

# Dogma and Stereotyping in Clinical Theory and Psychotherapeutic Practice\*

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*Abstract:* The history of the transmission and of psychoanalytic technique in “classical” psychoanalytic institutions is critically discussed. Dogma and stereotyped thinking in clinical theory and psychotherapeutic practice are highlighted, and the myth of “classical” psychoanalytic technique is demystified. The separation between psychoanalysis and psychotherapy, as well as the phenomenon of so-called “wild” psychoanalysts, are discussed also from a sociological point of view and seen as consequences of a distorted way of conceiving the identity of psychoanalytic theory of technique, transmitted from generation to generation in the history of psychoanalytic movement.

*Keywords:* Psychoanalytic technique, Psychoanalytic theory, Critique to psychoanalytic education, “Classical” psychoanalytic technique, Psychoanalytic orthodoxy, History of psychoanalytic technique.

1. Therapeutic personality, methodological conscientiousness, and historical awareness are three indispensable elements of any vision of psychiatry if it is to draw from the past lessons which are useful for future development. For psychotherapy in particular, historical analysis is not an optional, it is of primary importance. If it is absent, the so-called basic concepts of technique are transmitted dogmatically. The most evident manifestation of this is in the crystallization of a set of ideas as reference points, accepted or rejected uncritically. This set includes: the psychoanalytic attitude, the silence of the analyst, the analytical neutrality, the real setting, the real interpretation, the separation between psychoanalysis and psychotherapy, the classical technique, the selection for training, the training analysis, etc. These categories are used, improperly, as a system of values by which to cast a shadow over that deplorable class, the so-called *wild* psychotherapists, and they cause considerable damage, particularly now that the psychotherapeutic approach is becoming part of the culture and practice of Community Mental Health Centers, and that the *therapeutic personality* factor is taking an enormous importance. When these categories are used as absolute terms of reference and criteria of demarcation, they give rise to *induced stereotyping*, which impinges heavily upon therapeutic behaviour, playing on the specific insecurity of the work situation and turning it into insecurity over one’s training and ability.

The psychotherapist works in a state of chronic narcissistic injury, which seriously undermines the effectiveness of his principal instrument of work, his therapeutic personality.

One of the consequences of this is his relationship of dependence (or of reactive counterdependence) upon training institutions, presented on the market as the repository not only of knowledge, but of professional identity. The difficulties of psychiatric work constitute fertile ground for the cultivation of a sense of inferiority in many who operate in this field, the result of which is a specific, informal, hierarchical stratification in the profession. Credibility is given to the illusion, sometimes as a deliberate act of bad faith, that someone, *somewhere*, knows that what should be done.

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\* This paper appeared, both in English and in Italian, in the journal of the Community Mental Health Center of Trieste (Italy) *Per la Salute Mentale / For Mental Health. Pratiche, Ricerche, Culture dell’Innovazione / Practices, Research, Cultures of Innovation* (Rivista del Centro Studi Regionale per la documentazione e formazione professionale nell’ambito della psichiatria del Friuli-Venezia Giulia), 1988, 1, 2/3: 113-119 (in Italian) and 241-246 (in English). We thank the publisher for the permission, and Giovanna Gallio for her help in editing the paper.

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This becomes a specific instrument of control, exercised through its influence on the psychotherapist's self-esteem (Galli, 1981; Redazione di *Psicoterapia e Scienze Umane*, 1975).

A concrete example of the social importance of this phenomenon is given by a study of the parliamentary itinerary of bills introduced in Italy to govern the profession of psychologist, in particular the paragraphs relating to the exercise of psychotherapy. The excessive credence given to the *ideas* (I use the term loosely) of some professional associations is still decisive for legislators, reducing the problem to a field of research of interest to the student of social customs rather than psychotherapy. Regrettably, this operation is carried out behind the backs – and often against the interests of – thousands of psychotherapists.

