



One hundred years of psychotherapy and fifty years of clinical practice: Reflections of a psychotherapist and questions for psychoanalysis¹

Alejandro Ávila Espada

To cite this article: Alejandro Ávila Espada (2023): One hundred years of psychotherapy and fifty years of clinical practice: Reflections of a psychotherapist and questions for psychoanalysis¹, International Forum of Psychoanalysis, DOI: [10.1080/0803706X.2023.2183864](https://doi.org/10.1080/0803706X.2023.2183864)

To link to this article: <https://doi.org/10.1080/0803706X.2023.2183864>



Published online: 28 Jun 2023.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



One hundred years of psychotherapy and fifty years of clinical practice: Reflections of a psychotherapist and questions for psychoanalysis¹

ALEJANDRO ÁVILA ESPADA

Abstract

Psychoanalysis and psychoanalytic psychotherapy have evolved deeply over the past half century. This paper shows some of the changes I have witnessed in them, and the challenges we face in this change of era, at the edge of the first quarter of the twenty-first century. Some of the challenges are examined: knowing how to transmit in our daily practice the essential *relationality* of the human being; the relational essence of the process of change through psychotherapy; and a review of our contribution to our institutions being genuinely relational, that is, that we take more care of the space that the Other can inhabit than of preserving our own. We need hope: the hope to change and (again) be people, in connection with others, regaining confidence and being able to be oneself (to be ourselves with others). That is the meaning of our activity, what it is to be a psychoanalyst/psychotherapist today.

Key words: *contemporary psychoanalysis, challenges, future, relationality.*

Without pretending that I can be precise about the dates, because psychotherapy and psychoanalysis have completed more than a century and therefore have a long history, I can testify to a generation of clinicians, teachers, and researchers who since the early 1970s have been involved in understanding and developing a clinical and social field of special importance: intervention in mental health from the field of psychoanalysis and psychotherapy – a journey of half a century, which inspires the reflections that I share with you.

Essentially, I will consider how my interest in this field was configured and developed, how psychoanalysis and psychotherapy have evolved throughout this half-century, some of whose changes I have witnessed, and the challenges we face in this change of era, at the edge of the first quarter of the twenty-first century. The focus, the intrigue, the desire to understand how we become subjects and build ourselves in the relationship with the other(s) was always present in me, as I have allowed myself to interrogate myself and know

how we become and are people, always with others and for others.

My interest in the collective, and the sense of the individual within the framework of the collective, has been brewing since at least 1968. I wanted to be a historian, to understand the evolution of the collective being and feeling, and in 1970 I turned to the psychological, as a historical approach to the genesis and sense of the subjective, the personal, within the framework of a family collectivity and genealogy. By 1972 I had read Harry S. Sullivan, an ardent defender of the interpersonal nature of the human being, and Erich Fromm, for whom the collective gave meaning to any experience that could be considered subjective. At that time, the concern for social change weighed more heavily on me than the needs of evolution, construction, and change in the personal domain.

From 1973 I began to listen to and accompany expressions of personal suffering. How to understand it and help overcome it, transform it into a creative life, *gradually took center stage*. There was the group

¹Presented at the Meeting of the IFPS 60th Anniversary Congress “Psychoanalytic Theories and Techniques: Dialogue, Difficulties and Future” held at the College of Physicians of Madrid, October 20, 2022. This was based partially on an unpublished text with the title “My evolution through relational thinking: Issues and questions” delivered by videoconference for the Diploma of Introduction to Relational Psychoanalysis organized by IARPP Mexico Contemporary and AMPPR, on September 10, 2022.

Correspondence: Alejandro Avila Espada, Department of Clinical Psychology, Universidad Complutense de Madrid, Madrid, Spain. E-mail: avilaespada@psicoterapiarelacional.es

thought and praxis of Enrique Pichon Rivière,² the psychology (dialectic) of behavior proposed by José Bleger, and the questioning of the sense of madness and the search for mental health, individual and collective, that were expressed in the writings and actions of many thinkers and clinicians: Ronald Laing, David Cooper, Aaron Esterson, Joseph Berke, Franco Basaglia, Francesc Tosquelles,³ Nicolás Caparrós,⁴ Antonio Caparrós García-Moreno,⁵ Armando Bauleo, Eduardo Pavlovsky,⁶ Mauricio Goldenberg, Ángel Fiasché ...

This was called antipsychiatry, because instead of a psychiatric process (i.e., one labeled as “disease”) occurring in the individuals’ attempts to break with the prevailing moral and social order, expressed in a form of mental disorder, in contrast they sought to transform suffering into living options for the change we needed. This was not to see the person in crisis with their family or society as sick (with the person’s possible pathological accommodation), but to view this as being a transformative break with the social and family order, opening up space for a new society (and subjective expressions).

The concern that guided me was to understand and promote change, a social change that felt necessary for the individual, but that was obviously also urgent in the social dimension. We sought to promote – and understand – changes in patterns of behavior and life, changing the sense of action and existence in communities and people, changes in society, not the mere relief or cessation of symptoms or suffering. *We aspired to promote new subjects in a new society.* And change, when possible, was resonant and shared. It was felt in the bond, it was not the contribution of the therapist, it was an achievement of the “patient” who had enough “patience” to wait to recognize themselves, to feel recognized, and thus to move toward changing who they were, not just changing who they were acting being.

