

**PSYCHOANALYTIC
INSTITUTIONS
in a
CHANGING WORLD**

Anton Obholzer, M.D.

Psychoanalytic Institutions in a Changing World

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I should like to share with you a short description of a state of mind that is very common nowadays as an approach to society and its institutions. The unknown writer captures the essence of the process that we all face in our attempts to maintain standards and stand by ideals of conduct and practice—ideals that have taken decades to define.

An Operational Research Report on -----'s Fifth Symphony

For considerable periods the four oboe players had nothing to do. The numbers should be reduced, and the work spread more evenly over the whole of the concert, thus eliminating peaks of activity.

All the twelve first violins were playing identical notes. This seems unnecessary duplication. The staff of this section should be drastically cut; if a large volume of sound is required, it could be obtained by means of electronic amplifier apparatus.

Much effort was absorbed in the playing of demisemiquavers. This seems an excessive refinement. It is recommended that all notes should be rounded up to the nearest semiquaver. If this were done, it would be possible to use trainees and lower grade operatives more extensively.

There seems to be too much repetition of some musical passages. Scores should be drastically pruned. No useful purpose is served by repeating on the horns a passage which has already been handled by the strings. It is estimated that if all redundant passages were eliminated, the whole concert time of two hours could be reduced to twenty minutes, and there would be no need for an interval.

The conductor agrees generally with these recommendations, but expresses the opinion that there might be some falling-off in box-office receipts. In that unlikely event, it should be possible to close sections of the auditorium entirely, with a consequent saving of overhead expense—lighting, attendants, etc.

Many of us identify with the conductor struggling to find a way of keeping our orchestra and its music going when besieged by accountants, health insurance officials, and public officials concerned with “reforming” health services. Dealing with apparatchiks is bad enough. But unfortunately these officials represent more than just themselves and their institutions. They represent a changing world system. Thus, just as in our field of work the symptom has to be seen against the overall whole, so too these changes must be read against the background of a changing world.

SOME THOUGHTS ON CHANGES IN THE GLOBAL SYSTEM

As psychoanalysts we generally shy away from attempting to apply psychoanalytic thinking to the world situation. The path of this type of exploration is littered with the wrecks of psycho-biographies and other works that have done little for our understanding of history and much for the low esteem in which our profession is held in some quarters. Freud himself was not averse to writing in this area. Note his formidable *Civilization and Its Discontents* (1930), *Moses and Monotheism* (1939), and *Totem and Taboo* (1913), though the last met with criticism from anthropologists.

Some subsequent writers have fared better in their reception and in their capacities to illuminate societal and institutional processes. I am thinking of Roger Money-Kyrle's *Man's Picture of His World* (1961); of Henry Dicks' work on the Nazi war criminals (1972), and later on his work with marriages and couples (1967); of Wilfred Bion's *Experiences in Groups* (1961). There is also the tradition of sociologists such as Ken Rice (1970), Eric Miller (1993), and Gordon Lawrence (1979), all of whom at one stage were at the Tavistock Institute of Human Relations. And, nearer home and more recently, we have Edward Shapiro and Wesley Carr's *Lost in Familiar Places* (1991).

Given these precedents, I think it worthwhile to make an attempt at viewing the present-day world situation from a psychoanalytic perspective, and linking it to the processes we are experiencing in our profession.

The main change that has happened is that certainty has left the world scene. There was a time when societies knew, often with almost delusional clarity, what was good and what was bad, whether it referred to nations or to political or to social systems. We might each use different terminology to describe this phenomenon of clarity, better described as "delusional pseudo-clarity," but we would all agree that we are talking about very primitive mental mechanisms. In essence, we are talking of splitting mechanisms, resulting in good qualities being attributed to "us" and bad qualities to "them." Melanie Klein's ideas (1946), in particular, were very influential in this area. Building on Freud's earlier work, she elaborated the concepts of splitting and projective identification as early mental mechanisms essential for the development of the child and remaining with the individual throughout life. As described by Klein, the child develops defensive mechanisms of splitting and projective identification in order to avoid experiencing intolerable confusion and ambiguity. These mechanisms lessen the

confusion, replacing it with pseudo-clarity about good and bad, us and them. This creates an illusory sense of movement and relief. In line with this dynamic, there was a time when it was quite clear on the international scene who the “thems” were. But this system of global certainty has now broken down, and we are hard-pressed to agree on who the “thems” of the present day are.

