OUTPATIENT CLINIC STRUCTURE AS A COMPLICATION TO PSYCHOANALYTICALLY-ORIENTED TREATMENT

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ABSTRACT: Concepts of “adaptive context” and “holding environment” serve as a foundation from which to address the impact of typical outpatient psychotherapy clinic settings on the process of psychoanalytic therapy. Issues of transference and resistance, treatment boundaries, professional investment, and the patients’ and therapists’ perceptions of the therapy process are primary areas of consideration. The depth, intensity, and power of psychoanalytically-oriented psychotherapy is seen as potentially limited by the structure and policies to which clinic settings tend to adhere. Circumstances in private practice are used as a point of comparison and suggestions are made to minimize treatment complications.

Until recently, the accessibility of psychological and psychiatric treatment on an outpatient basis seems to have increased significantly over the last 20 years. Although the more recent political and economic climate is jeopardizing seriously the continuation of such services, clinic facilities are now available on federal, community, and private levels, offering a variety of diagnostic and therapeutic services for people of all income levels and all levels of psychopathology. Although the specific designs of such programs are variable, they all offer alternatives to the traditional private practice model of treatment.

In particular, many include professional staff from the fields of psychiatry, psychology, social work, and education, and are thus able to provide service in many areas. Although this diversity of services allows for intervention to occur at many different junctures, it has ramifications for the kind and quality of psychotherapy that can be provided. In this paper, we intend to discuss some of the implications that clinic structures can have on individual psychoanalytically-oriented psychotherapy.

The concept of “adaptive context” has been elaborated by Robert Langs (1973) in reference to the reality precipitants operative in the
current life situation of the patient. These serve as focal points around which thoughts, feelings, and action unfold. Thus Langs describes adaptive context as akin to Freud’s (1900/1958) notion of “day residue” that is incorporated by the work of dreaming.

Langs has also discussed the significance of the therapeutic boundaries and framework to the process of psychotherapy. In this view, changes and deviations in the therapeutic framework become adaptive contexts triggering intrapsychic events. Among the crucial features of the therapeutic frame relevant to the adaptive context are:

- set fee, hours, and length of sessions; the fundamental rule of free association...;
- the absence of physical contact and other extra-therapeutic gratifications; the therapist’s relative anonymity, physicianly concern, and use of neutral interventions geared primarily toward interpretations; and the exclusive one-to-one relationship with total anonymity (pg. 107).

To the extent that they become adaptive contexts, factors such as illness, interruptions in treatment, or major events in a therapist’s life are thought by Langs to be critical (underlying) factors in determining latent issues that will evolve in a given psychotherapy session. These factors are relevant in the same fashion that events of the day preceding a dream were thought by Freud to be crucial in determining the unconscious conflicts addressed by the dreamwork.

From a somewhat different, but complementary, point of view, D.W. Winnicott (1965) has equated the psychotherapy hour with a “holding environment.” The psychological ambiance created between a patient and a therapist is thought to reconstruct a set of circumstances parallel to a mother-child relationship, such that the therapist’s primary role is to provide a reliable “holding environment” for the patient. For optimal growth, the therapist, like a “good-enough mother,” must provide an environment that can contain the patient/child in the face of the inevitable internal crises, and must cultivate an atmosphere of reliability and consistency.

We see both the therapeutic framework as an “adaptive context” and the “holding environment” as relevant conceptual frameworks from within which to examine the impact of clinic structure on the patient and therapist in a psychoanalytic psychotherapy relationship within a clinic setting. Both the consistency of the framework and the degree to which an optimal holding environment can be sustained are proposed to be differentially affected by a clinic versus private practice milieu.

One of the predominant areas in this regard that is critical to psychoanalytic treatment is that of boundaries. In private practice, individual psychotherapy involves only the therapist and the patient. Commitments to confidentiality generally are insured and interruptions