Rethinking the interests and guidelines that mark my history, I find several influences and concerns

that structured my development. First was my interest in history, preceded by literary interests that led me to a study in depth⁷ of the life and work of the writer Ramón J. Sender, in connection with his historical and social approaches, and also, although with less intensity, of the poet Leon Felipe. This theme was woven with the history of utopian socialism in Spain and Europe, dedicating a stage to the study of the life and work of Anselmo Lorenzo,⁸ propitiated by the impulse given to us by our then professor of the contemporary history of Spain at Complutense University, María del Carmen García Nieto.

So there was an emphasis on the life and work of people, in connection with the social movements to which they belonged. Social history, personal history. A concern that took me from history to psychology, and that was reflected in my interest in autobiographies, the reconstruction of a subjective history explained in its context; in psychology, this was concretized in the investigation and analysis of personal narratives, Henry A. Murray’s personology and his methods of exploration⁹ and thus Sullivan’s research methods and the ways in which I was captivated by Fromm. This was always *with the focus on narratives built to sustain identity*, and not so much on psychological processes.

As I have already pointed out, I began my training as a psychotherapist around 1974, in a context of intense and extensive group dynamics, which was also the natural continuation of my interest and involvement in group dynamics and theatrical creativity, which I lived in the first person between 1968 and 1972 (Mon, 2021). Group participation, group creativity, group belonging. I started with the works of Bertolt Brecht, the ideas of Konstantin Stanislavski and Jerzy Grotowski, the alternative theater groups that at that time toured Spain. A theater of agitation, propaganda, and participation.¹⁰ From there, a natural step was taken towards group psychotherapy with Eduardo Pavlovsky, Emilio

²An approximation can be seen in the work of F. Fabris (see Ávila Espada, 2008).

³The presentation of this text coincides with the exhibition dedicated to this figure at the Centro de Arte – Museo Reina Sofia in Madrid, previously exhibited at the Barcelona Museum of Contemporary Art (MACBA).

⁴See an overview of the echoes of that time and the contribution to it by Nicolás Caparrós, one of my teachers in the period 1974–1984: https://www.psicoterapiarelacional.es/Portals/0/eJournalCeIR/V15N1_2021/18_In-Memoriám_Nicolas-Caparros_1941-2021_CeIR_V15N1.pdf (date of access: 03/10/2023).

⁵A gloss of the perspective and ideological context of this outstanding author was published in Ávila Espada (1987).

⁶See the review by Ávila Espada and Cabello (1999).

⁷An interest shared with my partner from the studies of the higher baccalaureate, Luis Enrique Esteban Barahona, who later made relevant contributions to the history of peasants’ and workers’ demands in Guadalajara (Spain) in the 1920s and 30s. De Sender, then alive and exiled (Mexico, the USA) had impressed us with his works, for example *Requiem for a Spanish peasant*, *Seven red Sundays*, and *Mr. Witt in the Canton*. We gathered an important literary and historiographical documentation, which we finally yielded to a colleague for his doctoral thesis.

⁸A prominent figure of Spanish anarcho-syndicalism (a political movement between utopic socialism and trade union movements in Spain in the first quarter of twentieth century).

⁹I did my doctoral thesis on Henry A. Murray’s thematic perception test, a topic I began working on at the same time that my academic career began, from 1974 and until at least 1982.

¹⁰Los Goliardos and Castañuela 70, among others.

Rodrigu , and Nicol s Caparr s ( vila Espada et al., 2021). Convergent guidelines of theater, community participation, the group as a context of development, action and change – that was my formative atmosphere: from theatre and direct political action to historical and social reflection, to personal and group history, to psychotherapy as a process of individual and collective change, a path shared with many colleagues between the late 1960S and mid-1980S, where the areas of interest are already clearly differentiated. Some turned to the study of Freud’s work and correspondence,¹¹ others incorporated Lacan,¹² and still others investigated the transformative potential of psychotherapy, looking towards Winnicott, Ferenczi, Balint, Fairbairn, Little, Heimann, Bollas, and Kohut, while the most recent works of Stolorow, Atwood, Brandchaft, and Mitchell began to stand out.

This stage, which covers almost two decades (1985–2005) has been summarized in a work ( vila Espada, Aburto, Rodr guez Sutil, Vivar, Espinosa, & Garc a-Valdecasas, 2007) that reflects a movement of study and group discussion, the germ and deployment of the GRITA collective,¹³ which still continues as a space for interrogation, exchange, and thought; this was a direct antecedent of the clinical and formative space that is the Agora Relacional in Madrid, and that reflects the passage from the linking *pichonian* perspective to the contemporary intersubjective and relational one (See also  vila Espada, 2015).

