

## ELLIOT JURIST INTERVIEWS PETER FONAGY\*

J: Peter, I'm going to ask you a series of questions, but I'm going to begin with one that is not officially on the list: What keeps you up at night when you think about our field?

F: What keeps me up at night? I actually have to confess with you that I sleep extremely well (both laugh). As far as the future of the field is concerned, I'm gravely concerned about the future of institutional psychoanalysis. I don't think that organizations like the International Psychoanalytic Association, or the psychoanalytic "churches," I don't think they have much life left in them, or that they will change. As far as psychoanalysis as an intellectual or clinical discipline is concerned, as the truths that Freud identified, I sleep soundly. I sleep well.

J: I see. So can you imagine what the discipline will look like twenty years from now?

F: I can. If I'm kind of dramatic about it, I will say you will not be able to call it a discipline anymore. It will not be a modality. There will be an intellectual force. I think psychoanalysis, as in *Psychoanalytic Psychology* the journal, will be there. I don't think you've got anything to worry about as journal editor of *Psychoanalytic Psychology*. However, as a kind of professional training, psychoanalytic ideas will survive, and people will be training in a number of techniques, some of which are understood as psychoanalytic, but they aren't going to be techniques that are very easily traced back to Freud's free association model.

J: So if it's the institutions that you are skeptical about, can you say a little more about what place psychoanalysis will have within healthcare systems?

F: I think, as I said, modalities like "I do psychoanalytic psychotherapy," I don't think that will be a legitimate statement. "I treat this or that disorder, and in that I will use psychoanalytic principles, psychoanalytic ideas, psychoanalytic techniques, inspiration from psychoanalysis," that will exist. But I will be identified as a psychological therapist, and I will do a range of things, many of which, in my view, many or most of which will fit into the intellectual frame that we currently call psychoanalysis.

J: Okay. There are some people who see the theoretical pluralism, or the diversity of opinion, within the psychoanalytic world as contributing to its demise. Do you think it's more a matter of outside forces, or that internal plurality and diversity?

F: Plurality I don't think has anything to do with it. Quite honestly, in the British system we lived with plurality during the heyday of psychoanalysis, and if anything, like any competition within a capitalist system, it spurred people on to pursue their own ideas vigorously and to great effect. So I don't think that Bion would blame the plurality of the British Society, or Winnicott, or really anybody. I think everyone would be grateful for it. The problem is not that. The problem is at a very different level, which is the confusion that people make in their minds between technique of therapy and theory. To me, the two are very loosely coupled, and your technique is inspired by certain theories but actually is very rarely dictated by it. So some Kleinian technique may be enormously effective, superbly effective, without Kleinian theory being either right or wrong.

J: I see what you're saying. I'm wondering whether there are differences, though, between the British psychoanalytic culture and the U.S. psychoanalytic culture, in that this issue of pluralism really is manifest in the array of different institutes that don't have anything to do with each other in the States.

F: I mean, there's the old joke where the Jewish man lands on a desert island and builds two synagogues, the one that he would go to and the other that he would never be seen dead in. It's the narcissism of small differences. To me, in the modern world, in the twenty-first century, there's no room for it. It's a luxury we can't afford, and it's been disastrous for the field. It's not pluralism that has been the disaster, it's people digging little moats around their organization and saying, "Well, you know, you clearly do things wrong, and you can't come in here. You don't do things thoroughly enough, long enough – whatever it is, it's not enough." And without actually taking any interest in what the other person is doing, because we know it's not very thorough and not very good, and it's probably unethical. There's an enormous amount of demonizing. We know this in psychoanalysis as projection, and we come across it in clinical phenomena, but in ourselves we seem to find it hard to treat. I move across a lot of groups, and I find it hard not to learn from, not to admire, groups that the other groups are incredibly contemptuous about, and I find it hard to recognize some of the descriptions when I actually meet the people. I just don't have a lot of time for it, I don't think that's what I want to do with my life, trying to write notes on what different groups are. That kind of ethnography is not that interesting to me.

