrality and of incessant analysis by free association and dream interpretation as well as of continuing personal analysis, self-analysis and therapeutic or medical orientation, using the couch and avoiding the face-to-face style, making a large amount of theoretic and technical writings (with their historic line of development) available and so allowing a systematic study and comprehension of the unconscious mental processes and a clear-cut practice framework are all factors that may enhance a good development of psychoanalysis in these countries and may create a groundwork for attainment of a more effective analytical practice.

Key words: Psychoanalysis; classical method; Freudian style.

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Introduction

Freud as the founding father of psychoanalysis

As said by Freud: ‘…. The poets and philosophers before me discovered the unconscious; what I discovered was the scientific method by which the unconscious can be studied’ (Freud S., 1900). Also: ‘Every normal person, in fact, is only normal on the average. His ego approximates to that of the psychotic in some part or other and to a greater or lesser extent’ (Freud S., 1914). Freud described psychoanalysis as a theory, a treatment and a method of research. In Western culture, it has become much more than that. It is a way of looking at individual psychology and events in the world through a psychoanalytical oriented lens (Holt R., 1989). So, according to Freud: ‘The business of analysis is to secure the best possible conditions for the functioning of the ego; when this has been done analysis has accomplished its task’ (Freud S., 1914). In general, psychoanalysis is a set of theories with respect to structure, function and development of mental life, psychopathology and treatment (Friedman L., 2001). Applying these theories forms the basis of both a specialized form of psychotherapy (psychoanalysis) and the principles of the psychodynamic psychotherapies (Fonagy P., 2001). Also, the application of psychoanalytic theory in other fields is often referred to as "applied psychoanalysis" (Kitcer P., 1992). The psychiatric diagnoses that are often suited for psychoanalytic treatment include personality disorders, generalized anxiety disorder, recurrent major depressive disorder or dysthymia. Some kinds of sexual disorders or psychosomatic conditions, as well, may improve successfully with psychoanalytic methods. On the other hand, many patients with work or relationship problems, which are not easily classifiable by diagnostic nomenclature, are ideally suitable for psychoanalytic treatment (Paykel E.S., et al., 1995). Prohibitions for psychoanalysis include also obsessive-compulsive disorder and antisocial personality disorder (Esman A.H., 1989). While all schools of psychoanalysis recognize presence of unconscious and preconscious minds, different theories emphasize different dynamic forces. For example, while libido theory highlights the biologically predetermined drives, structural theory underlines the relationships between id, ego and superego. Object relations theory, as well, focuses more on an internalized interpersonal world. Consistent with the later theory, in contemporary psychoanalysis a strong trend is present emphasizing that all mental life is a result of social interactions. Technically, this is often called a “two-person psychology,” which accentuates that the events in analysis involve interactions between the patient and the analyst and don’t emerge as pure data coming only from the patient. So, post-modern schools, such as those based on interpersonal, relational and inter-subjective theories, emphasize the two-person field, its emotional impact and the transference-countertransference dimensions of the analytic sessions (Sandler J., 1989). On the other hand, as early as 1905, Freud had said that "a child sucking at his mother's breast has become the prototype of every relation of love and the finding of an object is in fact repetition of that process” (Goldberg A., 1999); he introduced also the concept of object loss as an unavoidable step in the path to mental evolution, when the child is able to form a total idea of the person to whom the organ that is giving him satisfaction belongs. Thus, according to Freud, we did not invent symbolism; it is a universal age-old activity of the human imagination (Goldberg A., 1999). Therefore, in the current practice of psychoanalysis, while classical ego psychologists will focus on conflict and compromise, contemporary ego psychologists will include autonomous ego function. Likewise, while object relations theorists will look mostly for core unconscious fantasies that show object relations contents and scenarios, self-psychologists will look especially at overall integrations of conflicting items into compromise formations contained in self-experience, especially with respect to organization or dissociations of self-esteem (Greenberg J.R., Mitchell S.A., 1983). Analysts in
the inter-personal school, also, will look at the relationship in the present-day between the analyst and the patient as the most informative and affective manifestation of unconscious fantasy and object relations (Gunderson J.G., Gabbed G.O., 1999). Inter-subjective analysts, also, will focus on the emotional experience of the relationship in the here and now, between the doctor and the patient, for the same reasons as the inter-personal psychoanalysts. Affect theory, too, recognizes 'affect' as a key in adaptation to the external world (Aron L., 1991). In any case, these schools try to make the unconscious conscious (Eagle M., 1984). Bowlby and others, as well, propelled a two-person psychology by showing that attachment is independent of sex and aggression and so it is an independent drive (Mcintosh D., 1986). Hence, while each one of the aforesaid perspectives attempts to enter the dynamic unconscious of the patient from a different vantage point or surface, the overall goals are probably the same (Samberg E., Marcus E.R., 2005). Therefore, while Freud is both the founding father of psychoanalysis and the originator of astonishing insights into psychic life, psychoanalytic theory and treatment have not remained static since their original formulations (Arlow J.A., 1969). Different cultures, too, have focused on different aspects of psychoanalytic theory and findings (Lichtenstein H., 1977). Currently, psychoanalysts throughout the world are not unified in a single view of mental life and a ‘theoretical diversity’ dominates the field of psychoanalysis (Person E., 2004).

