

Arbitrariness, Psychoanalytic Identity and Psychoanalytic Research

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Abstract

From the outset, psychoanalysis extensively utilized arbitrary convictions which subsequently generated and perpetuated an intolerance of criticism and dissent. Defensiveness about the arbitrariness and the need to protect the professional psychoanalytic identity engendered fear of, disinterest in, and criticism of analytic research whose findings might threaten unsubstantiated arbitrary convictions. For these, and other complex reasons, American psychoanalysis has generated limited formal, empirical analytic research.

Recently, American psychoanalysis has declined in status and prestige, due, at least in part, to societal changes. The persistent arbitrariness and the dearth of research have prevented effective responses to the external forces responsible for the decline. The most effective way to respond to the continuing decline is to develop a broad research program focused on providing empirical bases for the fundamentals of psychoanalysis. *You cannot graft research onto the current psychoanalytic clinical identity; it cannot flourish.* Therefore, all psychoanalytic education should be modified

by having all teaching conducted *jointly by researchers and clinicians* if the necessary research cadre is to be developed

Arbitrariness, Psychoanalytic Identity, Psychoanalytic Education,
Psychoanalytic Research.

“The human mind cannot grasp the causes of phenomena in the aggregate. But the need to find these causes is inherent in man’s soul. And the human intellect, without investigating the multiplicity and complexity of the conditions of phenomena, any one of which taken separately may seem to be the cause, snatches at the first, the most intelligible approximation to a cause, and says: ‘This is the cause!’” (L. Tolstoy, 1869, p. 1178).

A History of Freud’s Unwitting Arbitrariness

Arbitrariness refers to an intense conviction that lacks substantiation or supporting data. Arbitrariness, Webster’s New Twentieth Century Dictionary states, is based on one’s preference, notion or whim. Scrutiny of the history of psychoanalytic thinking exposes a previously unrecognized difference in the psychodynamics of *witting*, compared to *unwitting* arbitrariness.

In *witting* arbitrariness the conviction is without basis or plausibility; one example is the belief that “the eclipse of the moon means the gods are angry”. Such witting arbitrariness may serve a variety of useful purposes when little or no information is available about the nature of the particular phenomenon. It is probably useful, perhaps necessary, for all fields and all individuals occasionally to utilize witting arbitrariness since knowledge

about the nature of many phenomena is so limited. However, if a field or an individual relies primarily, or exclusively, on witting arbitrariness over time it is probably a sign of dysfunction.

Unwitting arbitrariness refers to a conviction whose basis is plausible though upon subsequent review we realize is erroneously conceived. For example, the ancient belief that the earth was flat was plausible given the known nature of the universe that could be seen with the naked eye. Subsequent knowledge proved this was erroneous.

Freud's first conviction was his initial theoretical hypothesis/ conviction that childhood traumas were the cause of adult neuroses (Freud & Breuer 1893). He thought the plausibility of this conviction was substantiated by the clinical material provided to him by the patients that he treated with Breuer's cathartic method. He failed, however, to appreciate and to acknowledge that all these initial patients were *hypnotized* and therefore extremely susceptible to his suggestions (Schachter, 2002).

Most likely, Freud was subtly suggesting ideas to these patients, of which he was un-aware; this conclusion is supported by his report that in each of 18 consecutive hysteric patients he discovered the causative childhood trauma. Freud's treatment at that time lasted only several weeks or a few months, so from our current position we can posit that it is unlikely

that he could have “discovered” this relevant childhood trauma in 18 consecutive hysteric patients, or that chance or coincidence could explain the finding. Most likely, these “findings” resulted from Freud’s suggesting in some manner, to each patient, the existence of the childhood trauma that his theory had led him to expect. The fact that Freud cited these “findings” as evidence of his theory indicates that he was not aware he was making suggestions to patients, and, indeed, later, he explicitly denied doing so: “I can assert without boasting that such an abuse of suggestion [to persuade the patient to accept things which we ourselves believe] has never occurred in my practice” (1937b, p.262). However, Freud (1909) actually provides one explicit example of a suggestion he made in proposing to his patient, the “Rat Man,” that the patient’s father had threatened to castrate him as a child, although there was no recollection or information about such a childhood event.

The most convincing evidence that Freud made covert suggestions to patients, and was unaware that he did so, was his stunned realization, from his self-analysis, that the stories patients were telling him about childhood traumas were not authentic. He adapted to this recognition by his famously reformulating his theory claiming that a childhood *fantasy* can be pathogenic. Critically, however, neither he, nor his followers, considered

asking *why* all these patients told him stories of childhood traumas that were not veridical. There is no indication that either Freud or his followers ever considered that Freud, based on his theory, might have suggested unwittingly to these patients their experiences of childhood traumas which later evidence acknowledged were not genuine.

Freud's belief that his patients' reports constituted valid evidence of his etiologic theory was supported by his observation of therapeutic benefit to his patients; the "Rat Man" improved dramatically. Given Freud's conscious view and understanding of the treatment situation, his conviction that his patient's material validated his etiological theory is plausible, though, in retrospect, erroneous. Because of his limited knowledge of the treatment universe, Freud's conviction should be categorized as *unwitting arbitrariness*. It is noteworthy that several of his contemporaries, Breuer, Fliess and von Krafft-Ebing (Schachter, 2002) rejected Freud's claim that his clinical material substantiated his theory. Of course, the lack of substantiation of Freud's hypothesis does not mean that it may not be correct – just that *we don't know* whether he was correct.