J: Alright. In the last two years, are there any specific psychoanalytic books or papers that have stood out as having an impact for you, and in particular on clinical work?

F: I wouldn't say a single book. I'm increasingly interested and impressed by what's being written, especially in North American psychoanalysis, about the interface between intersubjectivity and clinical work, which started out badly. It started out confused, started out a bit polemical, and was held together more by a distaste for something else rather than a clear intellectual mission. But actually, over the last few years, I would say the last five years, it has actually become much clearer what people who are so-called "relational" actually believe and want to sell us as a commodity. The kind of interface of intersubjectivity and relational thinking, particularly from a developmental perspective, that a number of people are doing I find extremely *simpatico*. I find it pleasant, an easy read, although there is still a bit of polemics, "We stand for being different," which I think is not very interesting.

J: I guess the way I would put it is that insofar as relational thinking has become embodied in a movement, it has a lot of the same problems as the so-called Freudian movement had. One critique that has been made of relational thinking is that it has not taken research very seriously. So I guess I'd like to ask you a question about your view, given that historically not many people in the psychoanalytic world have been interested in psychotherapy research. To what extent do you think this might be a factor in the declining influence of psychoanalysis?

F: You know, I was brought up as a Marxist, and I kind of tend to feel that economics drives these things, and that the decline has much more to do with the decline of interest in anything that's long term, that takes time,

that doesn't have immediate impact. There's that shift in culture, and it's also an economic thing: "Either you make me better in a brief time, or I'm not interested." And psychoanalysis has not been good as a brief therapy, which was a mistake not by my generation but by the previous generation that really took no interest in therapeutics, in how to make people better more quickly. They were interested in how to keep people in treatment as "durable cases" as Freud said.

J: That's a revealing expression.

F: They wanted patients around, and enjoyed them, enjoyed the cases.

Psychoanalysis has to get its act together to provide effective, quick treatments, which it can and will. I don't have any doubt that the techniques are there, and we can do it. People like Barbara Milrod and others are active with that. So I think the research really is a stick that we get beaten with, and the beating is an economic beating that we are taking.

J: What are your thoughts about how psychotherapy research could contribute to psychoanalysis?

F: That's an important question. I think we know from our own theory that our window on the world that we use as our database is rather limited: limited by our biases, prejudices, unconscious preoccupations, and the unconscious preoccupations visited on us by our patients. As a consequence of that, we are not good instruments, we are messy instruments of theory development and research. And actually it pretty much follows from our own theory that we need to use alternative techniques and that we need to use triangulation on our own observations. Observation is confirmed if another method is brought to bear on it and it shows a similar kind of thing. To me, the major candidates are neuroscience and qualitative research.

J: I want to ask you a question about neuroscience in a minute, but let me ask you a follow-up question first. Can you say more about the role of conducting research on the process and outcome of psychoanalysis from a political perspective?

F: At the moment, there is a lot of emphasis placed on evidence-based medicine, and unless you show yourself to be effective in randomized controlled trials, you're not effective. Randomized controlled trials are wonderful things. In observational studies there are great limitations, because everything is effective. Psychoanalytic psychotherapy is effective, Cognitive-Behavioral Therapy (CBT) is effective, swimming with dolphins is effective, all of these are effective treatments. What you can't tell from this is what is actually working. Randomized controlled trials give you causality. They can tell you that something about what you're doing is effective, but they can't tell you what it is about what you're doing that's effective. The problem with psychotherapy research is that it's too broad, it will catch too many treatments in that, and most of the things that I do are probably not necessary. So that's where treatment mechanisms come in. We really need to understand from a psychoanalytic as well as from a neuroscientific perspective, what is actually wrong with a patient that makes our treatments titrated to what is wrong with the mechanism that's wrong with them? To address that more specifically will make our treatments more effective, briefer, more to the point, rather than these rather leisurely, ambling across the park, "We've got all the time in the world, I'm sure we'll accidentally come up with what is the matter with you" treatments. Great thing if you can afford the time and the money. In the twenty-first century, this is a hard sell.

