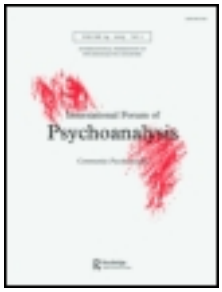

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Marco Conci and Ingrid Erhardt interview Horst Kächele

MARCO CONCI* & INGRID ERHARDT

Introduction by Marco Conci

I had the good luck to meet Horst Kächele for the first time more than 20 years ago, in May 1990, in Venice, in the context of the very first conference held in Italy on psychotherapy research. I was so fascinated by his approach to psychoanalysis that I volunteered to translate into Italian one of his latest articles, "*Psychoanalytische Therapieforschung 1930–1990"* (Research in psychoanalytic therapy 1930–1990), which had appeared in the June 1993 issue of the Milan journal *Setting* (Kächele, 1993).

Before meeting him, I had already read, in the original German, the two volumes of *Lehrbuch der psychoanalytischen Therapie* (1985, 1988), the *Textbook of Psychoanalytic Therapy*, which he and Helmut Thomä had written together. One of the reasons I could appreciate their work so much had to do with the fact that Johannes Cremerius (1918–2002) and Gaetano Benedetti had already, during my training at the Milan Scuola di Psicoterapia Psicoanalitica, put me in touch with the "German tradition" from which such a textbook came. For example, Cremerius had been very much influenced by Michael Balint (1896–1970), as Thomä himself had been. It had also been through Cremerius that I had come into contact with the German tradition of analytically oriented psychosomatic medicine – a medical field in which Thomä and Kächele worked – that is, with the legacies of Alexander Mitscherlich (1908–1982) and of his own mentor, Viktor von Weiszäcker (1886–1957). Helmut Thomä had worked in Heidelberg under Mitscherlich before coming to Ulm in 1968.

Last but not least, through Gaetano Benedetti, Helmut Thomä had come into contact with the Italian group that published the journal *Psicoterapia e scienze umane*, founded by Pier Francesco Galli in 1967. In the context of the journal's network, I met Thomä in Bologna in June 1991 at the International Workshop organized by Galli and centered around papers given by Morris Eagle, Robert Holt and Frank Sulloway.

Since our very first meeting in Venice, Horst Kächele had been very friendly toward me and soon invited me to attend the yearly "Workshop on Empirical Research in Psychoanalysis" that he and Helmut Thomä regularly organized in Ulm in the spring time. I remember attending these workshops several times during the 1990s and meeting there a whole series of German and foreign colleagues. The atmosphere of these meetings was so pleasant, direct, and personal as to activate my fantasies of what the very first circles of enthusiastic psychoanalysts might have been like. But, for a number of reasons, I never actively worked in the field of empirical psychotherapeutic research, and our directions parted from each other again. However, even though I did not go into Horst's field, I at least came closer to him by emigrating to Germany and becoming a "German psychoanalyst." This allowed me to keep following his work from fairly close quarters and to have the chance to keep appreciating the direction in which he was moving.

And this is the reason why, as coeditor-in-chief of the *International Forum of Psychoanalysis*, I decided to interview Horst and give him the opportunity to reach out to our international readers. In other words, let me declare from the start the "positive bias" behind this interview, that is, how worthwhile I believe it is to listen to Horst Kächele. Listening to him may even have a crucial importance for the future of psychoanalysis, for how we can change its course for the better by dealing with our profession and with our science in a more constructive and useful way. Horst has in fact spent most of his life as analyst and as researcher dealing with this problem. But since I have not had the chance to work in his field – of empirical research – Ingrid Erhardt helped me to conduct this interview. She is a young analyst in training and a researcher in the field in which Horst works.

The interview took place in Munich on February 15, 2013. It was tape-recorded and transcribed by Ingrid Erhardt and by me, prepared for publication

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by me, and then approved by Horst Kächele – who added to it a whole series of very useful bibliographical references. It centers around 40 questions (Q) and answers (A), divided into four groups.

The interview

Q1: You are today an internationally fairly well-known German psychoanalyst, psychotherapy researcher, and professor in our field. How did you come to psychoanalysis as a young medical doctor?
A1: My interest in psychoanalysis started before I became a medical student. At the age of 16, I worked for a bookshop in Stuttgart, which enabled me to peep into meetings of clergymen and psychotherapists. One side effect of this student job was an entry ticket into a very exciting personal environment: that of artists, writers, homosexuals, and psychoanalysts. So, by the time of the *Abitur* (the German high-school diploma), I had already made up my mind that psychoanalysis would be my field. I did not know many details about psychoanalysis, but I knew already a lot about the societal context of psychotherapy. These were the kind of people I wanted to be with.

Since I was a very serious young person, I went to my father, who was an economist, and told him that I wanted to enter this field, that I needed a costly training, and that I wanted to make the application immediately, at the age of 18. I applied for an admission interview at the Academy of Psychotherapy in Stuttgart. Professor Bitter, the chair of the institute, accepted me for psychoanalytic training, but when I realized that such a training would tie me down to my home town for quite a while, I cancelled such a premature move.

My decision to study medicine was based more on my familiarity with poets such as Gottfried Benn or writers like Arthur Schnitzler, who had themselves been medical doctors, than on a real familiarity with the field. At the *Gymnasium*, I had been good at mathematics and sports, and I loved to read poetry. I knew little about medicine, but it later turned out to have been a good decision. Marburg was the German university town where I started my medical studies.

In order to acquire some real knowledge about the "facts of life," I applied for a job as a "cleaning woman" in the department of anatomy. But I didn't tell my parents about it; especially my father wouldn't have approved of it [Laughs]. But one day, the professor of anatomy came to me and asked me whether my family was so poor that I had to earn my living. So I said to him, "No, I do this just out of curiosity!" He was so impressed that he recommended me for the *Studienstiftung des deutschen Volkes*, a famous German foundation to which only about 1% of students were admitted. I used the money I received from this to buy second-hand books on psychoanalysis and other related fields, while my father paid for my medical books. My first book was *Medizinische Psychologie* (Medical psychology) by the famous German psychiatrist Ernst Kretschmer, a book published in the 1920s.

Being in this program meant that you belonged to the elite of students, and it made it particularly easy to have direct access to a whole series of professors and researchers. It was a door-opener for my academic career. Another thing I remember is that, in our elite student group, I once presented Freud's concept of affects from his 1895 *Project for a scientific psychology*.

Q2: Is there any other aspect of your medical studies that might be interesting for us and for our readers?
A2: My doctoral dissertation at the University of Munich, whose title was "Concepts of psychogenic death in the medical literature." This topic had been suggested to me by Dr. S. Elhardt, a psychoanalyst at the psychosomatic outpatient department of the University of Munich, where I had done an internship. In connection with this, I went to the UK, to the University of Leeds, for seven months, with a grant from the *Studienstiftung*, and there I started looking for the literature.

Having returned to Munich for personal reasons, I entered psychoanalytic therapy with Dr. A. Houben (supported by the *Studienstiftung*). As my nearly finished dissertation resided only in my head, I had the first wonderful opportunity of experiencing the power of psychoanalysis as we overcame this working inhibition very quickly.