Freud was deeply concerned that analytic treatment be viewed as a scientific enterprise (Schachter and Kächele, 2007). To establish a scientific ambience in treatment Freud proposed that the analyst maintain an

attitude of neutrality toward the patient to prevent the analyst from making suggestions to the patient (and probably also to protect the analyst from erotic countertransference (Stone, 1961; Anzieu, 1986; Glenn, 1986; Moi, 1990); Freud, 1912, “for the doctor a desirable protection for his own emotional life; Freud, 1915 [1914] “a woman’s subtler and aim-inhibited wishes ... making a man forget his technique and his medical task for the sake of a fine experience” (p. 170).). Given Freud’s view of the treatment situation and his understanding of the nature of suggestion, his conviction about the value of neutrality is plausible and should be considered an unwitting arbitrary conviction, although subsequently we’ve learned that neutrality can not prevent the analyst from communicating suggestions.

Witting Arbitrariness of Freud’s Colleagues

We differentiate Freud’s reasons for believing his etiological theory from those of his followers. They had neither access to the detailed clinical material available to Freud, nor access to direct evidence of the patient’s therapeutic improvement. Thus, their belief was based primarily on Freud’s statements, rather than on any plausible view of the universe of Freud’s treatments. Therefore, we regard this acquiescence of Freud’s followers as *witting arbitrariness*.

Consistent with our characterizing Freud's colleagues' belief in his etiological theory as witting arbitrariness is Eagle's (1983) assertion that "just as therapeutic success would not vouchsafe the validity or truth of Freud's etiological hypotheses, *it does not vouchsafe the validity of current etiological hypotheses*" (p. 43, italics added). Fonagy and Target (2003) concur that clinical data cannot validate developmental hypotheses.

Further support for this critical conclusion is provided by Roth's experimental observation (personal communication, 2007) that, in animals, genetic defects and environmental defects may produce the same effects on the brain. It would not be possible, therefore, to determine the etiology of a specific effect on the brain simply from the nature of that effect.

To follow our distinction, absent a concern about the scientific character of analytic treatment among his followers, their adopting the analytic stance of neutrality reflects a witting arbitrary conviction on their part.

Many of Freud's later colleagues accepted many of his other convictions. Contemporary analysts still perpetuate his belief that his clinical material substantiated his etiological theory (Lothane, 2001). All they had were Freud's reports; essentially, they took him at his word, impressed by both his incisive intellect and his powerful authoritarian personality. Failure

to accept Freud's convictions was dangerous; he brooked little dissent from his views, and expeditiously excommunicated critics such as Adler, Rank, Jung and others from the "Psychoanalytic Movement."

On a larger, organizational scale, there are many other examples of witting arbitrary convictions in psychoanalytic institutions; excluding psychologists because their academic education was inadequate as a basis for psychoanalytic training; homosexuals were too psychopathological to become competent psychoanalysts. Witting arbitrary convictions in the treatment domain include: treatment should be five [or four] sessions per week; the analyst should sit behind the couch; the patient's questions must not be answered; and medications prevent meaningful analytic work.

Why were Freud's followers so prone to accept witting arbitrary convictions? Conflicting answers have been proposed. Roustang (1976) suggests that Freud's disciples' beliefs were all related to their transference relationship to Freud. Roustang also wondered whether in Freud's countertransference his disciples were not each in turn responding to some part of the master's diffracted desire. In a related comment, Bergmann (1997) pictures that Freud "supported the autocratic structure of psychoanalysis and was pleased by the formation of the secret committee, safeguarding its orthodoxy" (p. 76).

Deutsch (1940) presented an alternative view: “It was never any fault of Freud’s that they cast him in this role and that they ... became ‘yes men’” (pp. 189-190, quoted by Eisold, 1997, p. 99). Eisold concludes: “Passively, indirectly they manipulated him into the role of president for life he had sought to avoid” (p. 99). On the other hand, Freud, from whatever source, seemed intolerant of independent views; his response to a 1911 presentation by Adler was “This is not psychoanalysis” and will “do great harm to psychoanalysis” (Eisold, p. 97). These conflicting views reflect how difficult it is in historical reconstruction to determine which is the canonical version.

The Transmission of Witting Arbitrariness

The institutionalization of the “training analysis,” has played a crucial role in the transmission of analysts’ witting arbitrary convictions of Freud’s views to subsequent generations of analysts (Reeder, 2004). Freud’s (1917) description of the analyst’s role elucidates the analyst’s influence: “The doctor listens, tries to direct the patient’s processes of thought, exhorts, forces his attention in certain directions, gives him explanations and observes the reaction of understanding or rejection ...” (p. 17). After 1922 institutes were required to have each candidate complete a training or didactic analysis with a recognized psychoanalyst (a member of the International Psychoanalytic Association (IPA) in order to become a

psychoanalyst.) (Mosher and Richards, 2005). We assume that, historically these “training analysts” would have acquired their own arbitrary convictions that Freud’s etiological theory had already been substantiated.

Multiple factors lead candidates to accept their “training analyst’s” belief in Freud’s convictions (Schachter and Kächele). For example, analysand’s questioning or criticizing early theory, might be characterized as a “resistance” that had to be overcome for the successful completion of a “training analysis.” Further, interactive forces foster a candidate’s identifications with the “training analyst,” identifications likely to include the analyst’s fundamental belief in Freud’s etiological theory. In addition, since many candidates find their “training analysis” to be personally therapeutic, they may credit Freud’s etiological theory, basic to treatment, with the therapeutic gain. The “training analysis” as an educational prerequisite for the would-be analyst, thus serves as a significant and powerful institution for transmitting Freud’s early unwitting arbitrary convictions, and, in the process, for squelching questioning and criticism. Psychoanalytic training is largely based on transference (Arlow, 1972; Roustang, 1980; McDougall, 1995; Kirsner, 2000). The real allegiances of analysts, Eisold observed, “are to their analysts and to the lineages of analysts that define particular schools of thought” (p.101); the threat to

psychoanalysis, he concluded, “is the unacknowledged dependencies of analysts themselves” (p. 101).

