Psychoanalysis and the Mental Health Field

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In the last forty years, I have been working simultaneously as a psychoanalyst and a professor of Psychiatry at the Medical School of the Federal University of Rio Grande do Sul, first at the largest psychiatric hospital of south of Brazil, then at the most advanced university general hospital of this area, where we established a Service of Psychiatry that comprises all major areas of this field. My activities included the teaching of notions of psychoanalysis and the human life cycle to medical students, seminars to residents of psychiatry on Freudian works and the technique of analytic psychotherapy , supervision of residents of their cases of analytic psychotherapy and orientation of MsC and PhD students who work in the line of research that I chair, namely Studies on the process and effectiveness of psychoanalysis and analytic psychotherapy. The most recent study presented was a qualitative investigation on the concept of analytic enactment , that was presented as a poster to this Congress two days ago.

So I see myself as an active participant and a witness of the many changes that happened in the ambivalent relation between psychoanalysis and psychiatry in the last decades, as well as the continuous efforts that many of us are developing to keep this so much needed dialogue alive and even moving forward. I fully agree with the many fruitful insights that Stefano Bolognini, Levent Kuey and Bob Michels will present in their papers, that will help us to reflect and to continue to talk among us and with our colleagues from the mental health field. By the way, we must remind ourselves that we are also part of the mental health field, despite the fact that some colleagues still hold the unfortunate view of Freud on the contrast of the pure gold of psychoanalysis and the copper of suggestion.

Why it is so important to keep this conversation alive and actively look for ways of increasing it? Let me illustrate briefly with three examples:

A resident of psychiatry reports a case that was diagnosed as having panic attacks, and who received an antidepressant drug plus a cognitive behavioral intervention; after a few weeks, the patient tells the resident: look, doctor, I am much better of my panic attacks, thank you, but now can we talk about myself, about what I feel and why I suffer this way?

A patient in analysis with severe depressive symptoms, who happens to be also a medical doctor, and who insists in prescribing her own psychiatric drugs , brings associations enough and dreams that allow us to analyze her masochistic relation with her abusive father, her guilt and her need for self punishment; after some time, I succeed in showing her why she resists to looking for an appropriate psychiatric evaluation and medication. After she sees the colleague I suggested and receives appropriate drug therapy, her analysis develops in a new and more productive way.

I am asked to have a seminar with first year residents of psychiatry, who are at the in patients unit, and to discuss with them issues of team work and conflicts with nurses, psychologists and social workers. What begins as a series of complaints and projections of inner anxieties into the other members of the mental health team progressively moves to a more candid expression of their fears and anxieties to face not only psychotic patients but the psychotic parts of themselves.

These are just simple situations that possibly are part of our mutual experience, but that illustrate, in my view, that the main reason for our need to share and to work together with our colleagues from the mental health field derive from a fundamental ethical point: primum non nocere, first of all, do not harm, the Hippocratic principle that guide us all. Our patients do not deserve that our narcissistic disputes, economic struggles, inability to grasp the complexity of mental health and illnesses, narcissism of minor differences and the current global trend of simplification and false quick answers prevent us from the joint effort that we are developing in many countries. These reasons led Stefano Bolognini, the IPA President, to establish the Committee on Psychoanalysis and the Mental Health Field, and I am honored to present to you the members of this panel , and mainly to invite them to share with us their stimulating views.