What I did in my dissertation was conceptual analysis, conceptual research, a term that was not used then. At that time, I was deeply convinced that I would have never done any empirical study. The people I met in connection with my work at the dissertation were well educated and inspiring, but were not researchers. So the background I myself came from was not science; only the people from the *Studienstiftung* were scientists.

However, recommended by one of the editors of the *Zeitschrift für Psychosomatische Medizin und Psychoanalyse*, my doctoral dissertation became my first publication (1970).

Q3: The theme of the psychological problems of those German adults who had been children during World War II has only recently become a topic of discussion in Germany. Michael Ermann, a pioneer in the research work on this topic, has called it the *Kriegskinder*, "the children of the war." You were

born in 1944, so you are also a *Kriegskind*. How has this influenced your growth and development?

A3: I would not call myself a "war child" because my parents lived in fairly favorable circumstances. My father had joined the airplane factory Heinkel in 1939, before the war started. He was an economist and had been hired for his competence in administration. He first worked in Rostock (in the north-eastern part of Germany), where he met his future wife – my mother. Two years later, they moved to Jenbach, a little village on the River Inn in Tyrol (Austria). My father, in a rather quaint way, was even proud to have acted "unpolitically," although he was running a factory that produced machinery for the Heinkel airplanes. The place was staffed with many foreign workers with connections to the war, and my father was especially proud of the way he treated them to keep them working. Later, we had many quarrels about his way of being "unpolitical" in such dark times.

I have three brothers. My eldest brother was born in Innsbruck in 1942, I was born in Kufstein in 1944, and a younger brother was born in March 1945 when the Third Reich collapsed. I think he was a *Kriegskind* as he hardly survived. Five years later, my youngest brother was born.

In March 1945, the French troops marched into the small town of Jenbach and interrogated my father because of his position in the factory. The Austrians then hired him to put the factory back to civilian production. So he was not in trouble because he was not involved in politics. Later, after his death, I hired a historian to check the story of these years. I wanted to know whether the reports of the young family's life during the war could be substantially confirmed. And it turned out that what my parents told us children was fairly correct. My family stayed one more year in Jenbach; then the Austrians suddenly wanted my father, with his wife and three children, to leave the country within a week. So, in 1946, we left overnight with two suitcases (1946). And thus it was that my parents lost everything and moved to Heilbronn (a pleasant old town between Stuttgart and Heidelberg), where my grandparents made a decent living by running a bakery.

After one economically difficult year, my father was hired by the American army as a public attorney in the de-Nazification campaign. This not only brought a full salary and a nice four-room flat, but was at the same time concrete proof to us as adolescents that he had not been actively involved in the Nazi system. However, when I once presented my psychoanalytic treatment of the daughter of an SS officer to the Israeli Psychoanalytic Society, I pointed out to the audience that, in principle, I shared with my patient the longlasting insecurity that, one day, a politically incriminated document might turn up.

Q4: Another question that we feel is important, in order to understand you and your work better, is: who were your models and mentors? Who were the people, in both your youth and university time, who influenced you most? To put it in another way, or to connect it to an earlier period of your life, we could ask you: who were your heroes?

A4: My family was not very religious, but as a younger person I was a "tough" Protestant. When I was 14 or 15 years old, I was a fervent member of a youth group called "dj.1-11" – a subgroup of the *Wandervogel*, a famous German youth movement. Hitchhiking through Europe and regularly attending a choir for international folk-singing in Stuttgart at the *Institut für Völkerbeziehungen* (Institute for International Relations) provided some kind of alternative culture to my bourgeois family climate. As I mentioned before, meeting in the 1950s highly educated adults with a strong personalized view on post-war Germany, who were not interested in making money but were committed to the cultural rehabilitation of our country, was very formative for me. These were my heroes.

Q5: As psychoanalysts, we are of course also interested to hear something about your mother.

A5: My mother came from an artistically tinged, financially unstable bourgeois family that ran a shop dealing with musical instruments. Based on her childhood recollections, she had a lot of fun with her four brothers. My father, as a young doctor of economics, met her after his successful application for the directory staff of the Heinkel Airplane Company in Rostock. He was a fairly shy and quiet person, and a friend from his student days provided him with the opportunity to meet this woman, eight years younger than him. She had worked as an office secretary, and they got married very soon after.

For her, being a housewife and mother was fully satisfying. She was proud of her four sons. I learned cooking from her, and I was the one who would take care of others, in school as well as at home. My father had suffered from chronic tuberculosis since his early adolescence. In 1954, when I was 10 years old, he had to undergo major lung surgery, and his life expectancy was not very high. At that time, he consulted a psychotherapist who recommended that he give up his demanding and stressful job at Heinkel and change to a smaller company, which he did. Due to a very disciplined lifestyle, he was able to work until 65 and survived for more than 40 years after his operation. My mother was a very strong and powerful person. She did also beat us up,

although we laughed about it and we weren't traumatized by it.

What is interesting for my personal development is that my eldest brother was somehow not accepted by my father. Time and time again, my father brought up the story that he must have been exchanged in the hospital after his birth. So people often assumed that I was the eldest son, even though I was the second. In my training analysis with Dr. Roskamp, I had an initial dream that I was a Red Cross officer in Siberia who was looking for someone. This image is clearly taken directly from the first scene of the famous movie *Doctor Zhivago*. After three years, my training analyst said that he did not understand the dream and suggested that I should ask my mother about it. I did this, and my mother cried and told me her secret, which turned out to be the first time that she had spoken about it with one of her sons. She had had a relationship with an artist before she met my father and had had a child with this man. She had given this boy away in order to save her marriage to my father. So my father did not accept his own first-born because he obviously did not initially feel safe with the young, vital woman my mother was – because of what he thought she might have experienced before meeting him.

Q6: How come you went to Ulm for your residency and psychoanalytic training?
A6: Doctoral students at the psychosomatic outpatient department in Munich were encouraged to attend the *Lindauer Psychotherapiewochen*, a very good psychotherapy training conference lasting a week that took (and still takes) place in Lindau, on Lake Constance. This was a truly formative experience. Similar to the experience of being a member of the *Studienstiftung*, the chance to meet influential representatives of the psychotherapy world at an early academic age was crucial. Many lecturers pointed out that the medical school, which had been newly established (1968) in Ulm, had not only a very good natural science orientation, but also an explicit program for the development of psychosomatics and psychotherapy. Professor Thure von Uexküll (1908–2004), the head of the psychosomatic department, had invited Professor Helmut Thomä from Heidelberg to co-chair the new department.

I knew Professor Thomä as the author of an important book on anorexia nervosa that had been published in 1962; while working on my doctoral dissertation, I had read his book, I had liked his style of writing a lot, and I had expressed by letter my naïve wish to work with him, which he dryly rebuffed: "Wait and see!" Yet I knew that he and my first analyst, Dr. Houben, had worked together in Heidelberg on the topic of validation in psychoanalysis.

Q7: You worked with Helmut Thomä for more than 40 years. Can you tell us something about your working relationship and what connects you to him?
A7: The leading psychoanalysts at that time in Germany – Mitscherlich, Heigl, Görres, and Thomä – had in 1964 published a memorandum about psychoanalysis, arguing that the Nazis had destroyed it. As a consequence, the *Deutsche Forschungsgemeinschaft* (DFG; the German Research Foundation) decided to establish a research program for rebuilding psychoanalysis. This program included scholarships for training analysis and grants for research.