Many years ago, Knight (1953) stated bluntly that “our [training] regulations may have the effect of drying up the supply of research psychoanalysts” (p 215, quoted by Thomä, 1993, p. 2). Bernfeld (1962) (quoted by Lothane, 2007) believed that “the inventors of our training system” *intended* that it quash dissent, that it would be a “barrier against heterodoxy” (p. 476), but he cited a handful of dissidents as evidence that it had been unsuccessful in doing so. We consider the fact that he could only cite a handful of innovators in contrast to the thousands of non-innovative analysts, constitutes evidence that it worked all too well. Excessive authoritarianism in psychoanalytic education arises from the complete condensation of all important functions into the training analyst position, plus the lack of an agreed methodology for determining the validity of our theoretical propositions (Auchincloss and Michels, 2003).

In retrospect, it is understandable that a profession whose tenets have not been validated might attempt to prohibit criticism. Freud initiated this protectiveness and once this prohibition of dissent is relinquished, the body of work becomes exposed to serious risk. Psychoanalysis eased the prohibition of dissent – not without struggle – when it began to listen to and

to tolerate the dissenting views of Melanie Klein and Kohut. Other divergent views multiplied rapidly until we have reached the widespread contemporary diversity which we regard as a sign of dysfunctional disintegration rather than of healthy vitality. As Cooper (2007) notes, “pluralism alone is chaos and a plurality of authoritarian orthodoxies provides no means for selecting among them.”

Arbitrary Convictions and the “Singularity of Identity”

A structured prevalence of arbitrary convictions is likely to have close ties to what Nobel Laureate Sen (2006) termed “singularity of identity,” a distortion that occurs when one of the individual’s identities far outweighs recognizing many other identities (such as man/woman, spouse, parent, sibling, friend, religious identification, political identification, etc.).

Kernberg (2006) refers to a rigid role commitment to a group identity as foreclosure, a term with a pathological connotation. An analyst with arbitrary convictions may well enjoy the image of himself/herself as an infallible authority in one domain, psychoanalysis, which then becomes that individual’s most salient identity.

We speculate, and would like to recommend testing by systematic research, that one’s professional identity as a psychoanalyst is more encompassing than comparable identifications in other professions such as

law, medicine or teaching. Consistent with this hypothesis is the fact that, despite the continuing decline in the numbers of analytic patients, and the observation that the majority of graduate analysts spend most, or all, of their practice time doing analytic psychotherapy rather than traditionally defined psychoanalysis, few APsaA institutes teach psychotherapy in their educational curriculum. This policy is described by Kernberg (2007) as “practically suicidal for psychoanalysis” (p. 191). Teaching psychotherapy to candidates would demand an exploration of the relationship of psychotherapy to psychoanalysis, thus diffusing the uniqueness of the identification of the practitioner as a psychoanalyst. A viable alternative consists in conceiving a concept of broad spectrum psychoanalytic therapy as Thomä & Kächele (1994a,b) have demonstrated in their two volumes on Psychoanalytic Practice.

“The illusion of singularity” writes Sen, “draws on the presumption that a person not be seen as an individual with many affiliations, nor as someone who belongs to many different groups, but just a member of one particular collectivity, which gives him or her *a uniquely important identity*” (p.45, italics added). At one time, for example, psychoanalytic institutes criticized dual roles, e.g., of biochemical researcher *and* a psychoanalyst. One problem with a singular identity is that it demands protection from

diffusion and therefore restricts inclusion in the group of those who maintain other identities. According to social identity theory, multiple identities are useful and important (Johnson et al. 2006). The need for singularity interferes with the capacity to make reasoned judgments utilizing the person's other identities as resources.

Sen adds: "An illusion [of singular identity} that can be invoked for the purpose of dividing people into uniquely hardened categories [such as non-training analyst and training analyst] can be exploited in support of fomenting inter-group strife" (p.178). This may contribute to understanding intense internal conflicts and splits within psychoanalytic organizations large and small; reportedly, at any one time approximately one-third of the institutes of APsaA are embroiled in serious internal conflicts.

Why would analysts develop a more pronounced singularity of professional identity than other professions? The social attraction hypothesis of social identity theory suggests that individuals identify with groups that are prestigious or distinctive and enhance self-esteem (Johnson et al., 2006). Many analysts, Arlow (1972) noted have been recruited from the middle class, liberal, intellectual stratum of society and put behind them identification with family, religion or national group. The term "classical Freudian psychoanalyst" writes Cooper (2007) "identified one as being

directly in Freud's lineage and even more importantly, it identified one as being a "true believer." This desire, not only to remain in the direct lineage of the father but to uphold every one of his beliefs is a necessity in religions and monarchies."

We speculate that this identification may increasingly be a defensive reaction to an underlying sense, perhaps largely outside of awareness, that many of the traditional tenets of psychoanalysis are actually unsubstantiated beliefs, characterized as witting, arbitrary convictions. Knafo, the author of a New York Times article about the New York Psychoanalytic Institute, noted that "So far, the Freudians haven't had much success in proving the validity of their master's theories."