From 1976 I had already begun my work as a university professor in the study of psychology, first at Complutense University (1976–1990), then at the University of Salamanca (1991–2004), and again at Complutense University (2004–2020). Although I began my teaching – and research – in the field of clinical psychodiagnosis with qualitative techniques (thematic and narrative techniques, adjectives, and emotions), I soon turned to psychotherapy, and within it to psychoanalysis, to which I have dedicated myself exclusively since 1986, deepening my study and research of the therapeutic process within the framework of psychoanalytic intervention.

Although I had already had some awareness in my student years, it was when I was already a teacher, and mainly in the first half of the 1980s, that I became aware of the crisis in the relations between

psychoanalysis and the academy. Although there had since the late 1950s been an open debate on the links and differences between psychoanalysis as a theoretical and clinical field and area of scientific research, it was not until the early 1980s that this separation and controversy was aggravated, largely by the very disinterest of psychoanalytic institutions in the field of academic and scientific research.

Psychoanalytic institutions (the International Psychoanalytical Association [IPA], but also others, and especially the growing impact of Lacan’s thought) drew a strict separation and at the same time rejected that the training of psychoanalysts (i.e., clinicians) should be carried out in the university environment, leaving themselves exclusively in the hands of associations whose criteria were inbred and recessive. It was important to be in didactic analysis (at that time four or five times a week) with a didactic analyst of the IPA, sometimes for very long periods, prior to admission as a candidate for psychoanalytic training, which basically consisted of the study of the work of Freud and Klein, and little else. These criteria drew an inevitable line of exclusion that privileged rank, the socioeconomic status of candidates, in addition to, in many areas, being restricted to doctors, excluding psychologists until almost the end of the twentieth century. Those who, as in my case, were trained outside the IPA were forced in our choice by these conditions.

This gap, largely fostered by psychoanalysts who distanced themselves from or rejected academics, was a rupture whose wounds have still not been closed or resolved four decades later. I tried to account for this problem and propose alternatives in several works (e.g.,  vila Espada, 1989, 1998). Together with other colleagues at the Spanish university,¹⁴ I also fought for decades for a more open and constructive perspective than that sterile separation and made contributions that achieved university and professional recognition ( vila Espada & Poch i Bullich, 1994;  vila Espada, Roj , & Sa l, 2004; Poch and  vila, 1998).

In the early 1990s my interest was focused on the dialogue between clinical psychoanalysis and the neurosciences, incorporating the contributions of human development research as well as research into change processes. This was a time when I was fortunate to receive and share the experience of

¹¹Nicol s Caparr s, Antonio Garc a de la Hoz.

¹²Ignacio G rate, Jos  Miguel Marinas.

¹³See more information at <https://www.psicoterapiarelacional.es/Documentacion/GRITA>. This group of debate and thought, founded in 1996, has completed its first twenty-five years and is still active.

¹⁴We convened and held a series of conferences on psychoanalysis at the University between 1991 and 2000, with periodic meetings held in university areas, in Malaga, Salamanca, Girona, Las Navas del Marqu s, Jarandilla de la Vera, Donosti, Barcelona, and Lleida. Numerous publications, research projects, and working groups were derived from these meetings.

great masters and researchers of psychoanalytic clinical practice such as Otto Kernberg, Robert Wallerstein, Peter Fonagy, Horst Kächele, Robert Emde, and John Clarkin, among many others in the fertile space of University College London. That is where my work coincided with outstanding European, North American, and Latin American colleagues.¹⁵

The psychoanalysis of those years, in the academic and international fields, and after a stage of disinterest in research, was enriched by multiple interdisciplinary contributions, and was open not only to the advances of the aforementioned research areas, but to the contributions of social and cultural anthropology, the psychology of groups, and criticism from the reading of gender and the richness of diversity, which was fully convergent with the clinical and social tradition in which I had been trained. Arriving with this baggage at the conceptual territories of the theory of intersubjectivity, of relational psychoanalysis, of the psychology of the self, was a natural evolution and hence reflected in the approaches of my works of those years, especially in Ávila Espada (2005). Meanwhile, and in the following years, numerous research contributions were published which I had participated in or promoted and directed (among many others, Ávila Espada, 2021; Ávila Espada & Mitjavila, 2003; García Mantilla & Ávila Espada, 2016; García Mantilla, López del Hoyo, Ávila Espada, & Pokorny, 2011; Rampulla & Ávila Espada, 2011).

Viewed from the theoretical-technical positioning that I formulated in 2005, the premises of the relational psychoanalytic perspective that I assumed, based on my training, clinical experience, and research, were the following:

- With Pichon Riviére, we should move from Freudian Libido to the *bond*, as an articulator of the structure of subjectivity.
- Margaret Little, from her personal experience in analysis with Winnicott, helped us consider the active use of countertransference as one of our primary options in psychotherapy.
- Lewis Aron, among other authors who rediscovered the value of Ferenczi's proposals, helped us to understand the mutual bidirectional influence – one that was not symmetrical – between patient and therapist, in line with what Joseph Sandler, Michael Balint, and others had pointed out earlier.