As my wife and I had to plan our medical residency, we went to Ulm (from October 1969 to September 1970). During my residency in surgery – together with K. Köhle from the department of psychosomatic medicine – we initiated a Balint group for nurses (Köhle, Kächele, Franz, Urban, & Geist, 1973). During the second part of the residency, which was in internal medicine, I had ample opportunities to probe my skills in interviewing hematological patients. During this year, I also applied for psychoanalytic training at the Ulm Psychoanalytic Institute. Maybe due to his impression of me in my application interview, or maybe because of my intensive involvement in the then still small psychosomatic group, Professor Thomä offered me a position as research assistant, covered by a grant that he had received from the DFG.

I started my research job in October 1970. As my task was to analyze tape-recorded treatments from psychoanalysts from Ulm, I made the decision to do my training analysis in Stuttgart with Dr. Roskamp, and I started working with him in February 1971. As an aside, this was also a very good idea.

Focusing on your question about how our working relationship developed, it seems to me that we both shared a theoretical curiosity and a pleasure in working on unsolved issues. Helmut Thomä was a well-established, leading German psychoanalyst, at that time even president of the *Deutsche Psychoanalytische Vereinigung* (DPV; the German Psychoanalytic Association), whereas I was a true beginner, 23 years younger. I never had to act as an Oedipal rival; I was more in the role of a grandson with a grandfather who enjoyed his grandchild's progress. Dr. Thomä's enjoyment over the small steps in developing our research agenda, his generosity in providing me with a research team, his inclination to continue his own clinical and theoretical interests, and his not interfering with the daily research process were absolutely crucial for my development. I also could observe and see how he handled his real

Oedipal entourage, colleagues like the later professors Henseler, Ohlmeier, Radebold, and so on, which was an amazing experience. One of the important pieces of advice I received from a female colleague was: "Do not make your self-esteem depend on Thomä´s opinion of you." Indeed, he could be very critical of others, because, I would say now, he was so self-critical.

On the other hand, when we were writing together, it was amazing how relaxed he was in handling my criticisms of his clumsy style and how mercilessly he would criticize my own productions. It was like a good fight on the tennis court. This is how working and writing together has been the title of a small paper we once published in the *IPA Newsletter* (Kächele & Thomä, 1993).

Q8: Another crucial point for us is the following: treading in Helmut Thomä's footsteps, you had the chance to unite the career of the psychoanalytic clinician with the career of the psychoanalytic researcher. From this point of view, you really realized Freud's concept of the psychoanalyst as a professional capable of treating patients and, at the same time, of doing research starting from his own clinical work.

A8: The difference between Thomä's and my career is that he was a clinical researcher. He wrote many masterful case reports covering a diversity of clinical issues, but he never did any formal empirical research himself. In contrast, his colleague Professor Adolf-Ernst Meyer from Hamburg was the first psychoanalyst in Germany to be a top leader in empirical research in psychotherapy and psychosomatics. This is why I would not use the expression that "I followed in Thomä´s footsteps." Instead, I added the extra-clinical dimension to our work.[1] We both valued and shared theoretical discussions and debates, and I identified with his deep commitment to working with difficult patients. Right from the start, we agreed that I would do things that he did not do, did not want to do, or could not do. So together we were such a good and powerful team. But of course, I learned from him as a very experienced clinician, as he was 25 years ahead of me in terms of clinical experience.

Q9: What about coming now back to your statement that – at the time of your medical dissertation – you were sure you were not interested in empirical research? What made you change your mind?

A9: In my first year in Ulm, I sifted the empirical research literature and made suggestions where to go with the research. I became very excited about what kind of interesting research avenues had fairly recently been started. For example, the Society for Psychotherapy Research, which would have become my home base for research topics, had been established in 1967. This job gave me the unique chance to read and study the research literature on my own. There was not much available at that time in terms of research on psychoanalytic treatment. Still, I was surprised about what I could discover just by reading. The few analysts truly interested in empirical research wrote impressive stuff; for example, in 1952 Kubie presented a research agenda of the problems and techniques of psychoanalytic validation and progress that is still relevant today (Kubie, 1952).

I looked for colleagues who would help me to implement a research program. Very early in my job, I wrote letters to Hans Strupp, Lester Luborsky, and Hartvig Dahl asking for advice. Meeting the right people helped me to get involved with and become attached to them and to the theory research agenda. To study the masters first, before finding one's own track, is as important in art as it is in science. These personal relationships promoted my change from conceptual to empirical research. Today, I can certainly appreciate detailed conceptual work, yet research should go back and forth between concepts and data. I built the bridge between clinical and empirical research, and Thomä built the bridge between clinical and conceptual work, in our 40 year-long research enterprise. And of course, Helmut Thomä set a role model for hard and ambitious work.

Q10: As far as we know, the systematic tape-recording of analytic sessions was initiated at that time.

A10: Yes. It is very interesting that Hartvig Dahl in New York, Merton Gill in Chicago, and Adolf-Ernst Meyer in Hamburg started at the same time as Helmut Thomä in Ulm with tape-recordings in psychoanalysis. You may call this phase "From the reconstructed to the observed world of psychoanalysis." To tape-record my first psychotherapy and psychoanalytic training cases from the very start would have been impossible in any other psychoanalytic institution in Germany. Still, the whole psychoanalytic field moved "from narration to observation." This was also the title of my presidential talk in front of the Society for Psychotherapy Research in 1990 (Kächele, 1991).

Q11: Whom would you consider to have been your mentor in your early career?

[1] Here I follow M. Leuzinger-Bohleber's usage of contrasting clinical and extra-clinical research.

A11: My mentor in research in Germany was Professor Adolf-Ernst Meyer, chair of the department of psychosomatic medicine in Hamburg. I met him in 1972 at a psychoanalytic conference in Baden-Baden. He became my role model as a researcher–clinician. He studied psychology while he was acting as chair – can you imagine that? He felt the need to perform detailed data analytic work himself. He conveyed to me the idea that the crude albeit tedious work of typing data on to punched cards was a necessary step in learning how-to-do-research. He was often one of my peer reviewers in the service of the DFG; he was quite outspoken, not sparing critique when it was indicated. From him, I learned that it is possible and feasible to remain friends and still be critical about each other's work.

My clinical mentor was certainly Helmut Thomä; we had regular supervisions for a long time, and we even played tennis on a weekly basis. But for 40 years, we did not use the personal *du* for "you": we continued to use the formal *Sie*. It was only when our laudator for the Mary Sigourney Award, Fred Pine, realized that we had been on this formal level for all these years that he insisted that we change and eventually use the informal *du*.