The emergency of insight-oriented psychotherapies

Psychoanalytic psychotherapy, as well, developed out of the field of psychoanalysis, which has been called ‘insight-oriented psychotherapy’, ‘psychodynamic psychotherapy’, ‘long-term’, ‘intensive’, ‘in-depth’ and ‘expressive psychotherapy’. One important stimulus for its development was a practical one: to widen the accessibility of psychoanalytic theory and clinical practices to a larger number of people with a broader range of problems and symptoms. But it differs in that sessions usually occur less often, ranging from 1 to 3 times a week, in contrast to 4-5 times a week in psychoanalysis. It is also sought by people who would benefit from psychoanalytic treatment but cannot make either the financial or time commitment to psychoanalysis. According to Kernberg, interpretation, transference analysis and technical neutrality are the most important aspects of various psychodynamic therapies including psychoanalysis, psychoanalytic psychotherapy and psycho-dynamically oriented supportive psychotherapy (Kernberg O.F., 1999). But, no doubt, all insight-oriented psychotherapies, whether short-term or long-term, while are 'dynamic' because they involve working with 'unconsciousness' and 'transference' and, as a derived approach of psychoanalysis, they differ from psychoanalysis for the reason that they are less structured, their goals are more limited and active interventions are often unavoidably necessary. Also, since full-scale transference neuroses usually do not form as they do in classical psychoanalysis, the depth and the extent of the procedure is limited (Chessick R.D., 19981; Davanloo H., 1995).

Developing societies and personal refining of psychoanalysis

In different developing or traditional societies, which have recently started to study psychoanalysis and related insight-oriented psychotherapies, many serious problems are evidently needed to be addressed precisely. Some aspects of these troubles have been described meticulously elsewhere (Shoja Shafti S., 2007; Shoja Shafti S., 2016). Eluding Freud due to demographic or cultural concerns, emphasizing theoretical subjects against practical issues, approaching in a selective or inorganic way to psychoanalytic literature, substituting idiosyncratically earlier schools with later ones, misjudging crucial analytic techniques, underestimating standard training curriculums, ignoring or underval...
ing the boundaries, the benefits and the short-
ages of different insight-oriented psychother-
apeutic methods, disregarding the psychoana-
lytic hierarchy and the superiority of psycho-
analysis in comparison with other insight-or-
iented methods (Figure 1), underrating exist-
ing psychoanalytic textbooks, scientific cita-
tions or essential writings of psychoanalytic pioneers, discounting indispensability of up-
dating via authenticated journals or books, view-
ing psychoanalysis as a part-time profes-
sion and not a full-time career, overemphasiz-
ing applied psychoanalysis (e.g., about art or 
literature) versus therapeutic or research-or-
iented analysis, reviewing psychoanalytic lit-
eratures or psychodynamic psychology with-
out considering the associated chronological 
or genetic process of development, preferring 
baselessly face-to-face approach instead of 
using the couch in therapeutic sessions and ig-
noring self-analysis (Shoja Shafti S., 2018), 
personal analysis or any procedure for subjec-
tive experience of ‘unconsciousness’ - which 
is crucial for relying on psychoanalytic prin-
ciples - are among the most significant and 
observable problems in evolving societies 
(Shoja Shafti S., 2016).