There have been attempts to find replacement bad objects for the East- West split, but the minor figures that have been thrown up and dwelt upon by the world’s press have not been substantial enough to resurrect the clear-cut global political military split of the recent past. The political ideologies that have accompanied some of the previous power blocks—Marxism or various forms of Communism and socialism—have receded as a threat and no longer lend themselves so comfortably as convenient receptacles for processes of projective identification.

The external factors that have made for and encouraged global splitting mechanisms as a way of dealing with our own internal confusions—be they national, group, or individual—are no longer as available. As a consequence, we have had to fall back on resolving matters within ourselves. I am postulating a change in the world order in which the dynamic focus has shifted from global to domestic concerns. I am using the terms *global* and *domestic* to describe not only a change in magnitude and venue, but also an altered state of mind. We have shifted from attention to ideals and global perspectives to more circumscribed, local thinking. This is captured in the “report” at the beginning of this chapter, and could be paraphrased as knowing the cost of everything and the value of nothing. We now focus our attention on what is going on in our national systems—health, education, law and order, and business.

I believe this shift to be one of the factors responsible for the winds of change that we are all caught up in. The same splitting and related mechanisms previously active on the global front are now at play in smaller domestic forums, and have become manifestations of our everyday life and work. “Good” and “bad” and other such oversimplifications and indices of pseudo-clarity are constantly present and at risk of settling onto our professional, educational, and other substructures of society. They lead to much ill-informed debate that has nothing to do with the issues at hand and everything to do with displaced societal issues in a new forum.

Not only are all professional groupings under attack, but there has also been a resurgence of racial

and religious intolerance in many parts of the globe. We have shifted from a primitive macro system to a reenactment of the same mechanisms in many micro systems.

There are other factors that add to the complexity and richness of the picture. Wilfred Bion wrote his classic book, *Experiences in Groups* (1961), outlining his view about the states of mind that groups fall into. He differentiated the group as an entity from the individuals in the group, whom he saw only as aspects of the whole. Pierre Turquet (1975) later elaborated this by describing the individual being taken over by the group.

For the purposes of this chapter, Bion's notion of group refers not only to a collection of individuals, but also to institutions and larger collectives. Thus communities and the nation would be subject to the same processes. Bion suggested that group functioning occurred along a spectrum, with what he called "basic assumption" group functioning at one end and "work group" functioning at the other. Where the group functioning rested at any one time depended on a variety of factors, including the mechanisms by which underlying anxiety was dealt with, the clarity of task, and the use of management structures. The essence of the basic assumption group mode was that it was subject to primitive psychic mechanisms similar to splitting and projective identification.

Bion detailed three forms of basic assumption functioning: dependency, fight-flight, and pairing. These were unconscious modes of group behavior in which the group behaves as if it were operating on the assumption, for example, that gratifying dependency needs would substitute for work.

The collapse of the world system of projective identification through the fall of global power blocks illuminates the dynamics of basic assumption dependency. One of the key power blocks was the Marxist-Communist-socialist block. This was, in essence, a dependency culture, or, in Bion's terms, a manifestation of basic assumption dependency, where the state was expected to provide for all needs. This dependency culture was found not only behind the Iron Curtain, but also in all our societies. The culture of "the professional knows best"—be it in medicine, psychology, psychoanalysis, or whatever field—was part of this condition. In Europe, many of the large, socially inspired government systems were put in place following the depredations of the second World War. The British National Health Service founded in 1948 was one of them, and at one stage was the world's third largest employer after the Soviet army

and the Indian railways.