The thesis, or series of theses, which I have outlined sums up the line of thinking which I have defended on numerous occasions. It is of central importance for the reading path suggested here (this article appears in a section titled “Reading Paths”), which represent above all the *point of view* of a reader faced with the specific literature of the subject (Galli, 1960). The term “reading path” derives from the fact that since the beginning of my professional activity as a psychotherapist in the late 1950s I have followed a second, parallel activity as a professional reader in the publishing sector<sup>1</sup>. I have followed the literature of my field of work from the point of view described above, and would like to invite the reader of this contribution to retrace some of the steps that I made, leaving aside the specific contents of technique and clinical theory. I have had the good fortune to meet and enter into personal contact with many important figures on the national and international psychotherapy scene. The books and articles with which I have been concerned have often therefore formed part of a living dialogue, of situations more similar to exchanges of letters in the course of a debate *in fieri* than to the cold pages of a library. This path has also seen fruitful episodes of heated arguments and clashes with various colleagues and/or teachers, all of which are part of the emotional history which I consider a structural component of the history of psychotherapy. The history of psychotherapy cannot be reconstructed simply in terms of the history of ideas.

To develop the components within the framework I have just expounded, I will now begin with the technical problem of the therapist as a person, before dealing with methodological conscientiousness and the historical-social analysis.

**2.** In the history of psychotherapy, the question of the *therapeutic personality* was removed long ago from the category of simple empirical observation and placed in a vague area populated by concepts such as “diffused psychotherapy”. Years of experience have made it possible to work out a system of methodologies and learning, and an improvement of therapeutic ability, accompanied by the progressive eradication of the connotations of spontaneity and improvisation of the original concept. Specific technologies, with a high degree of applicability, have made this concept an important and measurable one, a function of the training programs of mental health professionals, starting from the suggestions contained in Balint's (1956) pioneering work.

Psychoanalytic research – with its attention to questions of countertransference, the phenomena of unconscious transmission and the concept of projective identification – places the “therapeutic personality” factor among those of central epistemological importance. From being an element to be *excluded* from the therapeutic field to make way for the myth of objectivity – whereby analysis for training purposes was itself conceived as an instrument for keeping the field “clean” and as a guarantee of non-interference – countertransference is now considered essential, a therapeutic factor

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<sup>1</sup> The author founded some book series in major publishing houses in Italy, for example the book series “Library of Psychiatry and Clinical Psychology”, published by Feltrinelli publisher of Milan (87 volumes, see the web site [www.psicoterapiaescienzeumane.it/atti-mi-1970engl.htm](http://www.psicoterapiaescienzeumane.it/atti-mi-1970engl.htm)) and the book series “Program of Psychology, Psychiatry, and Psychotherapy”, published by Boringhieri (later Bollati Boringhieri) publisher of Turin (about 300 volumes, see the web site [www.psicoterapiaescienzeumane.it/pppp-e.pdf](http://www.psicoterapiaescienzeumane.it/pppp-e.pdf)). [Editorial Note]

of primary importance. Learning systems are now orientated towards the implementation of the *usefulness* of this factor, and above all towards its permanent management in the therapeutic field and in the organization of mental health services (Fromm-Reichmann, 1950; Gagliani & Pierantozzi, 1989; Galli, 1963; Gill, 1982; Gorkin, 1987; Sandler, 1987; Schafer, 1983; Sullivan, 1953).

What are the consequences of this change in orientation for the therapeutic personality?

Supervision and discussion groups of clinical cases occupy an epistemological position of central importance in the transmission of the psychotherapeutic approach, deriving from the characteristics of the work itself, particularly in instances of serious psychopathology. The consideration of supervision as nothing more than an instrument for training, and the learning of psychotherapy would thus appear to be a mistake deriving from the stereotype of traditional procedures of psychoanalytic training, based on the false separation of neurosis from psychosis, on the fantasy of the existence of a “classical technique”, and on a hierarchical organization on the academic model.

The treatment of children, adolescents and psychotics has made it impossible to maintain the sort of collusion between patient and therapist upon which this illusion of the existence of classical technique was based. For a long time the theory of technique has been based on the avoidance of a proper study of therapeutic factors – the invention of the ambiguous denomination of “psychoanalytically-oriented psychotherapy” is used to refer to what really takes place during treatment. This protects the illusion that elsewhere, perhaps in limbo, classical psychoanalytic technique actually exists.