J: What do you imagine, though, about the prospects for research to begin to influence psychoanalysis, graduate students or candidates in training?

F: My sense is that you get two types at the moment, one type that's brought in by the research, and another type that's brought in because they hate research and come in as a kind of refuge away from all the stuff they hated doing in college. I think this is a fine mixture. I don't think that you need more than about 5 or 10% of seriously committed researchers within any kind of clinical profession to take the profession forward. But what is needed is for that 10% to be listened to.

J: So what you are saying is that not everyone who is becoming a practitioner should be actively involved in research, but they do have an obligation to respect the findings of those who are researchers.

F: I mean, no surgeon would seriously say, "I have nothing to learn from other people's practices." What we loosely call within psychoanalytic practice "scientific meetings," as I'm sure that you've been at a few, they are meetings, but it's hard to find where the science is.

J: Even when they're called "scientific meetings."

F: Even when they're called "scientific meetings." It seems to be an oxymoron. You could call them nonscientific meetings, or clinical meetings, or brainstorming, or idea-generation meetings, but they're not about trying to seriously, systematically study problems. By science I don't mean empirical science, I don't mean experimental science, I mean any systematic pursuit of knowledge. I am very catholic as far as what methodologies are likely to benefit us. I myself am a psychologist, so that's what I do, that's what I know, but anthropology has a great deal to offer I'm sure, and sociology, and the social sciences.

J: How optimistic do you feel about potential contributions to the field from neurobiological research?

F: Enormously. Enormously is the bottom line. Basically, I think neuroscience as it evolves will find out more and more about how the mind works. Because the brain is the organ of the mind, we will be informed about how the mind works through neuroscience. I don't think that neuroscience will develop treatments, but it will make the psychosocial treatments more effective through greater knowledge.

J: That's a succinct way of putting it. What about research that comes from other areas of psychology?

F: I'm particularly impressed by qualitative research methods. I think that phenomenology has been totally overlooked by psychoanalysts for reasons I have no idea about—maybe you have some idea as a philosopher—given that what we are experts at actually is phenomenology. We are so excited about the possibility of studying the unconscious, which actually is the least interesting bit to study, but studying phenomenology is really where it's at.

J: What do you think about the traditional distinction between psychoanalysis and psychoanalytic psychotherapy? Is it a meaningful distinction?

F: Yes, it's a meaningful distinction in terms of one being four times a week or five times a week and the other being three times a week or two times a week, and there's a big difference between five and three times in terms of the money and time. Is there a difference between the two in terms of the psychological processes that take place in the patient and in the therapist? Probably at the extreme ends there is. In terms of practicalities, we understand too little about the therapeutic mechanisms of either to be



able to pronounce with any kind of exactitude about differences or similarities.

J: How important do you think it is for psychoanalysis to be familiar with developments in the CBT therapy tradition?

F: I think psychoanalysis has an obligation to understand anything that works as a psychological therapy. If we have a comprehensive theory of the mind, it must encompass everything that has to do with the mind. That was Freud's view, that's my view, I think that should be everyone's view. CBT works, therefore we need to understand why, and it has to be a part of psychoanalytic theory.

J: Are there any developments in that tradition that stand out as particularly relevant to your own work?

F: There are generations, and now people are talking about second and third-wave CBT. CBT is now very interested in the individual's past, how the individual's past informs his/her current understanding of the world, his/her understanding of mind and these are originally psychoanalytic ideas. Fourth-wave CBT will have much more to do with the mechanisms of disorder and treatment. When we come to mechanisms of disorder and treatment, that's when there will be a very powerful alliance between those who practice CBT and those who practice psychoanalytic ideas, particularly along the lines that I'm thinking about, and you are thinking about, where there are mechanisms of the mind that are subject to conflict, but where we need to intervene not at the level of the conflict but at the level of helping people rehabilitate that capacity. And that's really where the two will come together.

