

AN ANALYTICAL POLYPHONY

Psychoanalysts around the globe

Foreword

Traditionally, psychoanalysts have operated only with intrapsychic determinants of the therapeutic relationship, whether in the transference/countertransference realm or, more recently, in the so-called intersubjective realm. The latter refers to the ways in which the analysts' personal characteristics play a role in their relationship with the patient and in the analytic process.

Despite such ascertainments, analysts have not paid enough attention to or gone deeper into that aspect of the analytic situation that inadvertently defines its evolution and even creates the conditions for its occurrence – analytic listening. Analytic listening is traversed by the institutions that constitute psychoanalysts as subjects and professionals.

These are, among others, the family, religious institutions, customs, habits, social class, recreational and community organizations, and doubtlessly the institution where analysts train and of which they are members. In other words, *the listening apparatus is not neutral*; rather, it operates with manifold screening devices – the institutions that constitute it.

That is why this next Forum provides us with the possibility to discuss the ways in which the psychoanalytic meeting unfolds. That is why we wanted to present different perspectives on the practice of our clinical practice, in order to enrich each others diverse visions.

We hope to meet and talk soon in Lisbon ...

Juan Flores
Secretary General IFPS

Introduction

A particularly distinctive facet of our Federation is the effort towards thinking the ways in which our socio-historical, political and cultural contexts determine our understanding horizons.

We are inescapably implicated in and by our culture, and this permeates the ways in which we inhabit discourse, relate to each other and, of course, practice psychoanalysis.

Following this inspiration we asked different analysts, in realities as diverse as those in Cuba, Italy and Norway, about their perspectives on psychoanalysis, their local practices and contemporary patients.

We selected what we could identify as the most relevant quotes from the interviewees, highlighting multiple aspects of their personal views as well as cultural and contextual conditions of their different lifeworlds. The result: a multitude of voices coming together in an "analytical polyphony".

We were tempted to produce some concluding remarks but we opted no to do so. We chose instead to keep the polyphony as it presented to ourselves, with its own accents and counterpoints, during the process of translating, reading and selecting material. Leaving things that way, we aimed at getting in touch with the evocative dimension of experience.

I hope this small work can stimulate your curiosity and, hopefully, your enthusiasm towards our meeting to come.

With best regards,

Lucio Gutiérrez
IFPS delegate - Chilean Society of Psychoanalysis ICHPA

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INTERNATIONAL FEDERATION OF PSYCHOANALYTIC SOCIETIES
FOUNDED IN 1962

On what is to practice psychoanalysis



To testify the humane: in an age that seeks procedures and certainties, which tries to sanction what is normal and what is not, practicing psychoanalysis means to me people getting back in touch with themselves, far from any existential preaching of any kind. (*Anna Maria Loiacono - Italy*)

Before I even thought about being an analyst, I was an analysand myself. I believe that our personal analysis is a central facet of our job. It also happened that the first years of my psychology career were dedicated to university teaching and maybe that influenced so that my psychoanalytic practice was oriented both to clinical listening, as well as to training, supervision and bringing about psychoanalytic thinking to non-specialists. On the other hand, I think that an analyst working in solitude runs the risk of mediocrity or delirium, so belonging to ICHPA is part of my identification as an analyst. (*Marta Bello - Chile)*



On what is to practice psychoanalysis



Follow each person by regular and continuous sessions 2-3 times per week, in a long term process, following the setting rules and working with clinical concepts of free association, resistance, transference and counter-transference (the Psychoanalyst instrument) in order to analyze and interpret the patient's material as to improve his self-knowledge and to find better ways to cope with himself and the outside world, being more apt to live his life without too much suffering, and when the process ends, to keep going-on in self-analysis with his psychoanalytic function of personality. (*Cristina Nunes - Portugal*)

On what is to practice psychoanalysis



When a patient is referred to me for psychoanalysis it is my responsibility to assess how I can take this person under my care for the exploration of their adaptive and maladaptive behavior which impacts their maturational process.