Such mega-dependency systems followed the fight-flight basic assumption of the Second World War and could only come into existence because there was a general wish for a system on which all could depend. Today, dependency is out of fashion. All organizations that were the providers of this social need and their office hearers are now up for questioning. For example, in the United Kingdom, university teachers, other educators, lawyers, architects, and doctors have all had their working practices examined, and some have had their professional systems dismantled. This attack on professionalism is evident in the recent change in the United Kingdom, where “architect”—once a protected designation for a profession—is now a term that anyone can use. Nor have politicians been immune from attack, and their public image stands at a particular low. They, in turn, have been eager to pass the blame on to others. Dissatisfaction with them often moves down a lightning rod of their own making, ending in various governmental committees investigating the failings of others.

The breakdown of the previous global system and general disillusionment with a dependency model are, I believe, the two key factors in the changed climate. A worldwide recession adds to our difficulties.

A final factor is communication, which has become much more devious. Everyone is now aware of underlying anxieties, and communiques are now written so as to avoid stirring them up. The price of doing so—lost votes, poor poll ratings, a drop in the stock market—can make the difference between success and bankruptcy. A language that we are familiar with from the euphemisms of the Vietnam war has been polished and refined so that, for example, a report that spells the death knell for many services in the heartland of the United Kingdom is called “Making London Better.”

CHANGES IN THE MENTAL HEALTH FIELD

I have so far concentrated on some of the factors that have made for change in the wider frame. There are also changes in the mental health field. Over the past twenty years there has been a revolution in how we treat seriously ill patients, particularly when it comes to decisions about hospitalization. Some of this work was done in the United States, much of it in Italy and Scandinavia. Many institutions have

closed and thousands of patients are now treated in the community. Many of us believe that the process has gone too far and is no longer determined by patient or clinical need, but is instead driven by doctrinaire processes.

These changes have affected the identity of psychiatrists. For many, being in charge of an inpatient unit was a key component of psychiatric work, including diagnostic sessions, prescribing medication, reviewing patients, and leading teams. With the closure of institutions, that role has been abolished. The result in the United Kingdom and elsewhere in Europe has been a crisis of professional identity.

Psychiatrists have increasingly moved from institutions into individual treatment, previously the domain of psychoanalysts and psychotherapists. Many of these “professional migrants” have not undertaken the additional training required by this shift. Instead, they have adopted quick-fix psychotherapeutic techniques, or added medication to the psychotherapeutic process.

I am not suggesting that short-term therapies are inappropriate, nor am I saying that medication should not be used as an adjunct to psychotherapy in certain circumstances. I am referring to an unfortunate development in which displaced professionals move into other areas of work without having had adequate training or re-training. As part of the social process of establishing themselves, many have developed a stance of attacking existing practitioners in the field, decrying their methods, and questioning their success rate and their fees. In addition to this group, a great many poorly trained practitioners released from very dubious training organizations that make enormous and unsubstantiated claims on behalf of their techniques have invaded the practice of psychiatry.

We thus find ourselves, both as clinicians and as organizations, harassed from all sides, and in general we have been slow to respond. In the United Kingdom we went through a phase of attempting to ignore these changes and hoping that they would go away. That was coupled with a belief that our “innate excellence” would see off the intruders. It proved not to be so.

Next there was an exodus of sorts from institutions with senior professionals withdrawing into full-time private practice, sometimes accompanied by implications that institutional life was no longer a suitable place for those with serious intention to make their mark in psychoanalysis or psychoanalytic psychotherapy. In doing so, they undermined not only their institutions, but also the general morale of

those who valued psychoanalysis.

Similar changes have occurred in psychoanalytic institutes, as a form of institutional acting out arising from a set of unconscious institutional anxieties. The institutes feel themselves threatened and at risk of going under. In response, they fall into a defensive mode which focuses on a them-and-us state of mind—the institutional equivalent of a paranoid/schizoid process as described by Melanie Klein (1946). By this means, clarity or, more accurately, pseudo-clarity appears, and psychoanalysts feel certain about who is on one side and who is on the other. Battle lines are drawn. Institutes revert to teaching the pure gold of psychoanalysis. Anything else, including applications of psychoanalytic principles, is seen as a dilution. In Menzies' (1960) terms, the institution has structured itself, its functioning, and how it presents itself through a set of defenses against primitive anxieties, instead of task-oriented arrangements. Such arrangements are counterproductive because they alienate the very groups needed to provide a beachhead into application of psychoanalytic ideas in the community and open the risk of the institute being accused of elitism.