I would like to stress two points in this regard. Today it is fashionable to talk of the *crisis of psychoanalysis*. As far as the theory of technique is concerned, there has always been a crisis, but the bureaucratic strength and excessive credibility enjoyed by the psychoanalytic institutions have made it possible to hide this crisis for many years.

It is a common observation that many psychoanalysts, called to carry out supervision in the psychiatric field according to their role in the hierarchy of psychoanalytic institutes, have felt compelled to call into question the system of axioms upon which their training was based. It is only recently that the need for training in psychotherapy within institutes of psychoanalysis has been stated, besides training in “pure” analysis. This, however, is a new form of historical falsification, which is attempting to justify the past. The point is that it is important to break the circuit of the dogmatic transmission of the illusion and false identity of the analyst’s role (Cremerius, 1986; Kernberg, 1986).

Psychotherapeutic knowledge has been transmitted for the most part as an *oral culture, through supervision*. This is the concrete form taken by the interpersonal relationship between the patient and the social group involved in this treatment. Supervision, in its direct connection with countertransference, is not a finite scholastic process, but a continuous presence required by clinical practice irrespective of the level of experience, seniority and rank of the therapist. Supervision constitutes an important scientific laboratory. It facilitates a deepening of enquiry and the building of a theory of technique, and is thus a field of great *epistemological importance*.

This fact must be acknowledged in full if the field of supervision is to become not the elephant’s graveyard of senior analysts looking for a safe position, but the fulcrum of a subject-orientated psychodynamic psychiatry.

3. I spoke earlier of methodological conscientiousness, and I used the term *measurable* to describe the importance of the “therapeutic personality” factor. An example of these two concepts is to be found in one of Gunderson’s most recent papers, presented in Italy at the International Meeting “New Trends in Schizophrenia” (Bologna, April 14-17, 1988) (Gunderson *et al.*, 1988a) and at the

*IX International Symposium on the Psychotherapy of Schizophrenia* (Turin, September 14-17, 1988) (Gunderson *et al.*, 1988b), where he presented the results of one of the few systematic studies on the psychotherapy of schizophrenia; as far as the treatment of borderline is concerned, attention should be drawn to his two books published in the United States (Gunderson, 1984; Waldinger & Gunderson, 1987). The Italian edition of the second of these is currently being printed and will be published in 1991.

The evaluation of the outcome of psychotherapy is a focal point of Gunderson's interest. His approach to the question has two distinct aspects: one is that of actuarial calculations, and the second is the "longitudinal" presentation of clinical cases, their assessment over time. It is particularly noteworthy that the statistically insignificant results of psychoanalytically-oriented treatment of schizophrenics have thrown light upon the statistical significance of the variable constituted by the *person of the therapist*. One of the so-called *aspecific* factors of psychotherapy has thus been found to be of considerable importance and may make it possible not only to identify the interpersonal foundation of psychiatry as a primary objective, but also to assess the factors conducive or of hindrance to the achievement and conservation of this objective.

As far as this last point is concerned, there are two marked tendencies which characterize psychiatry and in particular psychotherapy:

a) *The halo effect*. There is a wide gulf between the everyday practice of psychiatry and the resonance of ideas on and about psychiatry. This favours the ideological control of psychiatry and constitutes the terrain of propaganda. Many of the things said about psychiatry form a subject of study in which to measure both the penetration of the philosophy underpinning a particular system and the risk of the formation of social groups of disciples. The current situation is a cross between the disappointment of the expectations that had been placed in psychoanalytic psychiatry, and the return of the "medicalistic" concept of psychiatry, related to models of academic psychology. Neither of these is supported by new concepts or discoveries, but by groups of ideas extant in the field for decades.

b) *The synchrony of psychiatry*. The second general characteristic of our field is that no branch of psychiatry has ever gone out of practice. Criteria of obsolescence, applied in all other disciplines, do not hold in psychiatry or psychoanalysis. This is the result of the wide gulf between the psychiatry which is talked about (and therefore when it is talked about) and the practice of psychiatry. All branches of psychiatry have continued working in parallel; the only variables are the degree of communication and the power relationships between them. It is thus possible to identify a current return of the tendency of diagnosticism.