Myerson, Director of the Houston-Galveston institute, in discussing his institute's internal conflicts at the IPA Congress in Berlin in July (2007), noted that lack of agreement about what psychoanalysis is, provokes anxiety. Luyten (2007) concludes that we're really not clear whether there are differences between psychoanalysis and psychoanalytic psychotherapy. Similarly, Cooper notes that analysts of different schools "not only disagree as to whether certain interventions represent good analysis, but cannot agree on whether they represent psychoanalysis at all." Analysts are unable to agree either on a theory of therapeutic action, on the goals of analytic

treatment or on how to determine whether the goals have been met (Smith, 2007).

These uncertainties, both about validation and about epistemology, we hypothesize, evoke a defensive reaction formation of intense certainty or conviction that the fundamentals of psychoanalysis are solidly based, beyond those of many other professions – which Jonathan Lear (1998) has termed “knowingness.” Psychoanalysis, therefore, becomes conceived of as superior and its uniqueness supports a special professional identity. Support for this view is provided by the results of marketing surveys of views of psychoanalysts by the public and by mental health professionals. One of the prominent characterizations of analysts was “arrogance” (Zacharias, 2002).

Empirical studies demonstrate that uncertainty, particularly self-conceptual uncertainty, motivates and facilitates identification with groups that are clearly defined, distinctive entities (Hogg, 2004). Hogg et al (2007) speculate that chronic and extreme levels of uncertainty, perhaps associated with personal or widespread life or societal crises, may motivate people to identify strongly as [psychoanalytic] “true believers”.

What maintains and replenishes a practitioner’s identity as a psychoanalyst? One’s identity can be reinforced as a result of exposure to “identity primes” that stimulate processing of identity related information

(Forehand et al., 2002). Examples include participating in a psychoanalytic study group, attending a psychoanalytic meeting or reading a clinical psychoanalytic paper (not a research psychoanalytic paper).

Experiences after analytic treatment that are connected to the prior treatment may constitute identity primes as well. Freud (1937a) recognized that analytic work continues after treatment had ended. This analytic work, occurring after treatment, may include the effect of extra-therapeutic contact with the prior analyst and/or thoughts about the prior analyst which serve as identity primes and revitalize the identifications with the former analyst (Geller, 2005). In a follow-up study of ten (non-psychoanalyst) analytic patients two spontaneously mentioned that they were “able to recall the voice of the analyst as a soothing presence in times of stress or to recall the analyst’s office as an inner source of support and containment” (Falkenström et al., 2007, p. 644). Further, self-analysis, which may reflect identification with the analyst, was correlated with post-termination improvement.

Arbitrariness, Psychoanalytic Identity and Psychoanalytic Research

Freud, deeply concerned to protect the scientific bona fides of psychoanalytic treatment, had, however, no interest in empirical analytic research in his lifetime. When offered empirical findings that supported some of his hypotheses, he said in 1934 that they were of little consequence,

and added, condescendingly, “still, they can do no harm.” (quoted in Shakow and Rapaport, 1964, p.129). (An analyst might speculate that Freud had some concern that, indeed, they might do some harm.) Freud, personifying a psychoanalytic identity that eschewed empirical research, was one of the templates for a psychoanalytic identity, which was transmitted to generations of analysts. In this context, formal psychoanalytic research first appearing in the 1950’s (Pumpian-Mindlin, 1952) and, more seriously in the 1960’s, was seen as alien to the psychoanalyst’s identity; it belonged to “other.” Rado, founder of the Columbia University Psychoanalytic Center, was a lone, dissenting voice who insisted that the future lay with an “increasingly rigorous application of the scientific method to psychoanalytic work” (1955, p. 335) (quoted by Busch, 2006, p.82).

Arbitrariness and the singularity of psychoanalytic identity are no friends of psychoanalytic research. Garb (1998) observed that when scientific and personal beliefs contradict, clinicians are highly prone to accept the latter and discount the former. Thus, there has always been and continues to be significant distrust of those who would question, let alone test, the validity of the great theories and practices of the masters. One expression of analysts’ criticism of research is that Irwin Hoffman’s recent plenary address to the APsaA, which was intensely critical of and ridiculed

psychoanalytic research, evoked a standing ovation from the audience of analysts; Cooper (2007) suggests “that the audience was reassured in their ignorance.” A questionnaire found that those analysts with the strongest convictions about the fundamentals of analytic theory and practice read the fewest research papers (Schachter and Luborsky, 1998). The authors hypothesized that intense convictions about analytic beliefs were defensive reaction formations against underlying concerns that psychoanalytic theory and practice may actually rest on shaky grounds. Such analysts would have the greatest concern that analytic research might question or criticize fundamental tenets, and therefore, would have the most fear of, and avoidance of, analytic research reports.

Eagle (1983) noted that “Many contemporary psychoanalytic writers do not seem to be either aware of or interested in these basic issues of reliability, hypothesis testing, or elementary rules of evidence” (p.41). Green (2000) called infant researchers to task for trying to destroy psychoanalytic theory. Luyten et al (2007) make a related observation: “the prospect of having to give up cherished ideas, an inevitable correlate of research and dialogue with individuals of other persuasions, may engender fear – in clinicians that research will increasingly intrude on their “old ways” ...” p. 596). Probably included in their “old ways” is a conviction that

psychoanalytic treatment is effective, and analysts may have a concern that research may fail to confirm that (Busch, 2006).