- Robert Stolorow and George Atwood allow us to integrate as a basic technical position the acceptance of the collapse of the “myth of neutrality,” thus overcoming the Freudian principle of abstinence as a fundamental technical rule. It was not possible to be neutral, nor was it useful.
- Developmental researchers (mainly Edward Tronick, Beatrice Beebe, Daniel Stern, and Robert Emde, from a long list) and the Boston Change Process Study Group helped us understand the processes of intersubjective attunement and connection that intervene in the intersubjective construction of subjectivity in development and change (a shared implicit relationship, made in moments of encounter), as well as the importance of the involved and spontaneous intervention of the therapist.
- Winnicott and Kohut helped us understand the use of the analyst/therapist as an object that the patient requires to restore their environmental deficits or failures or the narcissistic wounds of the Self.
- Bowlby gave us his idea of the therapeutic process as the configuration of a safe base, which facilitates a second chance for development.
- An integration of these proposals by Winnicott, Kohut and Bowlby is shown in the theory of specificity and the concept of “responsiveness and optimal provision,” which allows one to overcome the possibilities of retraumatization created by a conventional treatment based on neutrality. Howard Bacal explained it to us in person.
- Underlining the importance of conceiving the therapeutic process as a context of participation of the therapist who must be accompanied (mainly in supervision, but also in professional peer groups), thus escaping the narcissistic loneliness of the therapist.
- With Mitchell we have acquired a broader vision of what *relationality* brings us, in our own essence and nature, and in the scope of the encounter with the other.

In 2013 I returned to address the same topic, invited by the journal of the Spanish Society of Psychoanalysis, which requested my opinion on what were the determining processes of change (Ávila

¹⁵Clinicians and researchers such as Ricardo Bernardi, Denise Defey (Uruguay), Ramon Flourenzano, Guillermo de la Parra, Mariane Krause (Chile), Andres Roussos, Adela Duarte (Argentina), Antonio Vasco (Portugal), Juan Vives (Mexico), Vittorio Lingiardi, Antonio Semerari (Italy), Erhard Mergenthaler, Cornelia Albani, Manfred Cierpka (Germany), Rainer Krause (Austria), M. Helge Rønnestad (Norway), Bo Vinnars (Sweden), Dan Pokorny (Czech Republic), Uwe Hentschel (the Netherlands), Franz Caspar (Switzerland), and Jacques Barber, Hartwig Dahl, Wilma Bucci, George Silberschatz, David Orlinsky, Rebecca Curtis, Paul Crits-Christoph, and Jeremy Safran (USA), in addition to my Spanish colleagues Joaquim Poch, Merçe Mitjavila, Miguel Ángel Gonzalez Torres, and Isabel Caro, among many others.

Espada, 2013). I held the same central arguments, but I emphasized the central importance of (re)constructing a narrative of ourselves, a constant rewriting of our subjectivity throughout the linking plots and social-contextual significance that we have to live and inhabit. We are not a “deposit” of experiences, but channels for each new moment of experience, which takes place in the current intersubjective exchange, fleeting in its present, plural in its next possibilities, although we use the fiction (necessary) to constantly build a coherent account of (part of) what we have lived to maintain the integration of our identity.

In this process of narrative reconstruction, psychotherapy plays a determining role, which is a natural continuation of the evolutionary processes that constituted us. *It is a relationship that is real*, and without which the fabric of change crumbles; it lacks the fabric, the concrete affective-social warp. It is a constructed relational tissue that has been metabolized into an internalized relationship, which is maintained in the link with an internal therapist, an integration of the therapist/analyst that was arranged in the real and that we build in this working relationship, which we maintain in fantasy from the lived experience. In 2014 I reviewed the essence of the intersubjective perspective for a work to be published in the *International Forum of Psychoanalysis* (Ávila Espada, 2104).

In 2015 I elaborated a synthesis of the historical and conceptual evolution of the relational perspective for the 25th anniversary of an important institution (AMSA), dedicated to clinical practice and training in the North of Spain, and that with the OMIE Foundation has promoted a social psychiatry,¹⁶ which is the broad framework within which to contextualize a relational approach. It was an attempt to understand the context of the intersubjective production of theories as what leads us to be and think from the relational, and especially to psychoanalysis as a “Science¹⁷ of meanings and subjective experience.” A set of lines of thought and theoretical traditions converge in a proposal, which we call relational, in which the focus evolves from being located in intrapsychic psychodynamics to the intersubjective, constitutive, and determining plane.

In our own environment (Spain) this evolution has been reflected in the contributions of a series of

clinicians, either by evolution from positions more typical of classical psychoanalysis, or by the evolution of social and community proposals.¹⁸ I refer to facets of the thought and published work¹⁹ of Joan Coderch, Hugo Bleichmar, José Jiménez Avello, Carlos Rodríguez Sutil, Ramón Riera, Rosa Velasco, Francesc Sáinz, Neri Daurella, Ariel Liberman, Augusto Abelló, Manuel Aburto, Rosario Castaño, and myself. In all these authors, in us, these influences are gathered and transformed, and in this the conceptual and clinical legacies of Ferenczi, Sullivan, Fromm, Pichon Rivière, the Barangers, Levenson, Balint, Winnicott, Kohut, Mitchell, and the theorists of intersubjectivity, from a long list, weigh especially heavily.