J: So, you imagine that a convergence will occur, governed by the necessity for treatments to be stream-lined, to focus on the mechanisms of the mind that produce disorders.

F: There's only one brain. There's not a CBT brain and a psychoanalytic brain, and the systems brain, and the Kleinian brain – it's one brain. And ultimately there are a few things that make people better, and those are the things we really need to understand.

J: Do you think that psychoanalysis has any potential contributions to make in the field of political discourse?

F: If there are people who have contributions to make to the field of political discourse, and some of them happen to be psychoanalysts that's fantastic. I don't think because they're psychoanalysts they have a contribution to make.

J: Right, but one way to construe the question is that psychoanalysts *should* be politically active in some way.

F: Yes. They should be. And I feel I have a very strong commitment particularly to the unequal distribution of wealth, and I think the social inequalities in health should concern us majorly as psychoanalysts. It's an embarrassment, because most psychoanalysts are in private practice, and they are advantaged by the unequal distribution of wealth. But I have for many years now not really taken private fees, or I take very minimal fees, and I work for the Anna Freud Center, which is a charity. And I feel better for that. We should be looking at how we can work towards a more equal distribution of wealth, and in some ways try to prevent the extant inequalities from affecting future generations, particularly in countries like the United States and the United Kingdom. We'd like to be much more like countries like Denmark and Sweden. There's a very strong

association between a nation's wellbeing, which we all aim for as psychoanalysts, and the relative steepness of the gradient of inequality. The steeper the gradient, the worse the wellbeing; the more level the gradient, the higher the wellbeing. That is, as a psychoanalyst, in this sense, I am here to try to make the social gradient as flat as possible.

J: Well, another way to construe the question would be to think about the expertise psychoanalysts have in understanding the emotional aspects that influence how people make political decisions.

F: That's not my *métier*. It would mean working in policy, working in social policy, where we can influence politicians, I have very little time for this sort of thing. I don't want to try to influence them—I don't work with anti-social personality disorder for the most part!

J: Okay, just two more questions. As the director of a clinical program, what are your thoughts about how psychoanalytic education has changed over the last ten years?

F: It has changed massively, but people declare that there are no changes. That's what surprises me. People say it's exactly the same as it was, but actually it's totally changed. To me, people are much more interested in things like mentalization and general aspects of mental functioning than they used to be. They're much more interested in attachment than they used to be, and less interested in drives than they used to be. Is it a good thing, is it a bad thing? I don't know. I just notice that there are differences.

J: There has been much discussion generated by reports in the press about psychologist researchers who are critical of clinicians who are unresponsive to research, arguing that psychology as a field is in danger of discrediting and marginalizing itself. What do you think about that?

F: I think it's based on some rubbish research (laughs). I think that if pharmacology, if Big Pharma, paid as much attention to high quality research as psychologists do, we'd be in a better place where the prescription of worthless drugs is concerned. For example, we know from research that anti-depressants do not do very much for mild and moderate depression, and work mainly for severe depression, but they're prescribed for mild depression anyway. Is that good quality research? I wouldn't call it that. I think it is politically motivated, with a very small "p". There are financial interests at stake. There has been a big attack on Big Pharma which has led to a massive discrediting of their research. I'm proud to be able to say that one of our papers was part of this. We showed that published versus unpublished papers on anti-depressants in pediatric populations showed very different results. It was published in the Lancet, was awarded paper of the year, got front page coverage in the New York Times, and was one of the major things that led to the black-boxing of SSRIs. And Big Pharma is now trying to hit back. I wouldn't take it too seriously. When we understand the mechanism of a disorder, and this is the bottom line, when we understand the mechanism of a disorder at the level of biology, at the level of neuroscience, we will also understand that there is no way psychopharmacology will help us with those things, that the only way to alter those things will be psychological. They will be much more targeted, better targeted, but they will be psychological interventions.

J: So there's something ineradicable about the role of psychology.

F: We are here for the duration.

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