A Survey of Psychoanalytic Research by American Psychoanalysts

For purposes of this survey, a paper was defined as a research paper if it contained empirical data about analytic treatment or outcome, or, if it dealt with methodological or conceptual issues in analytic research; papers that reported neuroscience research were included. If the generous definition of research by Leuzinger-Bohleber and Fischman (2006) were utilized, it would appear that a great deal of analytic research is being published. Our data (presented below) documents the dearth of published psychoanalytic research. The invention of the term, conceptual research, (Dreher, 2000) appears to veil the “inconvenient truth” that little psychoanalytic research is published. Further, the recommendation from an IPA conference that “any effort for validation must be rooted in the history of psychoanalytic clinical thought” (Freedman et al., 2000) attempts to apply an inappropriate strait jacket to research formulation.

Members were divided into two groups of analysts: 1. The current members of the two leadership groups of APsaA, the Executive Council (Board of Directors) and the Board on Professional Standards (BoPS); and 2. A random sample of current members of APsaA. The PEP CD-ROM was

used to identify analytic research papers published during the five year period from 1998-2003.

Results for the Executive Council are that of 56 Councilors, 10 had published a total of one or more papers, and one (2%) had published three research papers. For BoPS, of 62 Fellows, 19 had published a total of one or more papers, and three Fellows (5%) had each published one research paper.

A random sample of 165 Active members (approximately a 10% sample of 1707 Active members) was selected from the roster by choosing one member from the same selected position on each of the 165 pages of the roster. If the selected position contained an Affiliate member, the next Active member was chosen. Results were that 36 members (22%) published one or more psychoanalytic papers; thus, 78 % of this random sample of Active members published no psychoanalytic papers. Seven members (4%) published one or more psychoanalytic research papers, a total of 9 papers. Thus, 96% of this random sample of active members published no research papers. Extrapolating from this 10% sample, the total active membership of 1707 would publish 90 papers over a five-year period, an average of 18 papers per year.

In order to check whether this annual number of research papers found is a reasonable estimate, we reviewed 908 papers published in one

year, 2003, in 16 journals in the PEP CD-ROM. Twenty-one research papers had been published, constituting 2.3% of the total papers published. This is consistent with the estimate of 18 research papers per year from the review of members

One qualification is in order. Judgment of whether a paper should be considered a research paper was made by only one author (J.S.) so there is no assessment of the reliability of these judgments. However, the judgment did seem clear in most cases.

These results indicate how few APsaA members produce research papers: 4% of the general members and 2 - 5% of the leaders. These findings support our proposition that the identity of a contemporary APsaA psychoanalyst does not include competence in, or involvement in, psychoanalytic research.

Analytic Research and the Current Decline in American Psychoanalysis

Luborsky and Spence (1971) asserted the need to accumulate data during actual analytic sessions, and added that “Ideally, two conditions should be met; the case should be clearly defined as analytic, meeting whatever criteria of process and outcome a panel of judges might determine; and the data should be recorded, transcribed and indexed so as to maximize accessibility and visibility” (p. 426). During the intervening 37 years,

although great strides have been made in the latter, the former remains problematic.

Studying the effects of analytic treatment is extraordinarily complex for many reasons, including difficulties in randomization, the absence of a placebo group and lack of manualization (Busch, 2007) as well as the risk of investigator bias because of experimenters' beliefs and expectations. Numerous independent replications are necessary to be convincing, and multi-center participation may be necessary. While many impressive empirical contemporary psychoanalytic studies have been conducted, and both the American Psychoanalytic Association and the International Psychoanalytic Association are increasing efforts to develop research (Schachter and Kächele), a great deal more research is needed (Wallerstein, (2007); Luyten, 2007). Four percent of members is an inadequate base for developing the extensive research programs needed. To accomplish this will require a scope and breadth of a research cadre far beyond APsaA's current reach and conception. Even doubling the research output of American psychoanalysis in the next few years from 18 to 36 research papers per year would be inadequate to meet research demands including assessing effectiveness of psychoanalytic treatment with many different groups of patients, comparing effectiveness of psychoanalytic treatment to that of

psychoanalytic psychotherapy and delineating the mutative factors in psychoanalytic treatment with many different groups of patients. Luyten et al. refer to a growing awareness of the need for empirical evidence “to support psychoanalytic assumptions and therapies” (p. 572). If you accept the thesis that the foundations of psychoanalysis have not been validated and are constituted by witting, arbitrary convictions, the magnitude of the research enterprise becomes apparent.

We recognize that research is not a panacea. Buchholz (2006) cautions that psychoanalytic practice should be *informed* by research but not *determined* by research. For example, it would be useful for the analyst to know if, hypothetically, use of the couch influenced outcome of treatment for a particular group of patients – but it is the analyst’s clinical decision whether to use the couch for a particular patient. Buchholz also cautions that there is no more agreement about empirical methods for studying either “analytic process” or outcome, than there is about analytic theory and practice. Consequently, few if any empirical findings ever become replicated. However, research can help clinicians correct their opinions and stimulate them with new ideas. Despite all these caveats, we believe there is no alternative to developing empirical research to examine and test tenets of analytic theory and practice.

We have detailed elsewhere evidence that American psychoanalysis is undergoing a marketing decline (Schachter and Kächele). We do not believe that public relations or advertising can reverse this widespread decline.

Rocha Barros (1998) warned that the essential crisis is not the “marketing crisis” but the crisis in the intellectual and scientific domain where we produce a dearth of exciting new knowledge. Stone (1975) wrote that resistance to the reexamination of our basic procedural assumptions betrays an unscientific (sometimes antiscientific) non-rational component that is “the greatest single obstacle to the progress of psychoanalysis” (p. 335-6) (quoted by Reeder, p. 189). Few institutes make any effort to teach analytic research.