**Contemporary training programs**

Psychoanalytic training programs in certified 
training institutes offer the necessary working 
out with respect to the understanding of theo-
retical issues and learning useful skills for 
challenging and revealing the unconscious 
mental forces. Therefore, while an integrated 
curriculum of psychoanalytic study must give 
a comprehensive understanding of the basics 
of psychodynamic psychology and the inter-
relationship between psychoanalytic theory 
and clinical practice, it should teach critical 
thinking about the historical and conceptual 
developments of psychoanalytic theory and 
practice as well. Such immersion enables the 
candidate to understand the empirical basis of 
theoretical formulations and their revisions 
and to develop skill in the case formula-
tion. Regarding training of learners in ad-
vanced societies, essential components of an-
alytic training in the International Psychoana-
lytic Association in London, as a relatively 
prototypical curriculum, deserves attention at 
this moment (IPA, 2018). It has: 1) personal 
training analysis for apprentices, to gain an 
understanding as full as possible of their un-
conscious mental functioning and its relation-
ship with their conscious experience and, 
also, to free beginners from those unconscious 
actors that would interfere with their ability 
to feel, think and work as psychoanalysts; 2) 
thoretical and clinical seminars, to ease ac-
quiring therapeutic skills and crucially to en-
able the students to adopt a critical engage-
ment with the underlying theory of clinical 
practice. The first year of theoretical seminars 
consists in the study of Freud’s writings and 
psychoanalytic theories of human develop-
ment; from the second year on, seminar series 
involve a range of theoretical and technical is-
sues as well as seminars on the three main 
schools of thought in the British Psychoana-
lytical Society, including contemporary 
Freudian, Independent and Kleinian; 3) su-
ervised psychoanalysis of at least two cases, 
with around fifty minute sessions each day, 
five days a week (Table-1). Nearly the same 
set of courses is practicing in other analytic 
institutions too. Furthermore, the reading lists 
for beginners in psychoanalysis and psycho-
dynamic psychotherapy, suggested by Amer-
ican Psychoanalytic Association, in addition 
to other valuable works from other scholars, 
include Freud’s writings as follows: *Papers 
on technique* (1911-1915), *The dynamics of 
transference* (1912), *An Outline of Psychoa-
alysis* (1940/1938), *Studies on Hysteria* 
(1893), *The Interpretation of Dreams* (1900), 
*Three Essays on the Theory of Sexuality* 
(1905), *On Narcissism: An Introduction* 
(1914), *Mourning and Melancholia* (1915), 
*Beyond the Pleasure Principle* (1920), *The 
Ego and the Id* (1923), *Inhibitions, Symptoms 
and Anxiety* (1925), *Fragment of an analysis 
of a case of hysteria: The case of Dora* (1905 
[1901]), *Five lectures on psychoanalysis* 
(1910 [1909]), *Some character types met with 
in psychoanalytic work* (1916), *The dissolu-
tion of the Oedipus complex (1924), An autobiographical study (1925[1924]) (APsA. 2018).

Discussion

In spite of the many divisions in psychoanalysis, the main body of work and thought in the field remained centered on Freud and his ideas until the onset of the Second World War (Colombo D., Abend S.M., 2005). Its central tenets, as conceptualized by Freud, are still accepted by various schools of thought, which Cooper defined as follows: “The paradigm that Freud constructed, consisted of a claim of psychic determinism; a method of investigation by free association; a descriptive-explanatory proposal that behavior is influenced or determined by powerful feelings and ideas occurring out of awareness (the dynamic unconscious); and finally, a treatment method based on the recognition of the central role of transference” (Colombo D., Abend S.M., 2005). After World War II, something fundamental happened to psychoanalysis that increased the lengths of analyses from months to years and from terminable analyses into interminable ones. During the same period, the aim of analysis slowly changed from relief of painful symptoms and neurotic character traits to resumption of growth and development (Bergman M.S., 2005). Whereas Freud and Abraham recognized only evolutionary arrests of sexual drive manifesting themselves in fixation on pre-genital stages of the libido, Loewald and Winnicott set new goals for psychoanalysis. They saw neurosis as impeding the development of a person and psychoanalysis as the technique that enables the former analysand to keep growing after termination. So, every psychoanalytic cure has a mixture of two components. The first consists in the insights gained by the recovery of repressed material and in a new understanding of a more realistic picture of the self and of the major love objects in the patient’s life. The other consists in a “corrective emotional experience.” This second type of cure comes about when the therapist behaves in a way that differs from what the analysand expects and from the way the early parental figures behaved. The more disturbed the patient is, the more important is the corrective emotional experience (Bergman M.S., 2005). Freud came to study neurosis from the viewpoint of a recognized medical practitioner and experimental researcher. Therefore, he thought in biological terms and he attempted to explain his clinical observations by neurophysiology. While he gradually directed his efforts to constructing explanatory models in purely psychological terms, Freud was convinced that psychological events grow from a biological substrate and he was also certain that science would someday be in a place to integrate physical and psychological phenomena into a coherent theoretical construction. This integration, and the question of whether it is necessary or not, is a prominent feature of the psychoanalytic schools that have developed since his time (Grünbaum, A., 1986). In contemporary psychoanalysis, as well, research activities that have either empirical phenomena or a concept as their subject are dependent on each other. Conceptual research without considering empirical inquiry is similar to an endless game and empirical research without adequate conceptual understanding has no clinical significance (Dreher AU., 2000). On the other hand, whereas many may think that technique follows theory and the development of theories necessarily dictates the end of standard techniques within psychoanalysis, yet almost all schools of psychoanalysis emphasize the importance of transference-countertransference, their interactions and their analysis (Person E.S., 2005). While certain elements like process, resistance and interpretation are present in every kind of analytic treatment, and though analysts of different theoretical orientations may conceptualize these elements somewhat differently, these are fundamental aspects that seem universal and essential. Nevertheless, the relationship between theoretical orientation and technique is not always so firmly linked. Analytic treatment is a dy-
namic process that requires the active participation of both patient and analyst. The intrapsychic change that occurs over time within the mind of the patient requires the analyst’s active role as interpreter (Samberg E., Marcus E.R., 2005). In opposite to proponents of a rigid attitude, flexibility and eclectic approach are necessary conditions for analysis (Werman D.S., 1995).

