

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. Arbitrariness also fostered an intense investment of the individual's singular professional identity as a psychoanalyst. Defensiveness about the arbitrariness and the need to protect this professional identity engendered fear of, disinterest in, and criticism of analytic research whose findings might threaten unsubstantiated psychoanalytic tenets. For these, and other complex reasons, psychoanalysis all over the world has generated little analytic research.

In recent decades psychoanalysis in the Western countries 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 only 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, both for our own integrity and in order to restore respect for psychoanalysis within the general public and in the scientific community.

Key words

Arbitrariness, identity, 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 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, that all fields and all individuals occasionally 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 changed the belief.

Freud’s first arbitrary conviction was his initial theoretical hypothesis/ conviction that childhood traumas were the cause of adult neuroses (Freud & Breuer 1893a). 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).

We consider that Freud was unaware that he was subtly suggesting ideas to these patients, and believe that our 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" (1937d, p. 262). Freud (1909d) 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. It is noteworthy that several of his contemporaries, Breuer, Fliess and Von Krafft-Ebing rejected Freud's claim that his clinical material substantiated his theory.

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 might have suggested 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 the 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*.

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:

To accept clinical data as validating developmental hypotheses flies in the face not only of ferocious opposition from philosophers of science (e.g. Grünbaum, 1984, 1992) but also common sense; to accept retrospective hypotheses requires the unlikely assumption that pathological states observed in the consulting room are isomorphic in their structure and function to early stages of development (p. 8).

Further support for this critical conclusion is provided experimental observations 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. The question of what proportion of the variance can be attributed to genetic and what proportion to environmental factors is currently not answerable.

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: "At work in each case were: attachment to Freud's person, demand for privileged recognition, jealousy of the others, and conflict about the inheritance" (p. 9). Roustang also wondered whether in Freud's countertransference "the disciples were not each in turn supporting some part of the master's diffracted desire" (p. 11). 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). In the same vein Eisold (1997) 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 views provide a useful reminder of how difficult it is in historical reconstruction to determine which is the canonical version.

Freud was deeply concerned that analytic treatment be viewed as a scientific enterprise (Thomä & Kächele, 1994a). 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. 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.

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 psychoanalysis; 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.

It is noteworthy that in one area, the dynamic role of unconscious thoughts and feelings, there has been extensive empirical validation (Westen, 1999).

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). After 1922 institutes were required to have each candidate complete a training or didactic analysis with a recognized psychoanalyst provided by a member of the International Psychoanalytic Association (IPA) in order to become a psychoanalyst. We assume that, historically these "training analysts" would have acquired their own witting 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. For example, analysts' 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).

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 criticism 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 Heinz 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. A. Cooper (2008) wrote, similarly, that “pluralism alone is chaos and a plurality of authoritarian orthodoxies provides no means for selecting among them” (p. 235).

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, 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 that one domain, psychoanalysis, which then becomes that individual’s most salient identity.

We speculate, and would like to research, our impression 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 US institutes teach psychotherapy in their educational curriculum. This policy is described by Kernberg (2007a) 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. The need for singularity interferes with the capacity to make reasoned judgments utilizing the person’s other identities as resources. According to social identity theory, multiple identities are useful and important (Johnson et al. 2006).

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 APsA 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 A. 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 unsubstantiated beliefs, characterized as witting, arbitrary convictions. 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 “it would probably be most wise to say that we really do not know whether there are differences [between psychoanalysis and psychoanalytic psychotherapy], and if there would be differences, how these could be explained.” Similarly, A. 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.” The failure to achieve a consensually-agreed definition either of psychoanalytic process or of psychoanalysis itself, or of possible differentiation of psychoanalysis from psychoanalytic psychotherapy, presents every analyst with these epistemological quandaries.

These uncertainties, 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) proposes that this group cohesiveness, called entitativity, (which includes clear boundaries, internal homogeneity, social interaction, common goals, prescribes perception, affect and behavior and structures social interaction), moderates the relationship between self-uncertainty and identification. That is, uncertainty increased identification, but only when the group

was high in entitativity. 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 “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 (1937c) 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. For psychoanalysts, presumably, the absence of such identity primes as study group participation, attendance at meetings or contact with or thinking about the former analyst, may lead to a fading of the psychoanalyst’s identification.