The required enterprise demands a fundamental change in the conception of a psychoanalyst’s identity to enable the generation of the large number of skilled researchers required (Schachter and Kächele). Thomä (2004) hoped that the psychoanalyst’s identity would be abandoned so that this identity will no longer hamper “The development to a scientific community” (p. 213). Psychoanalytic education needs to be reoriented towards open, skeptical questioning and interdisciplinary, critical research (Kernberg, 1984; Thomä and Kächele, 1999; Kirsner, 2000; Auchincloss and Michels, 2003). This change in goal and ideal requires a dramatic

change in psychoanalytic education. *We believe that psychoanalytic research cannot be grafted onto the current psychoanalytic clinical identity; it cannot flourish.* Clinically-based training programs will never generate the necessary research cadre. Psychoanalytic identity must shift to encompass *both* clinical and research knowledge and competence. Levy (2008) proposes that educational leadership should be shared among clinicians, scholars from multiple disciplines and research investigators.

Research competence cannot be learned from clinicians who teach the practice of our craft, which is different from educating analysts (Bartlett, 2007). Many clinicians, believing they must be confident about their knowledge about both theory and practice, are defensive about their knowledge about both. Consequently, not only do they not encourage an inquiring attitude in candidates, often they are hostile to research. For example, although most analysts have not had the experience of having either a former or current patient participate in a research project, they routinely and defensively refuse permission for a former or present patient to participate in a research study. For a candidate to develop research competence, some of the teachers of psychoanalytic education need to be researchers. In addition, including researchers as teachers will provide a research role model with whom candidates can identify. It is noteworthy that

the Columbia University Psychoanalytic Center for Training and Research, which is located in a large research institute, generates considerable psychoanalytic research.

We propose that all psychoanalytic education be taught *jointly* by a researcher and a clinician, including all didactic courses and supervision. This provides another valuable consequence. “Clinicians and scientists function in very separate worlds,” writes Roth (2007); collaboration between the two are crucial. Joint teaching by researchers and clinicians will provide each of them with familiarity of current developments in each others’ fields, which is as valuable for the researcher as for the clinician. Our proposal is quite different from earlier efforts to incorporate research into psychoanalytic education (Shakow, 1962; Holt, 1989).

An elective course would be provided for “Research-Participating Candidates,” those willing to have their patients and analytic treatments participate in research projects. The impact of the research on patients, candidates and the treatment process, would be explored and discussed; supervisors would be invited to participate.

With regard to the feasibility of analysts becoming competent both in clinical and research work, a number of analysts already have accomplished exactly that: Blatt, Bucci, Fonagy, Kächele, Kernberg, Thomä, Waldron and

Wallerstein. Apparently, developing competence in both domains enables a high degree of productivity and creativity.

We believe that APsaA has the financial wherewithal to provide one full-time researcher to each of our 30 institutes for at least the next ten years. We suggest three sources of funding: 1) supervisors contribute candidates' fees for supervision to APsaA (and getting a tax contribution for doing so; this seems a reasonable request since Training and Supervising analysts who have always earned more practice income than non-training analysts have not been required to pay more institute dues than lower-earning non-training analysts); conservative estimates for 610 candidates averaging 1.5 supervisory sessions/week at an average fee of \$90 per session for 42 weeks per year would generate \$3,460,000; 2) increasing the proportion of the annual operating budget devoted to research from 5.3% in 2007 to 15% yields \$450,000; and 3) allocating 10% annually from APsaA's reserve fund or "rainy day fund" (it's raining) provides \$360,000 (if the reserve fund generates a 10% annual return – it exceeded that in 2007 - the fund's balance would remain at the same level after the first year; the fund's balance has approximately doubled over the last eight years). These monies total \$4,270,000 which can provide \$142,000, almost enough to hire one full-time

researcher per year at each of 30 institutes. Hopefully, these researchers subsequently would generate research grants.

The candidate's analysis would return to a personal analysis conducted outside the domain of an institute, with an analyst of the candidate's own choosing (Kirsner, 2000; Reeder, 2004; Schachter and Kächele). The fundamental reconception of the psychoanalyst's identity would not be possible if the training analyst institution was maintained.

We realize that our proposal may seem inconceivable, but that is not because it is not feasible. We believe that the current serious decline in psychoanalysis is likely to continue unless drastic measures are taken to increase respect for psychoanalysis in the general public and in the scientific community. Cooper warns that "unless in the next half-century we can establish our own cadre of full time basic and clinical researchers, university supported, we will become a footnote to other intellectual disciplines." Rejecting this proposal carries with it the obligation to develop an alternative, less drastic but equally promising proposal.