According to Werman, ‘diagnosis and therapeutic evaluation, should enable the psychiatrist to decide 1) whether there are significant conflicts or other psychological disturbances that are ego-alien to patient, and 2) whether these difficulties are soluable by psychotherapy. If answers to these two questions are generally positive, the psychiatrist should then decide which modality of psychotherapy is advisable at that time: either a treatment that tends largely toward the supportive end of the spectrum or one that is mostly directed toward the insight-oriented end. Anyhow, such decisions are tentative because after an early phase of treatment, an initial decision may prove that it has been incorrect or inexact. Moreover, over a time, a patient in insight-oriented psychotherapy may show that he or she is too fragile for such work; or, to the contrary, a patient in supportive treatment may show him or herself as capable of doing some exploratory work’. This means that flexibility of analyst is necessary for accommodating the therapeutic process with the patient’s circumstances (Werman D.S., 1995).

In addition, as stated by Fonagy, early psychoanalytic theories have not been supplanted by later formulations and most psychoanalytic writers assume that some explanatory frameworks are necessary to give a comprehensive account of the relationship of development and psychopathology. For example, the so-called neurotic psychopathology may originate in later childhood at a time when there is self-other differentiation and when the various agencies of the mind (id, ego and superego) have been firmly established. Consequently, the structural frame of reference is most commonly used in developmental accounts of these disorders. Alternatively, personality or character disorders, as well as most non-neurotic psychiatric disorders, are most commonly looked as rooted in structural theory (Fonagy P., 2005). But, essentially, do theories matter at all? Do they really influence clinical work with patients? This is a difficult question to answer. Since we do not yet know what is truly mutative about psychotherapy, it might well be that for many patients the analyst’s etiological theory is not so crucial (Fonagy P., 2005). Another interesting dichotomy in this field includes the usage of the couch. Following Freud’s practice, many psychoanalysts recommend the use of the couch for their patients in psychoanalysis. Why the use of the couch? Most psychoanalysts find that the couch is helpful because it takes analytic patients’ focus off the external. So, patients turn their attention in, to fantasies, daydreams and feelings. They focus less on objects in the environment and more on images that arise from their own minds. Not bound by an awareness of the analyst’s facial expressions and gestures, the analytic patient is more readily able to imagine what the analyst is thinking or feeling, too, which enriches the analysis.