The path to autonomy has many speed bumps and attending to self defeating patterns of behavior gives an opportunity to understand unconscious motivations. How a patient describes his/her functioning at work, in social settings, in family situations, and in the community at large, enables the analyst to experience with the patient how their suffering has impacted their well being. Through the experiential and intersubjective nature of the analytic relationship the patient becomes more at ease with his/her self . The analyst listens to both the here and now as well as the there and then. In my own development over these 40 years as an analyst, the major change in practice has been how theory moved from a one person psychology to a two person psychology and understanding the relationship between the self and object as well as the self and other. (*Valerie Tate Angel - USA*)

Socio-cultural textures for psychoanalysis



Social and professional relations in Brazil have a greater degree of informality and affection than in other countries. In Brazil, psychoanalysis is quite strong. People of different ages, from different cultural and social levels undergo analytical treatment. Here psychoanalysis has ceased to be restricted to private practice space for a few years and has expanded to hospitals, psychiatric or general, schools, universities, traumatic social situations and even the street. Some young analysts offer listening in public squares to people who cannot afford treatment. *(Jô Gondar - Brazil)*

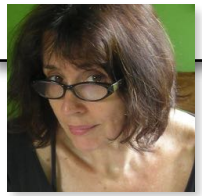
I have a private practice but is reimbursed by the state. The patient only pays a small amount the first 8 hours, the rest is free. The problem for me is that I have to manage a large waiting list with more than a hundred patients waiting for therapy.

(Arne Andreas Døske - Norway)

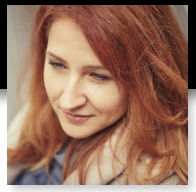


Socio-cultural textures for psychoanalysis

I practice psychoanalysis in Rio de Janeiro, Brazil. Brazil is a country in which gestures and affective expressions are usually more explicit than in Europe, for example.
I believe there is an informality in the analyst / patient relationship that is proper to the Brazilian "way". This does not imply - or should not imply - superficiality, lack of seriousness or consistency. I believe that psychoanalysis can and must adapt to different ethos, just as the analyst must adapt to the uniqueness of those he attends. *(Jô Gondar - Brazil)*



(Defining the setting) Verbal contract must be written and I am obliged to register it for safety, as this is an individual entrepreneur in our country, that involves taking money and providing a service (...) At the moment there is a great demand for psychoanalytic therapists in our country, especially with medical basic education, plus the European education adds credibility to the quality of psychotherapy. Many customers are looking for a psychoanalyst because they already tried therapy in other directions, and they believe that the work there is not deep but superficial. Although, as elsewhere, in our country there are paranoid beliefs and superstitions about psychoanalysis as a "money-vacuum" (...). In my practice, I noticed the people don't matter the method in which I work, they trust my medical education and other people's recommendations who previously consulted and received help. *(Svetlana Alekseichenko - Bielorus)*



THE WAY YOU WEAR YOUR HAT
THE WAY YOU SIP YOUR TEA...

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A particular setting: Cuba



The situation of Psychoanalysis in Cuba is very particular. It does not fit in any of the instituted practices. So, when psychoanalysis takes place -whether inside or outside of health institutions- it happens without adopting their operating models. It happens, in a certain way, "on the edges". It cannot be done in its own terms. It cannot, whatever the case may be, cease to enter into contradiction (and especially an internal contradiction) with the established systems. This has implications to the transference, the symbolic place of the psychoanalyst, and the analysis itself.

(In Cuba) There are groups of psychoanalysis. In 2002 we created the Psychoanalytical Section of the Cuban Society of Psychology. Its operation is by way of theoretical seminars and spaces for the supervision of clinical practice.

There is no instituted training. It takes place in a self-taught way, in groups, text readings, debates, discussion of clinical cases. Historically it has had the participation of psychoanalysts from other parts of the world, who sustain interest and training through their theoretical interventions and supervision.

The clinical practice does not follow any pre-established contractual policy, it depends on each therapist and, in turn, with each patient, according to the framework they manage to establish. Private clinical practice is not legally stipulated.

The demand (for treatment) is not specifically directed towards a psychoanalytic approach, except in the exceptional cases of those who want to train as analysts or are familiar with Psychoanalysis in some other way, or those who arrive by referral because they do not find in other therapeutic alternatives a solution for their difficulties.

