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# Teaching for survival

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## EDITORIAL

### Teaching for survival

An earthquake runs through the psychotherapeutic professions (Neimeyer & Taylor, 2014). Since the 1980s, psychoanalysis has lost its leading position in clinical psychotherapy and its discursive leadership (Stepansky, 2009). University chairs and professorships, once long held by prominent psychoanalysts, are now held either by clinical psychologists with a cognitive-behavioral orientation, or by neuro-scientists who are far away from theoretical positions held by the representatives of neuropsychoanalysis. Public interest and belief in psychoanalytic interpretations has decreased rapidly, even though psychoanalytic discourse particles are shattered through many public utterances. A discipline that once inspired whole artistic movements, like surrealism, is now, if not ridiculed, mostly limited to partial usage without any clear reference – ranging from the dual-process theory in social psychology to the 2015 Pixar blockbuster animation *Inside out*. And many professional psychoanalytic practitioners seem to be unmoved by this threatening development.

However, this bleak picture is less uniform than it may seem. There are waves of encouragement running counter to these pessimistic threads. Recent research efforts have demonstrated the efficacy and effectiveness of psychoanalytic treatments for many clinical disorders, which has surprised even “true believers” (de Maat et al., 2013; Leichsenring et al., 2016; Shedler, 2012). It has been shown that psychoanalytic treatments have high cost-effectiveness (Egger et al., 2016; Wiltink et al., 2016), not only in anxiety disorders, but in depression too (de Maat, Dekker, Schoevers, & de Jonghe, 2006), compared with either cognitive-behavioral therapy (CBT) or pharmacotherapy. Effortful years of rigorous research have paid off: they show that psychoanalysts help in many difficult treatment situations, and that their supervisory qualities are requested; and if these colleagues need support or help in personal problems, they prefer to pay a visit to a psychoanalyst (Buckman & Barker, 2010; Gelo, Ziglio, Armenio, Fattori, & Pozzi, 2016). These results have also been reaching wider audiences through more popular journals (Shedler, 2010a) and magazines (Shedler, 2010b).

But what students in clinical psychology courses hear about psychoanalysis is either nothing or bad: psychoanalysis is said to be outdated, unscientific, unproven. In textbooks on personality psychology, it is described as if its development stopped around the time of World War II (Habart, Hansell, & Grove, 2011). The good news, on the other hand, is that descriptions of CBT that include concepts like “resistance” or “transference” are mentioned in many CBT textbooks (Emmelkamp, Vedel, & Kamphuis, 2007; Schlüter, 2005). CBT rediscovered the “talking cure,” again without quoting where the concepts were taken from.

Behavioral therapists Aron Beck and Albert Ellis once tested the usefulness of some behavioral techniques such as “thought-stopping” in compulsive disorders and alcohol treatment, and had to admit that these techniques brought contradictory results depending on the communicative qualities of each therapist (Woolfolk, 2015). The term “rapid change phenomenon” (Ilardi & Craighead, 1994) was introduced to describe how sometimes the effects showed up even before the special techniques had been applied! Some flagged the path of hope by writing about “returning to contextual roots” (Jacobson, Martell, & Dimidjian, 2001) in the headline of their contributions. Testing the “contextual model” against the “medical model” by applying highly sophisticated statistical procedures for worldwide-available metaprocedures was an endeavor whose results shocked the world of research (Wampold, 2001), because it attacked the medical model of (diagnostically defined) “disorders” – (defined by manuals) “treatment” – (statistically defined) “measures of outcome.” In his second edition (Wampold & Imel, 2015), Wampold held and intensified this position firmly. It is not the medical “intervention” or “dose” (of treatment) that cures, but a human relationship resting on qualities such as hope, fitting of treatment to the patient’s beliefs, remoralization, and so on. A talking cure is something going on between human persons, between people thinking about thinking people, and thinking while talking.

It is therefore no wonder that some contributions in this Special Issue, "Teaching psychoanalysis in various contexts," report that psychoanalysis is able to find an oasis for survival in the humanities.