A12: Let us now come to the first of our *second set of questions*. Its formulation will require a longer set of premises. Not all our readers know that German psychoanalysts have the unique – almost incredible – good luck of working not only with affluent private patients, but also with patients who in any other country in the world would not be able to pay themselves for our work. Since 1967, the German *Krankenkassen*, the state-supervised insurance companies, have covered the cost of psychoanalytic and psychodynamic therapy. In 1987, psychoanalysts recommended also including cognitive-behavioral therapy in the scheme. Analytic psychotherapy is covered for up to 300 sessions, two or three times a week, and once-weekly psychodynamic and cognitive-behavioral therapy for up to 80–100 sessions. In addition, because some German colleagues seem to have mixed feelings about this system, it is important for me to ask you your opinion about it. I believe that our readers would be very interested in your point of view on this. In other words, what are in your opinion the advantages and the disadvantages of such a system of financial coverage?

A12: Well, only a few – maybe prominent – German colleagues have disagreed with third-party payment by the German health system. To ask for *advantages and disadvantages* gives a wrong impression; maybe you should ask for main effects and side effects. Only a training analyst or someone who has a very good reputation in a big city can nowadays in Germany afford to make a living without treating insured patients. There are hardly any real private patients in Germany.

The background of the present system is the German insurance system, which goes back to Chancellor Bismarck in the 1880s. It was a political move that everybody had to be insured. This was not to the result of a moral position but instead a strategy of the German state to counteract the expansion of the Social Democratic Party. So the only issue after World War II was why had it taken so long to include psychoanalysis and psychotherapy in the existing system. It took so long because – as everywhere in the world – psychotherapy has, for whatever reasons, difficulties acquiring a good reputation. Another aspect, in my view, has been a tendency of psychoanalysts to convey to the public the impression that everybody needed at least 500 sessions and should attend therapy four times a week. If they had said that the majority of patients could be seen once a week in about 30–50 sessions, that would have facilitated the inclusion of psychotherapy in the system.

The founding of the Central Institute for Psychogenic Illnesses (an institute that was financially sponsored by a local insurance society) in Berlin after the war was the first step in the recognition of neurosis as illness by a German public institution (Dräger, 1971). This institution published the first large-scale empirical study on outcome in psychoanalytic therapy in 1962, reporting impressive data on the outcome of medium-intensity analytic psychotherapy (Dührssen, 1962). In Germany, this whole insurance issue is tied to an invisible division of psychoanalysts into a more pragmatic group (Schultz-Hencke, Dührssen, Heigl-Evers, Rudolf) and – as I would call it – a "more IPA-oriented group". Although A. Mitscherlich actively endorsed the realization of the inclusion of analytic psychotherapy into the insurance system, the leaders of his society, the DPV, were quite reluctant to do this. Much more active in this direction were the colleagues of the *Deutsche Psychoanalytische Gesellschaft* (DPG; the German Psychoanalytic Society) and those working at the universities. DPG colleagues had more jobs at the universities, and they knew that psychoanalysis is easier to establish as a science if you promote psychoanalytic psychotherapy.

The findings of the Dührssen study helped greatly in incorporating psychoanalytic therapy into the insurance system. As the insurance system has certain operating principles, psychoanalysts had to find a way to fit into the system. One needed ideas about etiology, psychopathology, differential indications, and so on. To medicalize psychoanalysis meant to bring it into the frame of a normal medical intervention,

which implies research on process and outcome, quality assessment, and so on. This German development actually fulfilled and still fulfills Freud's 1918 prediction – the formulation of the necessity to bind together the gold of psychoanalysis with the copper of psychotherapy, if we are to be able to reach out to and to offer our form of therapy to society at large.[2] For me, it is difficult to grasp the fact that there are still European countries without financial coverage for psychotherapy (Kächele & Pirmoradi, 2009).

Q13: Do we understand you correctly if we say that the advantage of the system is the possibility for all insured people to have access to it, whereas its disadvantage can be the medicalization of psychotherapy?

A13: I do not think that these two arguments are on the same level of discourse. Critics from other countries too often turn the term "medicalization" into something negative, without knowing the details. We have a fairly well functioning peer review system, and patients from all walks of life have access to psychotherapy. The university departments of psychosomatic medicine and clinical psychology have successfully implemented research. So, in my view, medicalization really means moving psychoanalysis into a normal science and making it available to everyone, and not only to the unhappy "happy few."

I really wonder about this issue: if psychoanalysis were only available for the affluent section of the population, how could one ever substantiate the claim of psychoanalytic theory to be relevant for all people? I do understand that the term "medicalization" sometimes, for example, conveys the fact that doctors tend to medicalize manifestations of distress by only prescribing tablets and so on, and that people are made the object of a medical intervention. Yet I have never heard that someone successfully prescribed psychotherapy or even psychoanalysis. And there is no evidence that self-payment improves the outcome of psychoanalysis.

Q14: Another important point we would like to discuss with you is this: from our point of view, we see a connection between the "focal concept of therapy" that you and Thomä developed, as opposed to therapy in terms of a "process without a preconceived termination," and the German insurance system, which was the frame of your work. What do you think about this? A subquestion could be: in what ways did this aspect come together with the way in which your definition was based on Balint and on your empirical research?

A14: In general, it is obvious that the cultural psychoanalytic experiences that any therapist has impacts on his or her thinking. Likewise, Dr. Thomä's one-year Fulbright fellowship at Yale Psychiatric Institute in 1955–1956, and his one year long training analysis with Dr. Balint, shaped his clinical and scientific thinking. Another source of inspiration for us was the work of Thomas French from the Chicago Institute (French, 1954). In his model of psychoanalysis, the focus is conceptualized as a region of interchange between day residues and unconscious elements that condenses the inputs and the data coming from both realms. A treatment process has to maximize the connections between the here-and-now and past experiences – only then will it work. Our focal conception of psychoanalytic therapy is a mixture between the two authors. From Balint stems the notion of focal therapy which counteracted the idea that severely disturbed patients always need very long treatments; what they need is a step-by-step working process. Although the number of steps is not predictable, each step may count. The Chicago focus concept stresses the current transference and its stepwise working-through.

The German insurance frame that you mentioned in your question might well also be of some pragmatic importance. If psychoanalytic treatments have to be planned in chunks of 80 sessions, this will of course have an impact on one's clinical thinking. The French expression "*une tranche d'analyse*" also points to a similar stepwise procedural thinking. So the focal concept might be understood as a modest concept that helps to modify and to adapt one's psychoanalytic treatment to the real world.

The third influence came from studying the analytic process by scrutinizing it with tape-recordings. At any moment, a therapist makes selections and choices concerning both the patient's free associations and the data coming from one's own process of evenly hovering attention. We can reflect on only a few topics at any one time. And at the same time, we constantly have to make a selection about which aspect to focus on. It is inevitable that we will focalize.

Q15: The useful handling of free associations was a critique point that had already been made by Harry

[2] Here are the concluding remarks of the paper "Lines of advance in psycho-analytic therapy," which Freud gave at the Fourth Congress of the IPA held in Budapest in September 1918: "It is very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion; and hypnotic influence, too, might find a place in it again, as it has in the treatment of war neuroses. But, whatever form this psychotherapy for the people might take, whatever the elements out of which it is compounded, its most effective and most important ingredients will assuradely remain those borrowed from strict and untendetious psycho-analysis" (Freud, 1919, p. 168).

Stack Sullivan in the 1940s. In particular, he criticized those colleagues who would let patients free-associate without an end and without interacting with their free associations.