(*Cristina Díaz - Cuba*)

Sensitivities in contemporary patients



In the 21st century we are exposed to more upheaval in the family system which is not only because of the Information Age or how fast news travels but also how the family unit has become more splintered and experienced as less supportive. Non- binary thinking has filtered into all levels of society creating discomfort and a lack of understanding. What happens when a patient who is a parent and has a "daughter or son", is told to introduce them as their "offspring" or "children" but not to use the gender boy or girl. The misattunement this creates along with problems of addictions and eating disorders is more frequent in our practices. Underneath these presenting problems are derivatives of unmet dependency needs, feelings of inadequacy and competitive strivings that need insight and understanding to better able deal with trauma. (*Valerie Tate Angel - USA*)

Currently I have not found subjectivities that perfectly fit the parameters of classical neurosis. I see more complex people, more mixed structures. Subjective modalities such as panic, compulsions, psychosomatic phenomena, or contemporary depressions (as distinct from melancholy) have become increasingly frequent. Free association is more difficult, as is addressing a question about yourself to the analyst. This requires the analyst to be much more active and involved in the clinical situation. The analyst's neutrality in these cases would lead to what Ferenczi called "professional hypocrisy." (*Jô Gondar - Brazil)*



Sensitivities in contemporary patients

utterances & resonances

The internalized ways and customs of yesteryear, especially the authoritarian or protective, are no longer as acceptable and this creates frustration and even violence. *(Marta Bello - Chile)*

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Difficulties of an emotional nature, disaffection, difficulties in being in relationship with the other. Essentially, all the dissociative pathologies that are defined as the so-called emerging pathologies: depression, alcoholism, impulses discontrol, emotional dysregulation, narcissistic problems, couple difficulties, addictions, depersonalization. *(Anna Maria Loiacono - Italy)*

Can you get psychoanalytic training in Bielorus?



There is a problem: in our country we do not know English. First you have to learn English at a level high-enough as to understand psychoanalysis, or else you have to search for programs in Russian. Or bring specialists and hiring a translator, as we did. But very few people agree to come to us from Europe (…)

Psychoanalysis has been available for study only during the last 10 years. Before that there were attempts to bring specific analysts from Europe for lectures and supervisions. We even organized a training program. But it was a traumatic experience because of the subjective one-sided understanding of psychoanalysis by these specific analysts (…)

Psychotherapists who received psychoanalytic education are few and scattered around the country. Due to this isolation, no one can control the quality of their work (…) We do not have many classical psychoanalysts, I mean working on the couch. Most of them are psychoanalytically-oriented psychotherapists, working face to face. This is connected with the material situation of our country and the inability to pay 3-4 times a week, and also because the specialists in training do not undergo their own analysis on the couch.

(Svetlana Alekseichenko - Bielorus)

Psychoanalytic tradition under pressure



At least here in Italy, psychoanalysis is the least fashionable because people are attracted to help offers that promise illusions of control and "speed" in terms of time. This itself makes a natural selection, for whoever ends up choosing psychoanalysis shows a clear understanding of the concept of substance.

(*Anna Maria Loiacono - Italy*)

We face much of the same challenges in Norway as thy do all over the world. The demand for therapy is quite big in Norway. Though not many specifically ask for analysis. Many are looking for a deeper understanding of themselves and their relations and surroundings.

As in many countries the psychoanalytical tradition is under pressure. There are a lot of courses offered for different kind of problems but relatively few who can offer long term psychotherapy.

Arne Andreas Døske - Norway)



Psychoanalysis in a long & narrow country



In Chile's economic and social inequality rate is among the highest in the western world*. The training of psychoanalysts is only carried out in our capital, in the centre of a country of 4,300 km long. The founders of Chilean Society of Psychoanalysis ICHPA, especially Jaime Coloma, initially tried to take psychoanalysis to regions, but the initiatives were discontinued. Thus, psychoanalytic listening is a privilege that we can offer to very few of those who would benefit from it.

In addition, the state public sphere has always been resistant to psychoanalysis, regardless of the prevailing political trend. The therapies offered by the Public Health system are, in general, behavioral. However, in recent years, some public hospitals (in the centre of the country) have admitted to their staff psychologists and psychiatrists with some training in psychoanalysis, with encouraging results.

(*Marta Bello - Chile)*

* This interview was made a month before Chile`s 2019 social outbreak (October's revolt)

THE ANALYST IS INVOLVED

EL ANALISTA ESTÁ IMPLICADO

L'ANALISTA È COINVOLTO

L'ANALYSTE EST IMPLIQUÉ

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