In addition, many analysts find that they, themselves, work more productively when their patients use the couch. Not constrained by social conventions - maintaining the eye contact, for instance - analysts, also, can relax more fully. Therefore, they can focus better on what the patient is saying and feeling and interpreting more effectively the patient’s spoken and unspoken communications. The couch, in essence, helps analysts and their patients to immerse themselves in the extraordinarily rich world of the mind (Ross J. M., 1999). But why psychotherapists in developing societies avoid the couch, while it seems the best approach for traditional people, who can avoid the eye contact with psychotherapists during meeting? Is not it due to a disorganized and unmethodical point of view? Learning and practicing psychoanalysis and its related insight-oriented derivative approaches, whether short-term or long-term, is not possible in evolving or traditional societies without taking into consideration the chronology of psychoanalysis. The shift from
a ‘one-person’ to a ‘two-person’ approach or from a ‘there- and-then’ to a ‘here and now’ attitude is not easily supposable with respect to psychotherapists of societies who obviously have never touched or experienced unconsciousness, insight and behavioral alteration in themselves or in their patients. This problem arises from a series of reasons, including the lack of standard institutes or supervisors. In this regard, the Freudian method, stressing on the importance of analyst’s neutrality and the use of the couch, eliminating the face-to-face style, considering the least complicated and the most straightforward formulations, circumventing hyper-abstract or unreliable theoretical considerations, avoiding exaggerated involvement in counter-transfer analysis and favouring symptom mitigation or removal instead of character re-structuring, as well as medical-orientation instead of philosophical positioning, in comparison with other psychoanalytic schools may have more chance to develop with no trouble in developing cultures. In such kind of societies - where even group therapy, considered as something like mutual affective involvement between analyst and client, such as Ferenczi’s mutual analysis or active therapy (Person E.S., et al. 2005), may have serious limitations - it is equal to too early termination of a probably helpful therapy or beginning of an unsafe non-therapeutic rapport (Aron L., Harris A., 1993). In Wild Analysis Freud has correctly recommended therapists to avoid stereotypical presumptions about their patient’s unconscious motives or conflicts, to resort to analysis itself and to continue it up to the establishment of an insight in the patient (Freud S., 1910), a recommendation which he repeated once more, though in a new format, in On Beginning The Treatment by inhibiting analysts from reckless disclosing of what they think is factual about patient’s unconscious conflicts (Freud S., 1913). This means that even common schemes like ‘Oedipus complex’ or ‘Electra complex’ and so on can be negated until proved otherwise. A therapist in an evolving society, who, theoretically and practically, is at least one hundred years far from the contemporary psychoanalysis, may do the clinical and analytic goals as like as Freud, who invented psychoanalysis based on personal skills and experiments. So the same is possible for every therapist who paves the same way or method that Freud himself had innovated and paved during his life. No doubt, Freud’s Studies on hysteria (Freud S., 1985) still has a lot to do with traditional psychotherapists in developing societies, who is simply in search of treatment and restoration of wellbeing, instead of personality re-organization. This perspective will possibly compensate the lack of standard training institutions and supervisors because it is accorded to the aforesaid historic endorsement, a process which has no comparable chronological proof with respect to other psychoanalytic schools. So, the attainment of such a purpose necessitates a meticulous study of Freudian literature, along with a biological-medical-pragmatic attitude, if we want to exercise it readily in developing societies. Otherwise, it will meet severe difficulties with little consequences. Nonetheless, this problem does not seem restricted to the developing cultures because in recent years psychoanalysis in the advanced societies, as well, has become considerably less homogeneous than in the past (Weinshel E.M., 1992). Today, among the alterations in the inclusion criteria for analysis, many cases which generally had not been viewed as suitable for analysis have been appearing with increasing frequency on psychoanalysts’ couches, but the degree of correspondence between anticipations and end-results of psychoanalytic treatment is not constantly pleasing. So, it seems that analysts have become considerably less aware about what psychoanalysis is and how psychoanalysis is carried out (Weinshel E.M., 1992). As stated by Kernberg, a broad survey of the contemporary psychoanalytic field reveals both convergences and divergences in technique (Kernberg O.F., 1993). For example, the major convergences include earlier interpretation of the transference, increased focus on transference analysis, as well
as growing attention to countertransference analysis and increasing concern with the risks of 'indoctrinating' patients. Greater emphasis, also, is found on character defenses and the unconscious meanings of the 'here-and-now', plus translating unconscious conflicts into object-relations terminology and considering multiple roads to the unconscious. As regards the divergences, significant controversies continue about the importance of 'real' relationship, the therapeutic vs. the resistance aspect of regression, the reconstruction and the recovery of pre-verbal experiences, the role of empathy, the significance of historical vs. narrative truth and the difference between psychoanalysis and psychoanalytic psychotherapy (Kernberg O.F., 1993). But disregard to all the mentioned controversies, Freud had originally and simply stated that any line of investigation which recognizes transference and resistance, regardless of its results, may call itself psychoanalysis (Sripada B., 2015). Also, he had identified that psychoanalysis includes studying the unconscious mental processes. According to some scholars, combining these two ideas defines Essential Psychoanalysis: “Any line of treatment, theory, or science which recognizes the facts of unconscious, transference, or resistance, and takes them as the starting point of its work, regardless of its results, is psychoanalysis” (Sripada B., 2015). In the same way, Freud's original idea that countertransference means unconscious interference with an analyst's ability to understand patients broadened during the past decades: the current usage often includes all the emotional reactions of the analyst at work. Some factors that have contributed to this shift include the structural hypothesis, the impact of Kleinian and interpersonal