Arbitrariness, Psychoanalytic Identity and Psychoanalytic Research

Freud, deeply concerned to protect the scientific bona fides of psychoanalytic treatment, had 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 (Kubie, 1952) and, more seriously in the 1960’s, was seen as alien to the psychoanalyst’s identity; it belonged to “other.” Rado (1955) was a lone, dissenting voice who insisted that the future lay with an “increasingly rigorous application of the scientific method to psychoanalytic work” (p. 335) (quoted by Busch, 2006, p. 82).

Positivist and Hermeneutic Views

Hoffman (2007) criticizes Luyten et al. (2006a) for favoring a positivist view over a hermeneutic/constructivist orientation. Since our proposal reflects a positivist position, we should address Hoffman’s critique, at least briefly. Most of our case-centered training, Hoffman asserts, tended to be positivist, and, therefore, he argues, the superiority of the hermeneutic/constructivist position needs to be emphasized, in part by criticizing the positivist position. One of his criticisms of positivism is that to call for “justification” of an interpretation “misrepresents the nature of the whole [psychoanalytic] enterprise;” more important than “justification” is whether what the dyad has created is “good” or not. Why, we ask, is one more valuable than the other; why are not both important? Hoffman adds that a “finding” that one form of treatment was more effective than another for a particular group of patients would be misleading for the analysts because it overlooked and obfuscated the patient’s uniqueness. We believe that such a “finding” can inform the analyst and need not in any way diminish the analyst’s appreciation of the patient’s uniqueness. Moreover, we have no knowledge of the degree to which a patient’s treatment behavior is a function of unique characteristics and of shared-group characteristics.

Each analyst's view, like each analyst's preferred psychoanalytic theory, has roots in his/her personality organization. Attempts to establish the superiority of the hermeneutic/ constructivist view over the positivist view by argument is as likely to be futile as an attempt to get an analyst to replace his/her preferred analytic theory with another one by citing clinical material.

We see these conceptions as complementary, not competitive. One approach may be more appropriate to certain psychoanalytic issues and problems than to others, e.g., delineating mutative factors or assessing treatment effectiveness. Each view has its problems and it seems more constructive to try to deal with them than to compare which are the more severe. The value of each approach should be judged in terms of its productivity for psychoanalytic theory and practice. We agree with Luyten et al. (2006b) that "much more is to be gained from dialogue than from opposition, and from complementarity rather than competition and conflict" (p. 599).

Arbitrariness and Psychoanalytic Research

Arbitrariness and the singularity of psychoanalytic identity are no friends of psychoanalytic research; indirect empirical evidence supports this view. A questionnaire study of the degree to which analysts read clinical papers rather than research papers found that those analysts with the strongest convictions about the fundamentals of analytic theory and practice were the analysts who 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. (2006b) 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). Consistent with this hypothesis, 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.”

Analytic Research and the Current Decline in American Psychoanalysis

Despite the anti-research attitude of the contemporary psychoanalytic identity, a small number of intrepid researchers have produced illuminating studies about analytic treatment. For example, Leichsenring et al. (2005), Sandell et al. (2000, 2007) and Zimmermann et al. (2015) have presented empirical data (not just witting arbitrary convictions) about the effectiveness of analytic treatment for at least certain patients; Kächele, Schachter and Thomä (2009a) have reported what are probably the most intensive and comprehensive empirical studies of the analytic treatment of a single patient (for a summary see Kächele et al. 2006). Luyten et al. (2006b) mention additional empirical studies, but do acknowledge that “the empirical basis of psychoanalysis still is relatively meager compared to other forms of psychotherapy” (p. 576).

Studying the effects of analytic treatment is extraordinarily complex for many reasons, including 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. Luyten et al. (2006b) 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 are constituted by witting, arbitrary convictions, the magnitude of the research enterprise becomes apparent.

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. 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; Levy, 2008). 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.

We propose, not that every analyst should become a researcher, but that every analyst should develop a *research orientation, an inquiring attitude and a tolerance for uncertainty* in order to become a *good clinical analyst*. These qualities 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. To foster a research orientation and an inquiring attitude in candidates, some of the teachers of psychoanalytic education need to be researchers, in whom these attitudes are integral. In addition, including researchers will provide a research role model with whom candidates can identify.

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.

An elective course could 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.

We realize that our proposal may seem inconceivable, but it 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. A. 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" (p. 253). Are there alternative, less drastic proposals than fundamentally re-conceiving the identity of the psychoanalyst, that carry equal promise?

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