References

- Arlow, J.A. (1972). Some dilemmas in psychoanalytic education. *Journal of the American Psychoanalytic Association*, 20:556-566.
- Auchincloss, E. L., Michels, R. (2003). A reassessment of psychoanalytic education: Controversies and changes. *International Journal of Psychoanalysis*, 84: 387-403.
- Bartlett, T. (2007). Power and authority in institute life. The Future of Psychoanalytic Education, Dec. 1& 2, Lycee Francais, New York, N. Y.
- Bernfeld, S. (1962). On psychoanalytic training. With an introduction by Rudolph Eckstein. *Psychoanalytic Quarterly*, 31: 453-482.
- Bergmann, M. (1997). The historical roots of psychoanalytic orthodoxy. *International Journal of Psychoanalysis*, 78: 69-86.EFPP Conference
- Buchholz, M.B. (2006). Profession und empirische Forschung in der Psychoanalyse – ihre Souveränität und Integration. *Psyche – Z Psychoanal* 60: 426-455.
- Busch, F.N. (2006). Current issues in psychoanalytic research: the need to focus on outcome studies. *Bulletin of the Association for Psychoanalytic Medicine*, 40: 81-89.
- _____ (2007). How to best pursue psychoanalytic research: A response to Rutherford et al. *Bulletin of the Association for Psychoanalytic Medicine*, 41: 24-30.
- Cooper, A.M. (2007). American psychoanalysis today: A plurality of orthodoxies.
- Deutsch, H. (1940). Freud and his pupils. *Psychoanalytic Quarterly*, 9:184-194.
- Dreher, A.U. (2000). *Foundations for Conceptual Research in Psychoanalysis*. London: Karnac.

Eagle, M.N. (1983). The epistemological status of recent developments in psychoanalytic theory. In *Physics, Philosophy and Psychoanalysis. Essays in Honor of Adolf Grünbaum*, Eds. Cohen, R.S & Laudan, L. Dordrecht, Boston: D. Reidel Publishing Company, pp.@@

Eisold, K. (1997). Freud as leader: The early years of the Viennese Society. *International Journal of Psychoanalysis*, 78:87-104.

Falkenström, F., Grant, J., Broberg, J. & Sandell, R. (2007). Self-analysis and post-termination improvement after psychoanalysis and long-term psychotherapy. *Journal of the American Psychoanalytic Association*, 55: 629-674.

Fonagy, P. & Target, M. (2003). *Psychoanalytic Theories: Perspectives from Developmental Psychopathology*. London: Whurr.

Forehand, M.R., Deshpandé, R & Reed II, A. (2002). Identity salience and the influence of differential activation of the social self-schema on advertising response. *Journal of Applied Psychology*, 87:1086-1099.

Freud, S., & Breuer, J. (1893) On the psychical mechanism of hysterical phenomena. *Standard Edition* 2: 3-17

_____ (1909). Notes upon a case of obsessional neurosis. *Standard Edition* 10: 155-249.

_____ (1912). Recommendations to physicians practicing psychoanalysis. *Standard Edition* 12: 109-120.

_____ (1915 [1914]). Observations on transference love. (Further recommendations on the technique of psychoanalysis III). *Standard Edition* 12: 157-173.

_____ (1916-1917) [1915-1917]. Introductory lectures on psychoanalysis. *Standard Edition* 15-16: 3-482.

_____ (1937a). Analysis terminable and interminable. *Standard Edition* 23: 216-253

_____ (1937b). Constructions in analysis. *Standard Edition*, 23: 257-269.

Garb, H.N. (198). Clinical judgment. In H.N. Garb (ed) *Studying the Clinician: Judgment Research and Psychological Assessment*. Washington, D.C.: American Psychological Association, pp. 173-206.

Geller, J.D. Boundaries and internalization in the psychotherapy of psychotherapists. (2005). In *The Psychotherapists Own Psychotherapy. Patient and Clinician Perspectives*. Oxford, New York: Oxford University Press, pp. 379-404.

Glenn, J. (1986). Freud, Dora and the maid: A study of countertransference. *Journal of the American Psychoanalytic Association*. 34: 591-606.

Green, A. (2000). Science and science fiction in infant research. In: *Clinical and Observational Psychoanalytic Research*, Eds. J. Sandler, A.-M. Sandler & R. Davies. London: Karnac Books, pp. 41-73

Hogg, M.A. (2004). Uncertainty and extremism: Identification with high entitativity groups under conditions of uncertainty. In V. Yzerbyt, V., Judd, C.M & Corneille, Eds., *The Psychology of Group Perception: Perceived Variability, Entitativity, and Essentialism*. New York: Psychology Press, pp. 401-418.

_____., Sherman, D.K., Dierselhuis, J., Maitner, A.T. & Moffin, G. Uncertainty, entitativity, and group identification. (*Journal of Experimental Social Psychology*. 43: 135-142.

Holt, R.R. ((1989). *Freud Reappraised*. New York: Guilford Press.

Johnson, M.D., Morgeson, F.P., Ilgen, D.R., Meyer, C.J. & Lloyd, J.W. (2006). Multiple professional identities in identification across work-related targets. *Journal of Applied Psychology*, 91: 498-506.

Kächele, H., Schachter, J., & Thomä, H. (2008). *From Psychoanalytic Narrative to Empirical Single Case Research. Implications for Psychoanalytic Practice*. Hillsdale, NJ: The Analytic Press, in press.

Kernberg, O.F. (1986). Institutional problems of psychoanalytic education. *Journal of the American Psychoanalytic Association* 34:799-834.

_____ (2006). Identity: recent findings and clinical implications. *Psychoanalytic Quarterly*, 75: 969-1004.

_____ (2007). The coming changes in psychoanalytic education. II. *International Journal of Psychoanalysis*, 88: 183-202.

Kirsner, D. (2000). *Unfree Associations*, London: Process Press.

Knafo, S. (2007) Patching up the frayed couch. The New York Times, The City, Sunday, September 9, p. 1.

Knight, R. (1953). The present status of organized psychoanalysis in the United States. *Journal of the American Psychoanalytic Association*, 1:197-221.

Lear, J. (1998). *Open Minded: Working Out the Logic of the Soul*. Cambridge, MA.: Harvard University Press.