We have also had the extraordinary opportunity to receive live contributions from and have dialogues in person with very prominent authors, such as Robert Stolorow, Joseph Lichtenberg, Donna Orange, Sandra Buechler, Howard Bacal, Shelley Doctors, Donnel B. Stern, James Fosshage, Frank Summers, and Margaret Crastnopol, among many others. At the same time we have dedicated our efforts to translating and publishing some relevant works of relational thought, and created an editorial line (the Relational Thinking Collection²⁰, which already has about thirty titles in two series, “Fundamental” and “Essays and Experiences”) that also collect part of our production. With our guest professors, and with our own teaching contributions, we have trained generations of relational psychotherapists for decades (currently we convene the Nineteen Training Group), and supported or enhanced from our *Ágora Relacional* in Madrid the creation of clinical and training centers; we have also facilitated public knowledge in several areas both in the Iberian Peninsula (including Barcelona, Madrid, Lisbon, Valencia, Seville, Salamanca, and Cáceres) and in Mexico, among other Spanish-speaking countries.

The relational perspective allows us to look freely at the contents of the theory, without assuming unquestionable dogmas, or having to stick to technical demands that differentiate what is genuine psychoanalysis and what is not. Gone is the need to reaffirm ourselves through dogma, and we leave space open for thought and debate. Intersubjectivity is so natural to the delineation

¹⁶A recent paper (Retolaza, 2022) sums up well this approach to necessity and transcendence.

¹⁷Human and social science from the subjective experience of people, groups, and social institutions, and not reducible to the requirements of the natural sciences.

¹⁸I have re-covered facets of the history of relational thinking in our context on different occasions. See also the published in 2018.

¹⁹Not all the contributions and formulations of these authors can be considered relational, but all those mentioned have contributed outstanding contributions from the 1990s to the present. The list of contributors should be much longer, but I have included only those who have published more continuously.

²⁰See our editorial collection at <https://www.psicoterapiarelacional.es/publicaciones>.

and realization of any concept or premise that the human is inevitably dyadic, although its complexity transcends all possible scenarios of the manifestation of subjectivity.

In my work of 2018 I paid attention to specifying how the diagnostic and the psychopathological can be conceived, to the status of the theory of the technique – and the psychotherapeutic technique itself (a topic to which my colleague Carlos Rodríguez Sutil²¹ has dedicated a very relevant work) – and to the relevance and limits of what systematic research²² can contribute, ending with a review of the challenges facing our relational perspective in the present.

Our position on psychopathology and psychodiagnosis emphasizes that no categorial approach will be able to realize what really matters in people – “*what I feel, what you feel, what I feel, what you feel ...*” – in an endless sequence where all the planes of intersubjectivity intersect, from intrasubjective figuration (the subject interpreting their world of experience), the intersubjectivity that we have been describing in interpersonal relationships, and fantasies about them, to transsubjectivity (where the subjective is transcended and manifested in phenomena that escape our comprehension). Diagnoses limit more than they help, and more than classification labels we need implicit descriptions, loaded with emotion and link or context, because the human being deploys a constant process of individuation, from their essential intersubjectivity. There are no psychopathological nosological entities, but nosographies of the people in relationship and their problems.²³

The experience of human suffering, and our task in understanding and possibly helping the person who suffers (and/or makes others suffer), leads us to configure participatively a space of containment or a secure bond. Clarifying the intersubjective nature of the conflict, we recognize the person in their singularity, we validate their experience, and we serve as a contrast and limit to their imaginary constructions that complete the precarious or missing identity. We facilitate the expression and validation of the emotions that occur in the person. And more than playing a diagnostic role as clinicians, we accompany the person to reconstruct their history and narrate themselves, recreating the subject’s ability to observe both situation and themselves in the interpersonal scenario, allowing themselves to be accompanied in such observation.

In this context, our “technique” is mutual participation, although moderately asymmetrical, in an

ethical framework of help to the suffering Other. It is through personal involvement (ethically and theoretically-technically based) that the clinician plays a leading role in clinical help, that this role is deployed through processes of mutuality and recognition that do not deny either the difference of the roles or their functional asymmetry, through the essential ethical position of the encounter with the Other, which means giving (one’s own space) to the Other, to recognize them. Like the researcher, the clinician must ethically commit themselves to the other who suffers and not submit to the demands of their own clinical ideology (theory). The good clinician is essentially an observer committed to the truth of the experience (of the patient, of the clinician) and, as such, is a rigorous observer who explores the science of subjective experience.

From these reflections and for our perspective, we must recognize the centrality of the clinical thinking of Ferenczi, Winnicott, Kohut, and Mitchell among others, to sustain the desire for psychotherapeutic change in people and our own role as clinicians, while Freud’s perspective helps us to understand essential processes of the human being; however, it is not so relevant in terms of actively helping them to grow or change as people.

My personal clinical trajectory, which in 2023 reaches half a century of clinical practice, has provided a source of constant concern and questioning, and, as Patrick Casement helped us to think, to “Learn from the patient.” We are not in the clinic to exhibit or prove the worth of our theories, but to help as much as possible. That way of helping occurs mainly through listening, feeling with, accompanying, and being available for and with the other who demands it, or who gives us entry, even if it is difficult to recognize it.