THE PRESENT SITUATION

The situation is gloomy. In the past few years, however, there has been a turning point in our capacity to present our views and underline the worth of our professional practices and insights. I believe that it is possible to retain the essential psychoanalytic core of the psychoanalytic organization, while at the same time working actively at application to everyday life in a much wider professional and lay mental health field.

The Tavistock Clinic is a large (200 staff members, 1,200 students) multi-layered, complex organization. Many of the senior training staff are psychoanalysts; intensive psychoanalytic work is the foundation of several key courses, while at the same time application of psychoanalytic ideas goes on at several levels of intensity.

In organizations with a different structure, the application component could be a clearly demarcated discrete sector of the organization with a different task, or, alternatively, the application element could be done by cooperation with a separate independent organization that is suited to

perform an applied role.

We have begun to initiate significant changes at the Tavistock Clinic in response to the factors I have outlined in this chapter.

- a shift from a purely academic pursuit of knowledge to a more applied approach
- a shift from a general research approach to a study of costs and outcome
- a shift from a consulting approach to a more managerial one
- a shift in emphasis from a provider approach to services to a consumer-led approach.

These are major changes in how we conduct ourselves in the clinical, academic, research, and managerial fields. In many instances these required changes could prove to be to our advantage.

THE SHIFT FROM ACADEMICS TO APPLICATION

The shift to a more applied approach in our academic pursuits opens possibilities for change in a much wider field. Isobel Menzies-Lyth, in her classic paper “A Case Study in the Functioning of Social Systems as a Defense Against Anxiety” (1960), suggests that organizational structures are often determined by a process of escaping the pain, anxieties, and difficulties arising from psychoanalytic work. I believe that some of our academic pursuits have increasingly been derailed by similar anxieties—after all, we are expected to tackle some of the most difficult and resistant problems in human behavior and society. In England, it is essential to have a substantial list of academic publications in order to get a job as a consultant in the National Health Service. Many of the papers written are more determined by a need to have a long list of publications than by any true academic or research interests. Academic pursuits allow us an escape from daily work tensions, while at the same time drawing us into technical arguments among ourselves that often serve almost wholly defensive needs. We mock the medieval church debates about how many angels could be accommodated on the head of a pin, but many of the arguments in the field of psychotherapy or psychoanalysis have a similar irrational intensity. A move toward greater application and therefore greater openness to review by others can be of substantial help in overcoming our isolation and integrating our ideas with the rest of society.

THE SHIFT FROM RESEARCH TO OUTCOME

In the research area, there is a greater awareness of the need to show the outcome and cost benefits arising from our work. While none of us would have any doubts about defending research for the sake of pure research, much research that is undertaken nowadays is what one might call “pseudo research,” where the epistemophylic instinct is absent, and other factors, such as the gain of personal status, are the benefit. The pressure nowadays is therefore to show that the research and work activities we undertake produce relevant results and benefit society.

Paradoxically, this approach can also help us. If preliminary evidence suggests that intervention arising from a research pilot project might have a major cost-benefit advantage, it is then very difficult for the potential funders of that research to turn down the project. We are all increasingly aware that we have been too modest in our claims of the cost- benefit advantages of psychotherapeutic intervention in the cycle of psychosocial illness, particularly if we take into account the enormous cost in lost working hours, taxes, and the use of medical services. In this field the work of many Scandinavian psychoanalysts and psychiatrists has been of great help, as has work done in Germany. In the United Kingdom, the Association for Psychoanalytic Psychotherapy in the National Health Service (APP) has organized these data and publications. Much more work needs to be done, but I believe the tide to be changing in our favor.