schools on the theory of technique, the effect of analysts' experience in working with more severely ill patients and the diffuse consequences of certain recent cultural and intellectual trends (Abend S.M., 1989). But, once more, in line with object-related, relational or inter-subjective viewpoints, the countertransference analysis, is not possible before achieving the necessary skills for analysis of transference, and the later, as well, is not presumable without the enhancement of essential techniques, like free association and dream interpretation, which developed and presented excellently by Freud himself. The chronological and practical advancement from the earlier analytic perspectives to the later ones (if indispensable), is a one-way road with no bypass. Moreover, examples exist that show how the analyst's theoretic orientation may influence the countertransference (Stein S., 1991). So, if the analyst is unaware of this, he or she may mistakenly attribute negative countertransference to the patient's projection (Stein S., 1991). Anyhow, theoretical or technical differences cannot be a judicious motive for evading the basic principles of psychoanalysis and following personal inclinations. Most of the official training institutes around the world teach their trainees the standard curriculums disregard to subjective favorites. Psychoanalysis or other insight-oriented psychotherapies cannot be established in traditional societies based on factitious or disguised principles, otherwise it is sham-psychoanalysis, not genuine analysis. The outcome of such misleading scheme is nothing except than wasting the time and energy of at least some enthusiastic learners, who may never distinguish that they have not ever comprehended the essence of psychoanalysis. While psychodynamic psychology with its unlimited boundaries may have great attraction for different people, it seems that debate on the subject of theory has bypassed the technique, the argument on the topic of technique has sidestepped the beginner’s commitment to ordinary analytic methods and the same process has bypassed, generally, the Freud’s thoughts and skills. Such a process, due to ignoring basic methods and skills, like inclusive interpretation for growing insight in the patient, will turn an analytic session into a counseling meeting, with no tangible result, which so ends into feelings of bafflement, desperate and uselessness in the trainee and abandonment of method as an effective therapeutic procedure. Over again, while according to Fonagy, clinicians commonly labor under the illusion that practice is
governed by the logic of theory (by deduction rather than by induction), psychoanalytic theory is logically independent of practice and technique (Fonagy P., 1991). Also, it is suggested that maintaining the illusion of a logical relation between the two can cause a fossilization of practice and eventually the downfall of a theoretical orientation. (Fonagy P., 1991). According to Plaut, conviction in a direct connection between theory and practice should be set aside and practice should be liberated from theory. If theory were decoupled from practice, technique might progress on purely pragmatic grounds and on the basis of what is seen to work (Plaut ER., 1998). One of the biggest problems in developing countries is the lack of authenticated analyst. This means that training in such societies is dependent entirely on mentors who have never touched or experienced unconsciousness via rousing insight in their patients or themselves (by self-analysis or re-analysis) by means of methodical interpretation. So, they have never comprehended behavioral and/or affective synchronization, which is only possible by achievement of insight. Lack of such an experience is the basis of skepticism and distrust, as regards psychodynamic standpoints, among clinicians worldwide. Achievement of such a purpose, as well, is not possible only by theoretical debates or reading texts. As said by Freud: “Informing the patient of what he does not know because he has repressed it is only one of the necessary preliminaries to the treatment. If knowledge about the unconscious was as important for the patient as people inexperienced in psychoanalysis, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on the symptoms of nervous illness as a distribution of menu-cards, in a time of famine, has upon hunger” (Aron L., 1993). As stated by Kernberg, four aspects jointly find the very essence of psychoanalytic technique: interpretation, countertransference analysis, technical neutrality and countertransference analysis (Kernberg O.F., 2016). Interpretation is the verbal communication by the analyst of the hypothesis of an unconscious conflict that seems to have dominantly emerged now in the patient's communication during the therapeutic visit. In general, the interpretation of a defense or a defensive relationship initiates the interpretative process, followed by the interpretation of the context, or the impulsive relationship against which the defense was erected and the analysis of the motivation for this defensive process. This condensing hypothesis is interpretation “in the here and now”, to be followed or completed with interpretation “in the three and then”, that is, the genetic aspects of interpretation that refer to the patient's past and link the present unconscious aspects of mental life with the unconscious aspects of the past (Kernberg O.F., 2016). On the other hand, technical neutrality is being misinterpreted as a recommendation for an analyst's distant and uninvolved attitude, “a mirror to the patient's presentations”. In essence, it simply refers to the analyst's not taking sides in the patient's activated internal conflicts, remaining equidistant from the patient's id, ego and super ego and from his/her external reality. Technical neutrality, in addition, implies the analyst's not attempting to influence the patient with his/her own value systems (Kernberg O.F., 2016). Freud's early metaphor of the analyst as a “mirror” clearly was questioned by himself and he protested against a view of analytic objectivity as “disgruntled indifference”. Technical neutrality also implies the concept of “abstinence” in the sense that the analytic relationship is not applicable for gratification of libidinous or aggressive impulses of the patient or the analyst (Kernberg O.F., 2016). Historically, psychoanalysis was the product of exercise, not supposition, and it has been developed by performance, so it will survive only by proper performance; otherwise it will never develop into an effective therapeutic tool. Occasionally, a genuine understanding of a topic is not possible without considering its functional aspects. Such a functional understanding, as well, cannot be accomplished without taking into consideration the chronological or genetic process of its development. So avoiding Freud, due to personal, demographic or cultural reasons is equal to evading the most influential
and genuine psychoanalytic resource, which in turn is equal to a fake or inoperative psychoanalysis.