A15: "Free association" is one of the fairytale concepts of psychoanalysis – much beloved yet little studied. It is here, in the domain of what analysts really do, where our work and the work of all recording analysts need more clarity. The acknowledgment that psychoanalysis as a therapeutic and scientific enterprise deserves basic groundwork, for example by discourse-analytic studies, is still fairly rare (Peräkylä, 2008).

Q16: Let us now come to our next question, through which we will introduce a new theme. In 1989, the analytically trained sociologist Edith Kurzweil published a book with the title *The Freudians. A comparative perspective* (Kurzweil, 1989), whose very first sentence was: "Every country creates the psychoanalysis it needs, although it does so unconsciously." In her book, she then tried to present the cultural, social, and national influences to which psychoanalysis was exposed in a whole series of countries – including Germany – whose analytic communities she had visited, according to the methodology of "participant observation." In other words, she was one of the first people to clearly say something that not all our colleagues yet see or agree with – that psychoanalysis is not the same everywhere. What do you think about all this? How do you see German psychoanalysis from this point of view?

A16: Yes, I know Edith Kurzweil's work, and I agree with her. It is easy to realize how psychoanalysis is embedded in a country. To my mind also comes Morris Eagle, who recently connected Western psychoanalysis with the important cultural phenomenon of the Enlightenment (Eagle, 2011b).

As far as post-war German psychoanalysis is concerned, one important input was certainly provided by the Frankfurt School and its "critical social theory." People in the late 1960s heavily embraced psychoanalytic theory, especially its dimension of cultural and social critique. Another important favorable factor in the German reception of psychoanalysis after World War II was the field of anthropological medicine, as articulated by Viktor von Weizsäcker, Mitscherlich's mentor at the University of Heidelberg. At its roots still lay the traces of Romantic medicine, as had been elaborated in the writings of Dr. Carus from Dresden. Starting from Romantic medicine, a pervasive anthropological point of view was developed within German internal medicine, which also influenced Alexander Mitscherlich.

This tradition was also endorsed by Professor von Uexküll, who cultivated a friendly attitude towards psychoanalysis that influenced the appointments of the first generation of chairs of psychotherapy, psychosomatic medicine, and psychoanalysis. He was responsible for the reform in the organization of our medical studies, which in 1970 brought about the inclusion of medical psychology, medical sociology, and psychosomatic medicine.

From this point of view, it is not by chance that, in Germany, psychoanalysis and psychosomatic medicine fertilized each other for two or three decades. We should also not forget that the German anti-psychoanalytic psychiatric tradition facilitated the establishment of psychoanalysis and psychosomatic medicine as alternative, collaborative fields.

Q17: To now go back to the general theme of the social and cultural specificity of psychoanalysis, according to the single country in which it takes roots and develops, we would like to ask you: do you see any difference among psychoanalysts coming from different countries and cultures?

A17: First, I am inclined to see more differences between clinicians and researchers, independently of their country of origin. But at the same time, yes, there are differences, for example in the way of writing about psychoanalysis. Rather typical, for example, is the way in which our French colleagues write. And our Italian colleagues are often very poetic, to a degree that would not be as easily accepted in Germany. In addition, the diversity inside groups is also quite substantial. As an empirically minded researcher, I would say that not only national identity, but also personal character makes a difference.

Q18: We would now like to deal with the fascinating theme of "international psychoanalysis" by formulating a more personal question. We were always impressed by how easily both you and Thomä can address an international audience, by how both of you can address it in English. What lies behind this capacity of yours is, in our view, your having been able to elaborate the Holocaust, and this to a greater extent than many other German colleagues. If this is true, what was your own way of elaborating the Holocaust?

A18: I think it is fair to say that, as I mentioned before, one important achievement of Thomä's was to apply for a Fulbright scholarship at Yale Psychiatric Institute in the mid-1950s, a place dominated by Jewis colleagues. In the early 1980s, I was at the National Institute of Mental Health in Bethesda (Maryland) and I realized how it must have been in for him the 1950s. For Thomä, it was crucial to meet

as a co-resident at Yale the former Austrian Jewish emigrant, now immigrant, John Kafka. When John Kafka came to Ulm the first time, he was the first Jew I met, and I developed a personal relationship with him.

For Thomä, it was very important that Ulm should be part of the larger scientific psychoanalytic community. This is why our textbook had to come out in English at the same time as in German. And this is why in Ulm we always had many foreign visitors. These visits by foreign guests and colleagues shaped our range of critical thinking.

Q19: And what is your feeling about how the elaboration of the Holocaust still plays a role in the relationship between the German and the international analytic communities?

A19: When I started working in the field, there were only a few German voices in the international debate. But this did not depend only on the Holocaust. We are ashamed of having destroyed many other people, not only seven million Jews, but also many millions of Russians. As a German, I truly feel that my personal and professional life is overshadowed by this cruel history. So it might not be a surprise that German voices were low-key in post-war international psychoanalytic circles.

Checking for papers by German authors in the *International Journal of Psychoanalysis*, it is only recently that we find an increase in their number. Thomä and W. Loch were for years the only German voices that international colleagues would hear. Since neither H. Argelander nor A. Lorenzer went abroad, their important work is very little known outside of Germany.

From this point of view, it was of course also very important to have had the international analytic community come to Berlin for the IPA Congress in July 2007. And indeed, it takes – and not only for German colleagues – a continuous exposure to international contacts to keep an international dialogue developing.

If I were to speak about the general issue of international dialogue from an empirical point of view, I would ask the following question: how many people, for example from the USA or Brazil, are ready to expose themselves to the international scene? This would be the empirical way in which I would address the problem. From this point of view, we have to do with a general problem that goes beyond our specific German case.

Q20: And how would you characterize German psychoanalysis? How would you present it to our readers? How pluralistic is it? And what is specific about it?

A20: There are different aspects of this very complex problem. Although Otto Kernberg speaks fluent German and often visits us, he seems to know only three kinds of psychoanalysis: English, French, and North American. This is what you can read in the several papers he has written on international psychoanalysis. Our journal *Psyche* (Frankfurt) has 7000 subscribers and comes out once a month, but only a few colleagues outside the German-speaking world know about it. But the same could be said about Brazilian psychoanalysis: what do you know about Brazilian psychoanalysis?

What is new is that there are in Germany many, as I call them, "Indians," meaning Freudians, Kleinians, Bionians, and so on. In other words, in each group you find people going in a new direction. Take Ogden, for example: so many analysts are now interested in his work. These diverse interests testify to the enormous capacity for renewal, but also speak to the process of Babelization (Jiménez, 2008). By this, I mean that there is no debate, no effort at a comparative evaluation. This is also the conclusion to which Paul Stepansky came in his book *Psychoanalysis at the margins* (2009). Psychoanalysis as a cultural field loses its identity, so that anything goes. Without debate and a comparative approach, we do not create any science. Psychoanalysis thus becomes a *façon de parler* – a lot of theoretical sketches without empirical confirmation!

To now mention a really specific aspect of German psychoanalysis, meaning a specific German contribution to the field of psychoanalysis, I can think of the concept of "scenic understanding," as Argelander defined it in the early 1970s. This is also a concept that is very little known outside Germany – in terms of the way it was conceptualized in our country.