THE SHIFT FROM CONSULTATION TO MANAGEMENT

The shift from a consultation approach to a more managerial one is widespread. In the United Kingdom, the model of a democratic partnership between doctors to deliver services as agreed with administrators was popular in the late 1970s and early 1980s. It failed because it delivered neither the promise nor the service, but instead caused a great deal of irritation and delay on both sides. The reason for this was that not enough attention was paid to the primary task of the arrangement, nor was there sufficient awareness of the destructive, anti-task group processes that slowed down and at times entirely sabotaged the decision-making process.

But all is not lost. It is possible for doctors to take on some, or at times all, of the managerial functions with a substantial democratic consultative component, while retaining the benefit of having final

authority'. The key here is whether we as professionals are also prepared to become budget managers; the purse strings, of course, confirm ultimate power.

THE SHIFT FROM PROVIDER TO CONSUMER

The shift from a provider-led system of care to a consumer-led one was in the long run inevitable. Provider-led services can only function if there is a central bureaucracy and an agreed upon state of dependency on it, in which consumers do not question what the bureaucracy delivers— be it Russian shoes, East German cars, or certain models of psychiatry.

With the shift away from dependency, there is now a greater need for the mental health system to listen to what the consumer wants and to deliver what the consumer needs. This applies to psychoanalysis as much as to any other field in mental health. One of the flaws of this approach is, of course, that the consumer often knows neither what he or she needs nor what a realistic expectation of the service might be. But the fact that there is a problem with conveying information does not mean that the operation should not be attempted. The greater media attention that all health services, and mental health services in particular, are enjoying offers opportunities for increased consumer sophistication. If the public are better informed, there is an increased chance of their demanding our services, and conveying this demand to the funding authorities.

SOME THOUGHTS ABOUT OUR FUTURE

As members of organizations that go about our therapeutic work along psychoanalytic lines, often on a residential basis, we are laboring under the disadvantages outlined earlier in this chapter. We may, however, lose sight of the fact that we also have some clear advantages. These are perhaps best captured in the title of this book, *The Inner World in the Outer World*. What we have that is precious, if not unique, is integration. The fact is that we not only focus on the inner world and its vicissitudes, but do so in the context of the interaction with the outer world. This opportunity to focus on both—the inner world in therapy or analysis and the outer world in family or group or community structures—makes for a powerful combination that few therapeutic settings can offer the individual patient in his or her quest for improvement.

We also have available the application of psychoanalytic understanding to group and institutional processes along the lines pioneered by A. K. Rice and others, first at the Tavistock and later through the A. K. Rice Institute in the United States. This not only harnesses powerful therapeutic processes, but also, equally importantly, contributes substantially to reducing the acting out of psychopathology of patients and staff alike.

Our organizations are well placed to provide the training needs of a variety of mental health professionals who aspire to work in an integrated and integrative way. This provides a multi-disciplinary and cooperative approach that has the best chance of standing up against the siren voices of the sectarian groupings—be they professionally or theoretically based.

It may seem odd to introduce the concept of envy at the end of this book, but I believe that one of the reactions we elicit in others is envy, particularly of our integrative communal team approach. Envy from others—and the resultant attack and spoiling—may contribute to the increasing isolation and lack of support from all sides that many independent psychoanalysts and other mental health workers experience. The path to resolving this envy is openness—in our relationships with colleagues and referrers, and in the expansion of our consultancy and assessment services. In doing so, our perceived elitism is reduced, and we are seen as both helpful and at times just as stumped by problems as anyone else. Collaborative research ventures are also well worth embarking on, helping to break down the them-and-us interinstitutional rivalries.

Finally, and perhaps most important, we need to be part of the public debate about the mental health of our nations and of the world. For too long we have hidden in our consulting rooms or institutions, or in our specialist journals in which we have addressed no one but ourselves. There have been massive changes in our attitude. I hope this book will add to the impetus of our being firmly part of the debate. It is up to us not only to know the cost of what we are producing, but to make absolutely sure that the value is publicly recognized.

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