**Conclusion**

Psychoanalysis cannot be made up falsely, due to cultural or subjective motivations, if we want to acknowledge it as an appropriate therapeutic tool. Even as a research-oriented apparatus, it depends on genuine principles invented by its primary considerate inventors, particularly Sigmund Freud. Eliminating or bypassing Freud and his valuable literature leads to an unfounded and unstable conception because the establishment of a proper analytic mentality is not possible by chaotic or unmethodical training. While evading Freud and his writings in traditional societies is a routine phenomenon, among different psychoanalytic schools, the classical, orthodox or Freudian approach seems an applicable and possible method. Moving from simple formulations based on the conflict theory, acknowledging unconscious/resistance/transference and taking them as the starting point of the work, stressing the importance analyst’s neutrality and of incessant analysis by free association and dream interpretation as well as of continuing personal analysis, self-analysis and therapeutic or medical orientation, using the couch and avoiding the face-to-face style, making a large amount of theoretic and technical writings (with their historic line of development) available (Strachey J., 1974) and so allowing a systematic study and comprehension of the unconscious mental processes and a clear-cut practice framework are all factors that may create a foundation for the attainment of a more practical enactment of psychoanalysis and other subordinate insight-oriented psychotherapies in developing societies.

### Table 1 - Usual courses of insight-oriented psychotherapies.

<table>
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<tr>
<th>Program</th>
<th>Curriculum</th>
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<tbody>
<tr>
<td>Adult Psychoanalysis</td>
<td>Applicants normally have either a medical degree or a doctorate in psychology, social work, humanities, social sciences, or a master’s degree in social work. The psychoanalytic training program has three distinct elements: four years of theoretical and clinical seminars, three supervised clinical cases and the candidate’s personal analysis. The last occurs at a minimum frequency of four sessions per week in order to give intensity and depth. Accredited training analysts offer supervision and analysis of candidates. Classes in theory are based on readings focused on the broad spectrum of psychoanalytic theory: Freud, ego psychology, object relations, Klein, self-psychology and Lacan - along with current developments in relational psychoanalysis, neo-Kleinian theory, and contemporary psychoanalysis. Experienced psychoanalysts also teach clinical seminars with an emphasis on technique. Concepts such as transference, counter-transference, enactment, empathic listening and electability of cases are educating from different theoretical perspectives. <strong>Personal Analysis:</strong> Each candidate is expected to begin a personal analysis (also called a Training Analysis). Candidates are expected to begin a four-times-per-week analysis with an accredited training analyst. <strong>Control Analysis:</strong> Candidates conduct their own analyses of patients under supervision as an essential and vital part of their training. The candidate sees his/her own analysand four times a week and is supervised by training and supervising analyst once weekly. Cases will be supervised by two different training and supervising analysts with a minimum required of 200 hours of supervision overall.</td>
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<td>Child &amp; Adolescent Psychoanalysis</td>
<td>In addition to the programs, each candidate should conduct a four-times-per-week analysis of two children – one boy and one girl. Cases are from different age groups, i.e. preschool, latency and adolescence. At least 200 hours of supervision overall are required. The candidate must be supervised by an accredited child analyst.</td>
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<td>Integrated Training in Psychoanalysis</td>
<td>The integrated training in psychoanalysis provides candidates with a foundation for listening and working with the diverse population of child, adolescent and adult patients. This training approach considers the psyche from a multi-faceted perspective, so that the analytic technique could be tailored to every unique personality structure. Clinical research derives from infant observation and attachment theory enabling candidates to draw from both clas-</td>
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<td><strong>Psychodynamic psychotherapy</strong></td>