Q21: Your answer in terms of the way in which psychoanalysis is nowadays diluted in a whole series of different points of view reminds us of Robert Wallerstein's famous concept of "common ground," which he repeatedly dealt with, starting with the paper he gave in Montreal in 1987 under the title "One psychoanalysis or many?" (Wallerstein, 1988).

A21: I appreciate Robert Wallerstein's attempt to keep psychoanalysts together, but what we actually need is a series of clearer concepts. As long as we do not have clear definitions, there cannot be a psychoanalysis as science. From this point of view, common ground is what I would call "common underground," a kind of a vague agreement on some basic assumptions. We should work more on protocols and create more of a shared culture. What we need is a set theory, based on a mutually agreed upon definition of concepts. When I can start out from a

transcript, I can speak about psychoanalysis much better. See, for example, how good a contact any psychoanalyst can keep with his patient. This is how we can also better understand how a therapist listens and how another one does.

Q22: We would now like to come to the first of a *third series of questions* directly concerning your research work. You differentiate between six phases in psychoanalytic research (1 – clinical case studies, 2 – descriptive studies, 3 – experimental studies, 4 – clinical controlled studies, 5 – naturalistic studies, and 6 – patient-focused studies). Besides the many research fields you have been working in, you are an important ambassador for (psychoanalytic) process research. What paradigm will be in the focus of future research, and what should be focused on to further develop psychoanalytic theory and contribute to the establishment of psychoanalysis in the scientific community?

A22: The most important task still consists in furthering analysts' interest in research findings, in furthering their ability to critically evaluate the results of research and to implement it in their own practice. If the field continues to develop as a loose collection of tribal partisans, organized psychoanalysis will sooner or later disappear. The challenge for today and the near future resides in the impact of multimedia developments on our field. Telephone analysis is no longer a taboo. But what about Skype analysis? Sooner or later, psychoanalysis will increasingly have to take place in virtual environments.

Are psychoanalysts in a position to respond to the needs of a multimedia-oriented society? The majority of analysts limit themselves to just espousing a critical attitude towards these "brave new worlds." But this will not be enough. Taking up the field of communication research, especially conversational analysis, we might be in a position to better understand what analytic dialogue can achieve in the context of the new media (Kächele & Buchholz, 2013).

"Shuttle analysis" has been discovered as a means to provide adequate personal experience in far-off regions of the world; it could be an incentive to rethink the evidence for the still strict position on the required formal training analysis, although much evidence has been accumulating that training analysis does not create more satisfaction than privately organized analytic experiences (Schachter, Gorman, Pfäfflin, & Kächele, 2013).

As in any other profession, normal MDs do not do research; still, the participation of analysts in office networks could improve the quality of transfer from real world to research agenda. We need university-based work and research. The IPA-sponsored Open-Door Review (Fonagy, Kächele, Krause, Jones, Perron, & Lopez, 1999) has been a good step in assembling what we have and what we do not have at hand. In the early 1950s, there was only the Menninger study; we now have about 30–40 research projects and/or centers. As an aside, very few studies focus on high-frequency treatments. In terms of research policy, this makes sense: first establish that once-a-week therapy has enough evidence, then compare twice-weekly with once-weekly therapy, then twice-weekly with three times weekly, and so on.

A recent nationwide study conducted in Germany confirms what we all know: only 0.5% of treatments take place four times a week; three-times-a-week therapy covers 1.5% of all treatments, and twice-a-week treatment 8%. This means that 90% of the treatments run once a week, with half of the therapy behavioral and half of it psychodynamic (Albani, Blaser, Geyer, Schmutzer, & Brähler, 2010).

Single-case research is a very important learning device. But the famous Freud cases are good old friends to whom we should say goodbye so that we can create our own new specimen cases, well-documented cases that are publicly available to all "students of psychoanalysis."

Q23: Let us now come to the Ulmer Textbank. It was the largest archive of therapy documents in the world. There were several thousand treatment documents and several hundred sessions of audio and transcripts. Can you describe how the Textbank was developed?

A23: At first, Dr. Thomä recorded one analytic case, then another. When I also started to tape-record my training cases, I realized that we would soon run into simple storage problems. In the early 1970s, computers became a research tool across all social science fields due to their capacity to store and analyze data. Donald Spence was, to my knowledge, the first psychoanalyst to teach a PI-1 software program at the Pisa summer school for computational linguistics in 1973, which I attended. Soon afterwards, I learned about an exciting computer-based content-analytic study on a tape-recorded analysis by our New York colleague Hartvig Dahl (Dahl, 1974).

Realizing that this trend had developed across many social science fields, I finally hired Erhard Mergenthaler as a student of computer science. In Germany, we clearly were the first to promote this kind of research. When asked what a textbank is, the most simple answer is that it works like a blood bank. Some people – the donors – provide the materials, and others – the recipients – receive them. The project was funded with a large grant from the DFG

(Mergenthaler, 1985). The main issue is and will be how to assure anonymity.

Q24: In the analytic community and in analytic training, the traditional case study or vignette is still the gold standard for describing and evaluating the analytic process and progress, and serves as the most important means to demonstrate analytic technique and concepts. How did the empirical single case study develop out of Freud's "analytic novels"?
A24: Take, for example, Freud's discussion of the Schreber case. Here, Freud had a published document at his disposal. In the 1950s, Elisabeth Zetzel discovered that Freud had forgotten to destroy the notes he had made about the first nine sessions of the Ratman case (Zetzel, 1966). This made people curious about how Freud really worked and was an important stimulus in the direction of collecting more data on the way we all work. Of course, by destroying all his material, Freud wanted to make it more difficult for people to challenge his work.

Q25: And now a question concerning the future. What questions – according to you – should our work of research in psychoanalysis deal with in the future in order for psychoanalysis to meet its scientific challenges, and in order for our profession to gain in credibility?
A25: First, I would point to the role of clinical contributions as true gold mines if they could be available via databanks. With Mattias Desmet from the University of Gent, we have now established the Single Case Archive as such a tool (Desmet et al., 2013).

Another important topic that has moved into the center of attention is the therapists' contribution. Instead of competing the therapies against each other, as in a horse race, some researchers like Lester Luborsky (Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985) and Rolf Sandell (Sandell, Carlsson, Schubert, Grant, Lazar, & Broberg, 2006) study the amount of variation between therapists and the impact of training analysis on therapeutic proficiency. These findings are impressive. It seems that we spend too much effort on dissecting treatments instead of identifying relevant parameters like patients' and therapists' contributions.

The most recent field of research I have started is what we can call "the culture of errors." The problem in our field is that we have very little understanding about how treatments fail. One out of three treatments does not go well. In the USA, 30–40% of patients leave treatment for reasons that we do not yet know. The data on training analysis show of course only 20% premature terminations (Schachter, Gorman, Kächele, & Pfäfflin, 2013).

There are big sins and small sins, but we do not know yet exactly what they are. For example, I once quoted a clinical episode with a patient. Two years later, the patient discovered herself in the paper, through a very specific word she had used. The patient was enraged, and for a while we could not agree whether I was correct in quoting her anonymously or whether I should have asked her for consent. After six months of incredible tension in the treatment, we were able to find a solution by having a senior analyst meet with the both of us in a joint supervisory session.