In that journey, some topics have come to the fore among my concerns: depression, as an opportunity for elaboration; the problem of mental pain and its difference from psychic suffering; the linking construction of identity; the constructive role of narcissism and its healthy transformations; the transcendence of the parental function, felt, elaborated, exercised; and especially the importance of the involvement of the clinician as *a subject located* in the social and historical context to which they belong, and the acceptance of their responsibility as an agent of change that intervenes in the social transformation towards a society more respectful of the essence of the human in its natural context.

²¹See Rodríguez Sutil (2021).

²²See my work: Ávila Espada (2020).

²³See Rodríguez Sutil (2014).

The ability to perceive reality (our own and contextual) can use depressive thought processes to inhibit our development, based on a low structural self-esteem, a narcissistic deficit that needs to be reconstructed and transformed. We can face it better with the other, because by recognizing them we make it possible for them to reach us with their recognition, we feel ourselves with the other. We are not alone, we are not the only important thing. We grow with the other, we can change, the other makes it possible for us.

This thinking – and feeling – in the bond with the other makes it possible for us to transform the *mental pain* of the unthought or named into expressible and shared *psychic suffering* (Ávila Espada, 2011). Confronted with the self-contemplation of our narcissistic wounds (often felt as emptiness, anguish without words), we can let the tension of our narcissistic incompleteness flow towards expressive exits provided by culture and our linking resources, transforming suffering into one of the senses of living life as subjects. We are beings who feel, both in action and in failure.

Promoting the *agency* of the person who asks us for help is essential. It has long been considered (Silbersachtz, 2005; Weiss, 1993) that the main task of the psychotherapist is to help formulate, express, assume, and recognize the patient's plan of action and change. I conceive this task as the emotional involvement of the therapist. Guided and regulated by the ethics of helping the other, *hope* is possible because it is recognized and sustained. It is the *clinical values* (Buechler, 2018) that sustain our transformative encounter with the patient.

As clinicians, we face transcendent challenges, challenges for ourselves that we have to carry out a task – clinical and social – demanding and committed, in which we have to survive as people, and at the same time broaden the horizon of the contributions of a human and social clinical practice. Among these challenges we have to do the following:

1. Know how to transmit in our daily practice the essential *relationality* of the human being.
2. Embody in our action and participation with the Other the relational essence of change.
3. Recover agency with social-subjective sense in our clinical practice. We do not practice “isolated from the world,” but we are part of a global scene that includes us and in which

we are – active or passive – agents (the evil as part of the human essence, and its multiple current manifestations, from our participation – passive or active – in everything that destroys the human and their world).

4. Think critically about the theories on which we have built ourselves, and detect and recognize our biases and dogmas, prejudices, and cultural accommodations. Among these is the very dangerous and full of narcissistic omnipotence “comfortable status of the psychoanalyst.”
5. Recognize the roots of how we became who we are. That is why in this paper, and in all my works, I recall the history from which we come – a story that has shared passages and singular passages.
6. Accept that the relational perspective is constantly transformed with the contributions of multiple disciplines and levels of analysis that enrich and question it. Let us pay close attention to philosophy, sociology, and cultural anthropology, which contextualize everything that natural sciences and technological advances bring us. In essence, we learn with research, but without renouncing our clinical essence and context in our social and cultural world.
7. Contribute to our institutions being genuinely relational; that is, we must take more care of the space that the Other can inhabit than preserving our own. That is, we must be really welcoming, and not use the other mainly for our narcissistic needs. Psychoanalytic institutions have been – and are – strongly hierarchical and asymmetrical, and have not greatly favored freedom of thought, let alone freedom of action.
8. Remember that the world matters to us, and we cannot be indifferent to evil.²⁴ We must ask ourselves what our responsibility is for what happens in the world.
9. Recognize that relationships – and between them the psychotherapeutic relationship – should be based “not on a history of dominance, but on one of respect and awareness of care, being aware that in vulnerability you have to know how to be, at the same time, care and care” (García Montero, 2022, p. 2).²⁵ The psychotherapist is vulnerable, and takes care of other vulnerable and

²⁴The reflections that I do on this topic they are influenced by the excellent work of the philosopher Ana Carrasco-Conde (2021). I found it very enriching to read the work of this philosopher, and I encourage readers to do the same.

²⁵Extracted from the interview/conversation made with Luis García Montero by Jesús Ruiz Mantilla, and published in *El País semanal* number 2497 on September 4, 2022.

traumatized people, whom they do not carry with their care needs, instead remaining open to their sensitivity and interest, their emotional connection, their recognition, but also their complaints and demands, which are often insatiable.