<td>A two-year post-graduate training program in Psychodynamic Psychotherapy, designed for psychiatrists, Ph.D. and Psy.D. psychologists, LCSW social workers, psychiatric nurses, LMHC's and other qualified professionals interested in enhancing their skills in psychoanalytic psychotherapy. The goal is to deepen the clinician's understanding of the patient's emotional life, particularly as it is experienced in the therapeutic relationship. The program usually consists of eight courses over a two-year period. The classes meet once per week with weekly supervision being given by highly qualified analysts. Each candidate schedules one hour per week of supervision with an institute's faculty member in the first year, and two per week in the second. The supervisory process is intended to focus intensively on the ongoing treatment of suitable cases. The program teaches the clinician to recognize the unconscious, its effects on the developmental process and its influence on life choices. Explanation of normal and pathological development from infancy through senescence is part of the program, as well as introduction of techniques of beginning treatment, recognizing and working with transference and countertransference, understanding resistance, acting out and enactment in psychotherapy, diagnostic assessment, dynamic unconscious and exploration of unconscious fantasy and symbolism. An overview of the four psychologies – drive, ego, object, and self – and of the relational and intersubjective points of view regarding normal and pathological development in childhood, infancy and latency is part of the curriculum, with emphasis on the developmental stages, psychosexual development from adolescence through young adulthood and early attachment issues. Students should change supervisors at the end of the first academic year. <strong>Personal Psychodynamic Psychotherapy</strong>: one's own personal psychotherapy (or psychoanalysis) is a critical part of the education process. A two-year psychoanalytic psychotherapy training program, specifically designed to expand the clinician's knowledge base, fosters a comprehensive dynamic understanding of clinical issues and promotes the capacity to offer more effective clinical service.</td>
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<td><strong>Short-term dynamic psychotherapies</strong></td>
<td>Students are among psychiatrists (MD and DO), clinical psychologists (PhD or PsyD), clinical social workers (MSW, PhD in Social Work), nurse practitioners (PMHNP) and other doctoral level mental health clinicians. Students with a master's degree from an accredited mental health degree program are eligible if they have at least two years of post-graduate didactic and clinical training and experience in psychodynamic psychotherapy. This can be gained in the first two years of training program, too. It is a three-year training program, including: lectures, video demonstrations by faculty, educational materials about unconscious mental processes, video therapy supervision of student’s own cases, role play to enhance skills, task group process, discussion and dialogue, supervision by faculty.</td>
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<td><strong>Fellowship Programs</strong></td>
<td>The Fellowship Program, with duration around 9-12 months, offers an exposure to and an exploration of psychoanalytic ideas. Through person meetings with a mentor and participation in a fellowship Seminar, fellows gain an understanding of psychoanalytic concepts as they relate to psychotherapeutic practice as well as to societal and cultural issues. The program is selective and is open to mental health clinicians and students, educators, researchers and academics. Fellows are matched with a personal mentor, who will schedule monthly one-to-one meetings. Participation in this program is for educational purposes only and does not lead to a certificate or give supervision or credit toward licensure.</td>
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<td><strong>Parent-Infant Training Program</strong></td>
<td>The program is unique in offering intensive training in parent-infant work to psychoanalysts and advanced psychoanalytic candidates. Applicants with particular interest and experience in research are also considered, as are applicants interested in only the infant observation year.</td>
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<td><strong>Non-clinical education in psychoanalysis</strong></td>
<td>This program offers some training positions to professionals for whom a general understanding of psychoanalytic theory and principles would be useful to their primary field of work, such as attorneys and members of the clergy, researchers, scholars and educators. This creates a stimulating interchange of ideas between clinical psychoanalysts and scholars.</td>
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and professionals from other disciplines. Non-clinical education in psychoanalysis is relevant to the applicant’s own professional activities. The hope is that they, in turn, will be able to assist to the field of psychoanalysis. Non-clinical candidates participate in the same classes and other educational experiences as clinical candidates, with the exception of psychoanalytic case work. Personal analysis for non-clinical candidates is highly recommended.

**Figure 1** – Proportional hegemony of Insight-oriented psychotherapies (theoretically & technically).

![Psychoanalysis](image)

**References**


http://www.personalityresearch.org/papers/plaut.html