Q26: And you were able to continue the treatment?
A26: Yes! I had told the patient that she should not come to me if she did not want to risk ending up in a paper I had written, but she did not listen. And I did feel challenged in my own research work by her, really endangered.

Q27: This reminds us of the theme of rupture and repair studied, for example, by Jeremy Safran (Safran, Muran, Samstag, & Stevens, 2002). What do you think about this?
A27: Ruptures are indeed inevitable and we should know more about them and how to repair them.

Q28: The topic of side effects is an important topic not only in pharmacology, but also in other branches of medicine. What about our field?
A28: Yes, we should create something similar – a list of side effects of psychotherapy. We also have to talk about "informed consent": no patient signs any informed consent papers in Germany. This is a new topic in our field. As far as side effects are concerned, one of the first second-hand books I bought in Marburg as a medical student related to medical side effects. In other words, I have always thought that it is a feature of the maturity of a field that it is able to openly disclose its side effects and dissect its failures.

Q29: But how can we do research in this field?
A29: You cannot of course expect colleagues to denounce themselves. We can only go about the problem indirectly. A typical example of indirect measure is sexual sins: if you ask, "Have you ever molested a patient sexually?," only 2% of analysts will answer yes. If you ask, "Have you ever treated a patient who has been sexually molested?," you get a positive answer of about 12%. On these topics, you only get indirect measures and/or anonymous reports.

Q30: But let us now come to the problem of analytic training. What advice would you give to candidates who are interested not only in analytic training, but also in empirical research in psychoanalysis?

Considering how hard it is to work in both fields at the same time, should candidates not rather chose only one of the two paths? And what conditions do you see as necessary in order for them to be able to pursue both paths and to combine them?
A30: It is not realistic to expect people who do clinical work also to do research in a systematic way. In German psychosomatic hospitals, a certain amount of research is still possible, but you need a frame, somebody to go to for advice. I did much work to try to support empirical research in South America, in Russia, and so on. You need to create specific networks; this is the basic preliminary condition for people to have the chance to start, and to keep, working in the field of empirical research in psychotherapy.

Q31: And what could analytic institutes do to make more space for empirical research?
A31: Candidates should know about research. Hartvig Dahl was for 20 years the director of research at the New York Institute, but only a very few people were really interested in his work. Candidates should be informed and should be up to date with the research being done in the field. There is a growing body of very interesting data, for example some papers, that candidates should also know about. The first one I can think of is the paper by Leichsenring and Rabung (2011) detailing the evidence for longer treatments. From an ethical point of view – in terms of resource allocation – as well as from a scientific point of view, the burning question today is: who needs more than 40 sessions or more than a year of treatment? Another important thing would be to attend a course on the state of the art of psychodynamic research, the significance of which has recently been very clearly shown by Levy, Ablon, and Kächele (2012).

I have little interest in the private practice of psychoanalysis as some kind of a lifestyle enrichment. My real concern is the above-mentioned message of Freud's Budapest paper. This is still also the common ground of German psychoanalysis, that is, identifying those people who really need analytic treatment. When I read a paper about a discovery made by an analyst in the tenth year of analysis, I do not find it interesting. On the basis of my long-term clinical experience with patients treated by bone marrow transplantation, I learned to appreciate the medical perspective that provides evidence for treatments that can be life-saving.

Q32: How should we change psychoanalytic training so that young analysts can combine the analytic tradition with today's scientific challenges? They could potentially learn to do this well enough that they could personally contribute more than colleagues do today to the scientific and professional status of psychoanalysis. What do you think?
A32: Some years ago, Helmut Thomä and I (Thomä & Kächele, 1999) wrote a memorandum on the issue that we should take the training analysis out of the training system. The atmosphere created by the training analysis damages a relaxed learning process. I strongly feel it to be more in line with a proper psychoanalytic spirit to make the personal experience of psychoanalysis part of the candidate's personal responsibility, and I would give more space to clinical work done under adequate supervision.

Q33: When did you start having this opinion about training analysis?
A33: I can recall a substantial paper about this topic by Thomä in the *Annual of Psychoanalysis* in 1993. I personally had the chance to analyze the data on the length of the 300 training analyses that took place in the DPV over three decades. It was astonishing how the number of sessions kept increasing year by year. However, there are no empirical data connecting the length of the training analysis with its quality and effects (Von Rad & Kächele, 1999).

Q34: And what is your feeling, your point of view, of the survival of our profession?
A34: Let me cite Peter Fonagy's interview with Eliott Jurist in the *Psychoanalytic Psychology* journal (Jurist, 2010). He said that IPA psychoanalysis will be dead in 40 years, with psychoanalysis absorbed into other fields. For example, good concepts such as transference, countertransference, and defense will probably be absorbed into other approaches. There is the clear feeling of a decay. Enthusiasm is diminishing. It is a cultural phenomenon. How can psychoanalysis adapt to a changing world? What are the Chinese peoples doing with psychoanalysis?

Q35: We come now to the first of the fourth and *last group of our questions*, a series of questions of a more general character. One of the problems that we would very much like to discuss with you is, of course, the scientific status of psychoanalysis. Many people – many colleagues among them – not only criticize psychoanalysis as a science, but also even deny it a scientific status. One of the mostly formulated critical observations is that our psychoanalytic work and/or the psychoanalytic relationship are so complex that no empirical research, quantitative nor qualitative, can rightly account for it.
A35: I would like to start answering this question with a quotation of John Bowlby's that I like very much. I take this from a paper he presented in front of the Canadian Psychoanalytic Society in 1979 (Bowlby, 1979). Here are his words: "The task of

the clinician is to increase complexity, the task of the researcher is the opposite, he has to simplify."

The object of research is *not the whole* of psychoanalysis. This is not a sensible question. A researcher has to find out certain aspects over which he has some kind of control. A ghost is very difficult to make the object of science. Ghosts are usually the object of narrations; you can tell stories about ghosts. For me, research is not the same as science. The science of psychoanalysis encompasses more than empirical research. Psychoanalysis is a field with a peculiar scientific discourse. There are scientific aspects of psychoanalytic therapies in which only a weakly contoured methodology will be able to grasp certain phenomena, for example those of countertransference (see the article on "Countertransference as object of empirical research?" by Kächele, Erhardt, Seybert, & Buchholz).

There are theoretical concepts such as the notions of the unconscious, the preconscious, regression, and so on, that are partially operational and partially not. Psychoanalysis is a field with a mixed scientific discourse. Ricoeur distinguished in 1970 a "how it works" discourse and a "why it works" discourse. George Klein (1970) made the same distinction. In his clinical work, an analyst wants to understand the motivational issue of "why"; he does not care for "how motivation works." A research analyst, however, studies the "how question;" he or she may use, for example, the methodology of conversational research and raise the issue "how does an analyst frame his ideas so that the patient is able to assimilate them?" (Peräkylä, 2004). How dreams are generated is a question a clinician cannot answer. The same is true for the nature of the relationship between helping alliance and transference, which has been studied for decades in the field of psychotherapy research. The clinician, together with the patient, creates understanding, makes sense, creates sense – he limits himself to assuming that this is helpful in the long run.

