

## Commentary to the Paper: *Psychoanalysis in Form and Action*

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The report by the SIPRe students in Rome raises important issues concerning training in psychoanalysis as well as in psychotherapy in general. I will take up some of their suggestions and in turn make some reflections based on my experience as Director of the School of Psychotherapy ‘Minotauro’ in Milan; our orientation is in psychoanalysis but special focus is directed to the dimension of evolution in the life cycle, and the relationship between the individual and the context.

In psychotherapy, training involves various components (or pillars): teaching, practical experience, supervision, and, especially for psychoanalysts, personal analysis. Generally, help in the construction of the professional role is only indirect, because the school is not involved in what it means to become a psychotherapist, what concrete work opportunities are available, the relationship between the demand and the offer in psychotherapy, the financial and legal aspects, and so on.

In practical terms, the school of specialization is on the one hand a continuation of the university training, whose academic scientific status is guaranteed by the Ministry of Further Education and Research. On the other hand, the professional dimension of training is formally confirmed by the Order of Psychologists, and guided by a logic of belonging. Becoming a psychoanalyst, for instance, means not only acquiring competences, but also becoming part of a group, a professional association. Thus, training is a path to affiliation, based on acknowledging a specific theoretical and technical model. This logic, in which the Diploma implies acceptance of an orientation, applies to all theoretical orientations, not only to psychoanalysis.

On completion of the training course, the endorsing of a certain model of psychotherapy is verified: psychoanalytic, cognitive-behavioural, systemic, and so on. The Ministry invites each School to include various orientations in its teachings, but the Ministry also requires each School to state its particular

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orientation. This situation is different from that of other specializations, for instance the medical ones. A medical specialization school in orthopaedics, gynaecology, or other specialities, does not state its theoretical-clinical orientation, nor does the diploma imply any particular affiliation.

What this means is that in psychotherapy, the acquisition of competences during training is oriented by a therapeutic ideal, a fact that is confirmed by the way in which the didactics work. For instance, once psychoanalysts and psychotherapists with psychoanalytical orientation have completed their training, they are required to demonstrate their clinical skills by presenting and discussing a case involving two or four weekly sessions, carried out over a sufficient length of time, measured in years. In real life, it is not often that one conducts psychoanalytic sessions four times a week over a period of years, or even twice weekly. This is the case both in the public health sector, where it is actually impossible, as well as in the private one, where a lack of economic resources and time contribute to the formulation of an increasingly specific and focal demand for psychotherapy.

This state of affairs confirms the importance of the ideal in training, of how things *should be* rather than how they *are*. I remember a colleague's remark to justify this choice: 'When you have trained as a psychoanalyst, you can carry out any kind of intervention, because you *are* a psychoanalyst!'

On the contrary, I think that training needs to be open to various types of intervention, albeit remaining faithful to its reference model. Indeed, in the past few decades the barriers separating the various orientations in psychotherapy, psychoanalytic theory, cognitive-behavioural, systemic, and so on, have become slender, with greater openings towards possible integrations, yet they have not disappeared. Thus, even though the theoretical anchor of the various schools remains inevitably in place, given that it is currently not possible to teach someone simultaneously to be a psychoanalyst, and a good cognitive or systemic therapist, there is the indispensable need for an opening to the use of various techniques. This does not mean teaching an ideal model of psychotherapy, and subsequently 'applying' it to the reality of work in the institutions, but it does mean taking into account the reality of the demand for help, and the specificity of the setting in formulating the response.

A psychotherapist with a psychoanalytic orientation should not be trained only in psychoanalytic psychotherapy in a certain ideal setting. Psychotherapy should leave the 'pressurized chamber' of the room for the sessions; the psychotherapist might be required to carry out brief psychotherapies or consultations on an individual or family basis, or therapeutic *assessments*, or operate in different contexts, like hospitals or residential communities. This requires adaptation within the same theoretical horizon of the objectives, the settings, and the intervention techniques in relation to the demand, which is not always a request to cure a disorder, but might be

a request for help in facing the problems arising in the course of one's life.

Therefore, the fundamental question is whether psychoanalytic psychotherapy is possible, carried out in a setting that is different to the traditional one based on individual meetings, generally held twice weekly over a sufficient length of time. Technically, psychoanalytic psychotherapy is based on the interpretation of *transfert* and resistance, in the framework of a well-defined setting and paying particular attention to the counter-*transfere* component of the psychotherapist. Many students in the schools with psychoanalytical orientation will therefore need to apply this technique in brief, at times very brief institutional settings, often discontinuous and open to the collaboration with other operators, psychiatrists, social assistants, educators, and so on. In this framework the operation of 'miniaturisation' and defence of the traditional setting is inevitably frustrating. The risk is that a student on the one hand feels driven to use psychoanalytic techniques, but on the other hand does not have the real possibility to do so. This conflict often leads as a result to privileging techniques of a supportive type, based on mirroring, empathic and valuing attitudes, which are undoubtedly useful, but which function as common factors, thus losing the specificity of psychoanalytic intervention working on the unconscious.

Psychoanalytic psychotherapy is not actually defined by a certain setting, such as a number of sessions, nor by certain techniques, such as *transfert* and resistance interpretations, but is characterised by the centrality of unconscious affective symbolisation, by the identification of recurrent and conflicting themes, particularly in interpersonal relationships, and by the transformation of meaning. These operations are not bound to a specific setting, nor to a specific frequency of sessions or their duration, nor to a specific context, individual or family, public or private.

Not only can the setting and technique of psychoanalytic psychotherapy be modified, but other pillars of psychoanalytic training can also be questioned. Consider, for example, the didactic function of personal analysis. Although all psychotherapists tend to consider it important for their training, there are no research data confirming its effectiveness from a training point of view. When a trainee psychotherapist is asked how personal analysis has helped him professionally, the answer is mainly twofold: on the one hand, it has helped him to clarify his 'vocation' and to deal with uncertainties in taking on the therapeutic role, and on the other hand, it has helped him to learn by identification, by thinking, when faced with a certain patient, how his own therapist would have behaved and what he would have said.

These two aspects should be the subject of specific training activities in the school, for example in individual or group moments dedicated to reflection on the role, thus freeing personal analysis from expectations of 'didactic' analysis. This choice would reduce the risk that many authors, starting with Kernberg, have pointed out, that the didactic use of personal analysis

leads to imitative processes, contributing to further strengthening the affiliative dimension of the training course.

A final point regarding the internship, or practical training. Although the internship is not the place where one should apply, by ‘adapting’ it, an ideal model, there should nevertheless be an exchange between the internship experiences and the training course. For example, it is possible to set up a space not subject to clinical supervision, where it is possible to discuss with one’s tutor the opportunities, but also the difficulties that interns encounter in their internship experiences, because of all the institutional constraints that we are well aware of.

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