On the path that people travel together, whether we are patients or psychotherapists, we try to *inhabit the identity*,²⁶ built with oneself and for the other, and to live in friendship, in which we can be better people, because we find in that bond the reason for being with each other. Loving transcends that limit, and the priority of being in one's own identity is blurred, it is put on hold. The other that gives us meaning, and with whom we feel better, to whom we surrender. The yearning for narcissistic recognition transforms through the surrender and recognition of the other. In that being for and with the other we feel free, because we feel recognized and accompanied, and at the same time useful for the other, who can feel something similar. We can walk accompanied. We can live – and transmit our own biography, written by ourself, but with the other, who perceives the essence of us; write to understand, and to transmit. We can live the times, without denying the *Cronos*, our time of life, but inhabiting the *Aion*, which gives meaning to each moment lived, which sometimes feels transcendent, unique, *Kairos*, the right moment to inhabit the experience with the other. We must pay attention and attend to the other. Not to intervene to do for the other, but to maintain an active hope, not an illusory optimism that denies, but an openness to change and discovery. Paying attention to what surrounds us, to what evokes and provokes us, venturing to discover, without knowing what we will find in advance, always being attentive to what we can “be with.” Inhabiting the experiences, the moments, not their images for others, but the experience of being/being/listening/feeling with the other, who we are and what we live.

Let us take advantage of the richness of thought that Joseph Lichtenberg has bequeathed to us (Lichtenberg & Carr, 2022), which he has recently left us: let us maintain hope, let us recover hope, let us fight for it. For the hope of changing and being (again) people, in connection with others, regaining confidence and being able to be ourself (to be ourselves with the others). That is the meaning of our activity, what it is to be a psychoanalyst/psychotherapist today.

References

- Ávila, A. (1987). The concrete psychology of Georges Politzer in the work of Antonio Caparros (Homage to Antonio Caparros García-Moreno). *Clinic and Group Analysis*, *XI*, 18–35.
- Ávila Espada, A. (1989). Psicoanálisis, psicoterapias de orientación psicoanalítica y efectividad terapéutica [Psychoanalysis, psychoanalytic psychotherapy, therapeutic effectiveness]. *Clinica y Análisis Grupal*, *11*, 51–74.
- Ávila Espada, A. (1998). Hacia una recuperación del psicoanálisis en la psicología [Towards a recovering of psychoanalysis to psychology]. *Anuario de Psicología*, *29*, 163–164.
- Ávila Espada, A. (2005). Al cambio psíquico se accede por la relación [Relation: The path to psychic change]. *Intersubjetivo*, *7*, 195–220.
- Ávila Espada, A. (2008). Review of the work of Fernando A. Fabris - “Pichon Riviére: a traveler of a thousand worlds.” *Clinical and Relational Research*, *1*, 228–229.
- Ávila Espada, A. (2011). Dolor y sufrimiento psíquicos [Mental pain and psychic suffering]. *Clinica e Investigación Relacional*, *5*, 129–145.
- Ávila Espada, A. (2013). La relación, contexto determinante de la transformación. Reflexiones en torno al papel de la interpretación, el insight y la experiencia emocional en el cambio psíquico [Relation, a determinant context for transformation. Reflections on the role of interpretation, insight and emotional experience for psychic change]. *Temas de Psicoanálisis* (6).
- Ávila Espada, A. (2014). The intersubjective: A core concept for psychoanalysis. *International Forum of Psychoanalysis*, *25*, 186–190.
- Ávila Espada, A. (2015). Psychoanalysis in Spain: A brief account of the transformative pathways between the psychoanalysts and their institutions. *Psychoanalytic Inquiry*, *35*, 234–239.
- Ávila Espada, A. (ed.). (2018). *Relational horizons. Mediterranean voices bring passion and reason to relational psychoanalysis*. Astoria, NY: International Psychoanalytic Books.
- Ávila Espada, A. (2020). Psychotherapy and psychic change, between evidence-based practice, and evidence-based practice. A relational reflection on psychotherapy in the XXI century. *Journal of Psychotherapy*, *31*, 29–52.
- Ávila Espada, A. (2021). Can we learn on psychotherapeutic process dimensions with single case study? A comprehensive model of change processes integrating qualitative & quantitative methods derived from a case under psychoanalytic psychotherapy. *Revista de Psicoterapia*, *32*, 273–301.
- Ávila, A., & Cabello C. (1999). About Eduardo Pavlovsky. *Intersubjective* *2*, *1*, 213–226.
- Ávila Espada, A., & Mitjavila, M. (2003). El método del plan de acción latente del terapeuta (TLAP). Un nuevo método para predecir la contribución cualitativa del terapeuta al resultado de tratamiento [The therapist's latent action plan. A new method to detect the therapist's qualitative contribution to the treatment results]. *Subjetividad y Procesos Cognitivos*, *3*, 9–36.
- Ávila Espada, A., & Poch i Bullich, J. (eds.) (1994). *Manual de técnicas de psicoterapia. Un enfoque psicoanalítico* [Handbook of psychotherapy from a psychoanalytic point of view]. Madrid: Siglo XXI de España Editores, S.A. Col. Manuales Psicología.
- Ávila Espada, A., Aburto, M., Rodríguez Sutil, C., Vivar, P., Espinosa, S., & García-Valdecasas, S. (2007). Construyendo una historia grupal del pensamiento relacional en España. Un

²⁶These reflections are influenced by a reading of the work of José Carlos Ruiz (2021).