And these are exactly the focal questions of this collection of essays. Instead of studying the circumstances and looking for causes of the unfavorable situation of psychoanalysis in the contemporary world, we have tried to use the most psychoanalytic of all approaches – self-reflection. Could the responsibility be ours? Might we be doing something wrong, so that our discipline is sinking deeper and deeper into obscurity? Although the replies might come from different standpoints, we decided to look at the process of transmission of knowledge, at how we teach psychoanalysis in university settings, to students who are meeting the idea of the dynamic unconscious for the first time and may form their long-lasting attitude on the basis of this teaching. We find it significant that all of the papers but one were solicited during the IPA Congress in Boston, in July 2015, after either formal presentations or audience discussions in the panels "Psychoanalysis and university," "Psychoanalysis and the academia," and "Shakespeare and psychoanalysis." Hopefully, it is a proof that the psychoanalytic establishment is open to reconsiderations and improvements.

To ponder these questions, we invited colleagues from various fields to report how they teach psychoanalysis, today: in the humanities, in cooperative enterprises while doing research in war-traumatized countries, in teaching sociology courses, or in supervising doctoral programs. It may be a symptom of the current state of affairs that we were promised a paper on how to teach psychoanalysis to psychiatry residents by two senior authors, but that neither of them delivered it in the end.

The issue opens with one of foremost Shakespeare scholars, Marjorie Garber, who writes about possible usefulness of psychoanalysis for literary studies, and offers an understanding of theatre with the help of the notion of projective identification, as defined by several different psychoanalysts. Another Grande Dame of American psychoanalytic humanities, Ellen Handler Spitz, shares her insights from a career as a university professor who surprises her students by wanting them to care: she sees a world of a difference between the undergraduate studies of today and those with her own professor, David Riesman at the University of Chicago, while also offering a most eloquent distinction between the humanities and natural science.

Ariane Bazan's valuable contribution sees psychoanalysis at the crossroads between exact and human sciences, with a very serious consequence: clinical psychologists are needed in the exact sciences who

can understand and rely on a person's story, who can view a patient as a person, and who give up the essentialistic temptation that something like a mental "disorder" exists just because we have a term for it. Nevertheless, the other side of what is required in the future is being aware that psychoanalysis has to be an integral part of a running scientific discourse. Undoubtedly, these clinical psychologists should and must be psychoanalytically informed or, even better, trained. But other questions arise at this point: How can and should they be trained? In which departments? In which institutions? And by what kinds of teacher?

Christian Churchill and Gordon Feldman show how psychoanalysis can still, and maybe even especially now, help sociology students to understand the dialectics between individual and society, through detailed discussions of Marx's theory of alienation and Orwell's book *1984*. Focused on social trauma, Andreas Hamburger, otherwise a psychoanalytic researcher in many fields, gives an instructive report about the use of self-analysis while teaching highly engaged and interested younger psychoanalysts in the former Yugoslavia – a process with many challenges. Michael Buchholz and Horst Kächele, who organize a dissertation program at the International Psychoanalytic University Berlin, report on a different type of challenge: some of the characteristic difficulties in teaching research methods to practicing psychoanalysts, one of these being the defensively used belief that one should not do research in the treatment room. And Aleksandar Dimitrijevic turns to the future, contemplating the improvement of the training model for future psychoanalysts and advocating close collaboration between institutes, which are to take care of training analyses, and universities, which can provide theory as well as supervision.

All of our authors face serious obstacles, fighting against a *Zeitgeist* that opposes the slow tempo of psychoanalytic understanding, against the irritation of experiencing the experience, or even more so against the blank assumption that there might be some unconscious influence in one's life that must laboriously be brought under conscious control. And, both as teachers and as authors, they fight against some serious difficulties resulting from the discovery that some psychoanalytic basics, such as the idea of causal determinism, should be thought through again and again. We should encourage ourselves not only to keep psychoanalysis alive, but also to develop responses to those who turn to us when in doubt, because our teaching contains the responsibility for their future professional life – in times when we might be gone. They should have the chance to experience independent minds encouraging them to find their own answers. Or, ultimately, their own

minds. This, we think, is the best that psychoanalysis might contribute to teaching psychoanalysis.

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