4. It may be said that the psychotherapy of psychosis is caught between its reduction to a *heuristic dimension* on the one hand and its submission to the *cult of outcome* on the other. The criteria of efficiency, effectiveness and productivity are now more decisive than they have ever been.

Like all other professions, psychotherapy is subject to external social pressures, such as the amount of money invested in the mental health system, and the number and quality of people able to do the job. The orientation of the 1950s towards community psychiatry, with a consequent lowering of inter-professional barriers and a holistic approach to the totality of the person, is now tending to be replaced by an *approach concentrating on techniques*, which raises barriers between professions and reinforces roles. Whereas the risk inherent in the former choice was a kind of therapeutic omnipotence, the current risk is that psychiatry may devote itself to the accumulation of advantages more for the establishment and organization of its own profession than for patients. In this context it is important to evaluate the influence of cultural factors on the training of

psychotherapists. The result is that there are two types of psychoanalysts: the first was brought up on the myth of the specificity of technique and the truth of interpretation; the second type was fed on the relativity of interpretation and the myth of the verification of the setting. From this point of view it is instructive to observe how an examination of the literature which attempts to distinguish between psychoanalysis and psychotherapy reveals that the question is more suited to a study of social customs than for the advancement of psychotherapy (Galli, 1985; Morgenthaler, 1978).

Both of these tendencies have had a strong influence on the identities of psychotherapists; they have produced psychoanalysts who considered their own “non-orthodox” work legitimate only if it could be called “psychotherapy”. This in turn is responsible for the confusion that arises when an attempt is made to distinguish between “psychoanalytically-orientated psychotherapy”, and “supportive psychotherapy”.

The development of the various facets of the question of countertransference are of paradigmatic importance. In the future it will be interesting to see the psychotherapist typologies produced by current training programs, if, that is, a serious effort is made to integrate the clinical knowledge of psychotherapies. Attention will have to be paid to the basic philosophy and to the theoretical and professional values of the educational system. The illusion of a syncretic juncture, both theoretical and practical, may turn into hope for a regulation of operating criteria, thus eliminating the figure of the “half-therapist”. In this context, “system of values” means concrete instruments of management, which can be brought to bear on incentives and factors of motivation and on criteria of responsibility and the taking on of responsibility, all of which are important in professions involving a high degree of personal contact. Any project for the future which takes these factors into account must avoid the risk of the “ideology of measurement”, with the attendant dangers of misunderstood “clinicization” brought by the cult of the DSM-III (and later editions) (Parloff, 1985; Minguzzi, 1986).

The alternative to the static crystallization of the evaluation question, for the development of projects with accurate instruments of prediction, is to be found, as far as psychotherapy is concerned, through a historical-critical analysis of the study of therapeutic factors and of the development of clinical theory. This dimension cuts across the plurality of techniques currently present in the field. An objective examination can prevent the elimination of the category of plurality, through the culture of “parallel tolerances” and the development of the dimension of belonging (Bolko & Merini, 1988; Cremerius, 1979, 1984; Friedman, 1978).

The contribution made by Giampaolo Lai is an important one in this context. He is undertaking a systematic attempt to relativize unitaristic coordinates too close to points of idealistic fixation which are no longer being put to the test, either as regards their logical construction or in an empirical way. The concept of “*disidentity*” used by Lai (1988) in this last book is an example of a line of thought which has been pursued with interesting developments over the last few years (Lai, 1982, 1985).

In this paper I have sought to stress the connection between questions of method and fundamental questions regarding value systems and their practical effectiveness. The purpose is above all to define *what has to be measured*, in order to avoid the taking of scientific positions.

In concision I would like to recall an episode recounted by Franco Fornari – one of the first Italian psychoanalysts to become involved (in the 1950s) in the psychotherapy of psychotic patients – in his 1969 novel *Angelo a capofitto* (“An Angel Headlong”). When he was an assistant in a private psychiatric clinic, one of his patients died during shock treatment. Fornari was terribly upset, but the coroner’s report and his colleagues gave him reassuring figures on the frequency of deaths under shock treatment. His percentage was much lower than average. «I found out – he writes – that I was in credit to the tune of thirteen deaths. But I was terribly upset just the same».

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