- relato de nuestra contratransferencia con el psicoanálisis [Building a group history of relational thinking in Spain. A narrative of our countertransference with psycho-analysis]. *Clínica e Investigación Relacional*, 1, 128–149.
- Ávila Espada, A., Rodríguez, C., Lorenzo, L., Vallejo, F., Irazábal, E., & Olabarria, B. (2021). In memoriam: Nicolás Caparrós (1941–2021) [In memoriam: Nicolás Caparrós (1941–2021)]. *Clínica e Investigación Relacional*, 15, 298–314.
- Ávila Espada, A., Rojí, B., & Saúl, L.A. (2004). *Introducción a los tratamientos psicodinámicos* [Introduction to psychodynamic treatments]. Madrid: UNED.
- Buechler, S. (2018). *Valores de la Clínica. Emociones que Guían el Tratamiento Psicoanalítico*. Madrid: Ágora Relacional. Originally published as *Clinical values: Emotions that guide psychoanalytic treatment*. Hillsdale, NJ: Analytic Press, 2004.
- Carrasco-Conde, A. (2021). *Say evil. The destruction of the we*. Barcelona: Galaxia Gutenberg.
- García Mantilla, G.M., López del Hoyo, Y., Ávila Espada, A., & Pokorný, D. (2011). Evaluación del cambio mediante el método CCRT-LU-S en un caso de duelo no resuelto mediante psicoterapia psicoanalítica focal [Assessment of change using the CCRT-LU-S method in a case of unresolved grief through focal psychoanalytic psychotherapy]. *Revista Argentina de Clínica Psicológica*, 20, 5–13.
- García Mantilla, M.G., & Ávila Espada, A. (2016). Aplicación de la reformulación alemana del Método del Tema Central de Conflicto Relacional (CCRT-LU) para la evaluación del cambio en un caso de duelo por pérdida de la pareja [Application of the German reformulation of the Method of the Central Issue of Relational Conflict (CCRT-LU) for the evaluation of change in a case of grief due to loss of the partner]. *Revista de Psicoterapia*, 27, 267–282.
- Lichtenberg, J.D., & Carr, E.M. (2022). Joseph D. Lichtenberg, M.D.: Synthesizer extraordinaire: A conversation with Joseph D. Lichtenberg at his home in Bethesda, MD, April 11, 2021. *Psychoanalytic Inquiry*, 42, 429–435.
- Mitchell, S.A. (2004). My psychoanalytic journey. *Psychoanalytic Inquiry*, 24, 531–541.
- Mon, R.A. (ed.). (2021). *Los caminos al Psicoanálisis Relacional* [The paths to relational psychoanalysis]. Colección Pensamiento Relacional, Ensayos y Experiencias No. 3 [Relational Thinking. Essays and Experiences No. 3]. Madrid: Ágora Relacional.
- Poch, J. & Ávila Espada, A. (1998). *Investigación en Psicoterapia. La contribución psicoanalítica* [Research in psychotherapy: The psychoanalytical contribution]. Barcelona: Paidós.
- Rampulla, M.P., & Ávila Espada, A. (2011). Multidimensional and conceptual study of change in Mary's therapeutic process. Changes observed in the FRAMES prototypes. *Subjetividad y Procesos Cognitivos*, 15, 230–247.
- Retolaza, R. (2022). “Why a social psychiatry?” *Notebooks of Community Psychiatry*, 19, 7–27.
- Rodríguez Sutil, C. (2014). *Relational psychoanalytic psychopathology. The person in relationship and their problems*. Madrid: Ágora Relacional.
- Rodríguez Sutil, C. (2021). *Small manual of anti-technical relational psychoanalytic*. Madrid: Ágora Relacional.
- Ruiz, J.C. (2021). *Philosophy in the face of discouragement. Critical thinking to build a strong personality*. Barcelona: Planet-Destination.
- Ruiz-Mantilla, J. (2022). Interview with L. Garcia-Montero, L. *El País Semanal*, (2497).
- Silberschatz, G. (2005). *Transformative relationships: The control mastery theory of psychotherapy*. New York: Routledge.
- Weiss, J. (1993). *How psychotherapy works: Process and technique*. New York: Guilford Press.

Author

Alejandro Ávila Espada was born in Madrid (1950), where he developed most of his career. He has been a full professor of personality, evaluation and psychological treatment (psychotherapy) at the University of Salamanca (1991–2004) and Complutense University (2004–2020), currently retired, and a psychoanalytic psychotherapist (individual and group). He was the founder and first president (2005–2015) of IARPP Spain (the Spanish Section of the International Association for Psychotherapy and Relational Psychoanalysis) and a member of the IARPP Board between 2011 and 2018. He is also the founder (2006) and honorary president of the Institute of Relational Psychotherapy. In addition, he is an advisor as honorary clinical and training director to the entity Ágora Relacional, dedicated to clinical care and continuous training in mental health in the relational perspective. Among his works are *The interpersonal tradition* (Relational Ágora) and *Relational horizons* (IPBooks), and a compilation of his selected writings (1985–2022) is in preparation.