There are experimental studies on defense; there are experimental studies on dreams, like the one the research group in Frankfurt has been conducting, in which they experimentally tested Freud's theory of the preconscious (Leuschner, Hau, & Fischmann, 2000). Or take the theory of microworlds developed by the Swiss psychoanalyst and professor of clinical psychology Ulrich Moser (2008). Psychoanalytic science is a rich field with many different aspects. In my view, it is basically no different from other fields in which a profession is anchored in a basic science, but the science aspect only partially maps out what is needed for its practical application (Buchholz, 1999).

From this point of view, one of my favorite topics is the use of the voice in psychoanalysis. No one has ever systematically studied this topic and the variety of vocalizations in psychoanalysis. Why have analysts been so blind to the use of their own main instruments for more than a hundred years? Another theme could be the following: how feminine must a man be in order to be a good analyst? These are all scientific issues, and research consists in finding ways to investigate them empirically.

Q36: To put the problem in different terms: even with a growing interest in research work done in the field of the effectiveness of psychoanalysis, there still are colleagues, that is, psychoanalysts, who openly criticize and question the significance of such research work, with particular regard for the empirical. What would you say to these colleagues? How do you deal with them?

A36: Of course, people are free to be as blind as they want to be. Our colleagues are only practitioners; this is fine, this not the point. The problem is how the government deals with the problem, whether or not the government finances research. For example, the Swedish government recently decided that there is no longer any money for psychodynamic research.

Q37: Psychoanalytic therapy was recently dismissed from the service catalogue of the Dutch public health service. In Germany too, the number of the psychoanalysts who are full university professors has been greatly diminishing over the past few years. On the other hand, the cognitive-behavioral point of view has kept gaining followers and academic space. Is this a sign of the "impending death of psychoanalysis" that Robert Bornstein (2001) has talked about?

A37: The problem is that cognitive-behavioral therapy is no longer cognitive-behavioral therapy. Leading representatives of the approach are borrowing and integrating core concepts of psychoanalysis into their own theoretical body. Take for example schema therapy: the basic concept is clearly psychodynamic – the difference resides in more active treatment strategies. Names may disappear, but good concepts will not. The names are changing, but less so the concepts.

On the other hand, it is true that traditional psychoanalysis has usually been much more interested in investigating motivation for feeling and thinking than in searching for what induces change (Luborsky & Schimek, 1964). And this is the price we now have to pay for this.

Q38: Do you mean that you favor a patient-focused approach as opposed to a technique-centered approach?

A38: Yes, I do. From an empirical point of view, an important question we should try to answer is the following: which are the patients who need more than 50 sessions? Psychoanalysis is not for everyone. This is also the direction taken by Kernberg in terms of his work with personality disorders. For me, the work of Fonagy and his group is also an application and implementation of key psychoanalytic concepts. Psychoanalysis needs to be developed in different directions and dimensions. "This is no longer psychoanalysis!," people said of Kernberg's work in the 1970s, and some are still saying it now.

Q39: One important problem in our field is that there are not enough candidates. Young MDs and young psychologists do not chose psychoanalysis, but seem to look for more training in more established therapies.

A39: It is true that they are not as attracted to psychoanalysis as they used to be. It is too rigid. From this point of view, psychoanalysis is going to dry out for biological reasons, for the lack of young people training in it. We need to create an environment that makes psychoanalysis more attractive for young people to come in and join us.

From this point of view, the whole debate around the scientific status of psychoanalysis is not the real problem. The deadly gun is the age issue. If young people do not join us, psychoanalysis will be running out of business. It would not be the first field of science that is running out of business.

Q40: But this is fortunately not the only face or aspect concerning the present status of psychoanalysis in the world. Psychoanalysis is now being discovered and/or talked about in the countries of Eastern Europe, and also in countries where people had never previously heard of it. We know that you have been traveling widely, that you have had the chance to see your handbook translated into more than 15 languages. We would be curious to know how you can explain this opposite phenomenon, that is, such a growing interest in psychoanalysis in other parts of the world, especially those which do not have a psychoanalytic tradition.

A40: Well, you have to differentiate. Eastern Europe has always been part of Europe. It was under political repression, and the population have been recuperating their old European identity. The same happened in Russia. Educated European people have no problem reconnecting with their European thinking. This is a world of its own, although this might be less true for countries such Armenia, Georgia, Kazakhstan, and all the other former Soviet Union countries. In these, the interest in psychoanalysis covering both therapeutics and cultural aspects fits into a move towards Westernization. The really interesting new fields are the Asian countries like India, Japan and China, and the Arabic and Islamic countries.

India was the first of these regions to discover psychoanalysis, but these far-off activities were hardly perceived by the West. And Freud, who had corresponded with the first Indian psychoanalyst, did not appreciate his deviant ideas.

With regard to China, it is interesting to remember that there was already an interest in psychoanalysis in the 1920s in the field of literature, the arts, and poetry. There is informative documentation about this early period; at that time, the first translations of Freud into Chinese had already been made. Now that the upper middle class, with its higher education level, has discovered psychoanalysis as way of thinking, I am pretty sure that they will explore and maybe utilize psychoanalysis as a therapy. This is also true for other parts of the world; everywhere where there is a higher educated class, they are open to psychoanalysis.

A different issue is represented by the Islamic countries. In an Islamic country, it is hard to imagine that a man can analyze a woman. But why not women with women? Again, educated people are interested in psychoanalysis there too. Last year, our textbook came out in the Persian language. We had an introductory seminar in Isfahan with a group of 50 women and men, mainly psychologists and social workers. In Teheran, there is already a psychoanalytic institute. It all comes down to the question of how much education there is, and of how Westernized such an education is.

You also have to keep in mind that what psychoanalysis stands for in the world is not primarily the specific treatment it offers, but the message that Freud stands for – a cultural message, a cultural symbol.

Q41: Another way for us to deal with the same topic is the following: we know that you travel around the world not only to present the growing number of translations of your handbook, but also to teach and to do research. For example, we know that you train researchers in South America and future analysts in Eastern Europe. What are your goals from this point of view? How do you see your role in this development?

A41: When I am invited, I bring to people the Ulm Triadic Model, which consists of theory, research, and practice. This is a unique mixture, and people seem to like it. Even if you only talk about theory or practice, you talk differently with a research background. I think that it produces a more reflective and modest way of dealing with

psychoanalysis. This is a modesty that comes from research and from the need to better understand patients' points of view.

The Ulm message wants to activate critical thinking. Our textbook is a critical book of psychoanalysis. In German, you cannot call it a "critical theory" because that would make people think of the Frankfurt School. But it is critical in a way. It is a "non-believing" textbook; I would say we are "non-believing psychoanalysts."

There is a British statement saying that "Theories – like soldiers – never die, they just fade away." This may happen to a fair number of psychoanalytic terms. Concepts arise, peak, and disappear – depending on the backbone in terms of scientific underpinning. There is an interesting book by Morris Eagle on contemporary psychoanalysis, which I can recommend. It is called *From classical to contemporary psychoanalysis. A critique and integration* (Eagle, 2011a). This is rich in critique and full of integrative ideas. It talks about what is useful in present-day psychoanalysis and what is no longer viable. It is a way of looking at the state of the art of psychoanalysis which – in my mind – is a useful way that points to a creative future.

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