Leuzinger-Bohleber, M. & Fischmann, T. (2006). What is conceptual research in psychoanalysis? *International Journal of Psychoanalysis*, 87:1355-1386.

Levy, S. (2008). Psychoanalytic education then and now. Plenary Address, 97th Annual Meeting of the American Psychoanalytic Association, Atlanta, June 20.

Lothane, Z. (2001). Freud's alleged repudiation of the seduction theory revisited: Facts and fallacies. *The Psychoanalytic Review*, 88: 673-723.

_____ (2007). Ethical flaws in training analysis. *Analytic Psychology*, 24: 688-696.

Luborsky, L. & Spence, D.P. (1971). Quantitative research on psychoanalytic therapy. In A. Bergin & S. Garfield (Eds.), *Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons, pp. 408-438.

Luyten, P. (2007). JAPA Psa-NETCAST, September.

_____, Blatt, S.J. & Corveleyn (2007) Minding the gap between positivism and hermeneutics in psychoanalytic research. *Journal of the American Psychoanalytic Association*, 54: 571-610.

McDougall, J. (1995). *The Many Faces of Eros; A Psychoanalytic Exploration of Human Sexuality*. New York: Norton

Moi, T. (1990). Representations of patriarchy: Sexuality and epistemology in Freud's Dora. C. Bernheimer, C. Kahane (Eds.) In *In Dora's case: Freud-Hysteria-Feminism*, 2nd ed., New York: Columbia University Press, pp. 181-199.

Mosher, P.W. & Richards, A. (2005). The history of membership and certification in the APsaA: Old demons, new debates. *The Psychoanalytic Review*, 92: 865-894.

Pumpian-Mindlin, E. (editor) (1952) *Psychoanalysis as Science. The Hixon lectures on the scientific status of psychoanalysis*. New York: Basic Books.

Rado, S. (1955). Adaptational psychodynamics: a basic science, in *Changing Concepts of Psychoanalytic Medicine*, New York: Grune and Stratton. In *Psychoanalysis of Behavior, Collected Papers, Volume 1, 1922-1956*. New York: Grune and Stratton, 1956, pp. 332-346.

Reeder, J. (2004). *Hate and Love in Psychoanalytical Institutions. The Dilemma of a Profession*. New York: Other Press.

Rocha Barros, E da. (1998). Psychoanalysis: The future of an illusion. *International Psychoanalysis*, 7: 28-29.

Roth, D.B. (2007). Building a better researcher. *NYU Physician*. Fall 2007, The Magazine of New York University School of Medicine, p. 39.

Roustang, F. (1976). *Dire Mastery: Discipleship from Freud to Lacan*. Trans. N. Lukacher. Baltimore/London: The Johns Hopkins University Press.

_____ (1980). *Psychoanalysis Never Lets Go*. Trans. N. Lukacher. Baltimore/London: The Johns Hopkins University Press.

Schachter, J. (2002) *Transference. Shibboleth or Albatross?* Hillsdale, NJ: The Analytic Press.

_____ & Kächele, H. (2007). The analyst's role in healing: Psychoanalysis-PLUS. *Psychoanalytic Psychology*, 34: 429-444.

_____ & Kächele, H. (2008). The 'inseparable bond' between research and training. Submitted to *Journal of the American Psychoanalytic Association*.

_____ & Luborsky, L. (1998). Who's afraid of psychoanalytic research? Analysts' attitudes towards reading clinical versus empirical research papers. *International Journal of Psychoanalysis*, 79: 965-969.

Sen, A. (2006). *Identity and Violence*, New York, London: Norton and Company.

Shakow, D. (1962). Psychoanalytic education of behavioral and social scientists for research. In *Science and Psychoanalysis*, ed. J.H. Masserman, New York: Grune and Stratton, pp. 146-161.

_____ & Rapaport, D. (1964). The influence of Freud on American Psychology. *Psychological Issues, Monogr. 13*, New York: International Universities Press.

Smith, H.F. (2007). In search of a theory of therapeutic action. *Psychoanalytic Quarterly* 76:1735-1761.

Stone, L. (1961). *The Psychoanalytic Situation*. New York: International Universities Press.

_____ (1975). Some problems and potentialities of present-day psychoanalysis. *Psychoanalytic Quarterly*, 44:331-369.

Thomä, H. (1993). Training analysis and psychoanalytic education: Proposals for reform. *The Annual of Psychoanalysis*, 21: 3-75.

_____ (2004). Psychoanalysis without a specific professional identity: A utopian dream? *International Forum of Psychoanalysis*, 13: 213-236.

_____ & Kächele, H. (1994a) *Psychoanalytic Practice*. Vol. I, *Principles*. Trans. M. Wilson, D. Roseveare. Northvale, NJ, London: Jason Aronson.

_____ & Kächele, H. (1994b). *Psychoanalytic Practice*. Vol. II, *Clinical Studies*. Trans. M. Wilson, Northvale, NJ, London: Jason Aronson.

_____ & Kächele, H. (1999). Memorandum on a reform of psychoanalytic education. *International Psychoanalysis*, 8:33-35.

Tolstoy, L. (1968). *War and Peace*, Trans. A. Dunnigan, New York, NY: New American library, Penguin Putnam (Written 1869).

Wallerstein, R.S. (2007). Analytic education: An optimal structure. *Journal of the American Psychoanalytic Association* 55:953-984.

Zacharias, L. (2002). Marketing lessons. *The American Psychoanalyst*, 36:5-6.