

Submitted to the rubric "letters to the editor" of the International Journal of Psychoanalysis

On the devaluation of the original Eitingon-Freud model

Dear Sir,

We share most of the critical comments and suggestions O. Kernberg expressed in "a concerned critique of psychoanalytic education (2000), Int J. Psychoanal., 81: 97-120). There are, however, some points which deserve further discussions.

The first issue pertains to Kernberg's presentation of the "traditional Eitingon-Model" which regulates, as well as the later French-Model, the standard training of the IPA. The true revolution of the Berlin foundation was not just in its being a tripartite training institution. For it was conceived by Freud and Eitingon from the beginning as a **research** institution and as providing treatment free of charge for the general population, thus fulfilling Freud's (1919a) Budapest request. It was in this sense that the 1930 Berlin-Ten-Years-Report demonstrated the viability of psychoanalytic outcome research.

After the destruction of the Berlin Psychoanalytic Institute by the Nazis, what had been Freud's and Eitingon's concept degenerated into a mere tripartite training model, without a systematic research orientation and without free clinic treatments. Already by 1948, Michael Balint was complaining about this impoverishment:

"The original idea: psychotherapy for the broad masses..., became completely lost in the years of the development. It is a justified charge against us analysts that we are so little concerned about it, and only a fair consequence that the therapy of the masses is passing more and more into other hands and will eventually be solved - rightly or wrongly - without us. The same is true about the second original aim of the institute, about research. The results in this direction are so poor that they are hardly worth mentioning. Perhaps the only exception to this sad record is the Chicago Institute".(p. 168).

Kernberg presents this deteriorated version as if it were the original Eitingon model, and rightly criticizes it as Balint had done fifty years previously (but to no consequence). Kernberg and we plead for the true classic academic triad comprising teaching, treatment and research. This triad constituted the innovation and strength of the Berlin institute. In his introduction to the ten-years-report Simmel proudly said we even became a "minor university" (S. 11). We would call that academic triad the 'psychoanalytic trinity' following WEBSTERs definition of 'trinity': "a set of three persons or things that form a unit".

In a recent paper, Elisabeth Ann Danto reminds the analytic community of one of the frequently forgotten findings from the Berlin Poliklinik. She quotes Eitingon: "we cannot say that the factor of the patient paying or not paying has any important influence on the course of the analysis" (Danto 1999, p. 1288). In this vein two things have to be mentioned: The first is that, by an irony of fate, in 1948 the Berlin General Insurance Company (AOK) initiated free analytic treatment for the general public, - third party payment - ; and when insurance-based analytic treatment was introduced in Western Germany in the sixties, many analysts, unacquainted with these facts of history, fought against it. Seventy years later Charles Brenner (1995) put it succinctly like this: "Patients are not asked to pay because paying facilitates their talking more freely. Patients are asked to pay because analysts earn their living that way"(p. 427).

The second issue refers to our recommendation that the right of psychoanalytic Institutes to influence directly or indirectly the training analysis should be restricted. Any reading of our suggestion as a "regimented restriction" would clearly constitute a grave misunderstanding, since we fully agree with Kernberg that we should avoid "any bureaucratic restriction and bureaucratic extension of the personal analysis" (Kernberg 2000, p. 114). To restrict the power of Institutes to govern a course of therapy declared to be 'didactic' or to be a 'training analysis' is not a bureaucratic measure but a sound way of doing three things: (a) to rescue personal rights (b) to improve the otherwise permanently threatened therapeutic function of the personal analysis and (c) to create a professional curriculum where the work and knowledge of candidates is judged independently of diagnostic evaluations and unspecified expectations about what changes are to be brought about by further analysis (that is, by extending the analysis beyond the required term of "didactic analysis" as quantitatively defined). In order to avoid further endless discussions about differences between 'didactic' and 'therapeutic analysis' we suggest speaking of 'selfexperience' (Selbsterfahrung), assuming that most analysts agree that such a 'selfexperience' is necessary for professional reasons. In our opinion candidates should be evaluated exclusively on the strength of their performance as clinicians instead of being diagnosed as patients. In the abstract candidates who think that they can work without any selfexperience should be allowed to prove their psychoanalytic attitude, thinking and skills in intensive supervision and clinical seminars.

We agree with Kernberg that it is unethical for training analysts to report in any way about their candidates. But in our opinion it is even more unethical to administer and to request from a candidate to undergo a "supertherapy" (Balint) as a pre-requisite for his or her profession. The dilemma of the training analysis

derives from a confusion between therapeutic goals and professional qualifications. It cannot be the business educational institutions to make qualifications depend upon the diagnosis of the person. As clinicians, we agree with Kernberg when he writes that "candidates with narcissistic character pathology, for example, may require more than two or three years of personal analysis to overcome their narcissistic defences..."; as teachers, however, we strongly reject the notion that a training committee is either competent to diagnose the pathology of a candidate or justified in doing so. Nor is it entitled to request a "psychoanalytic purification" (Freud 1912 e, p. 12) with regard to the countertransference in the Freudian or in the - opposite - Kleinian sense (s. Eissler 1963, p. 457).

Most of the problems of contemporary psychoanalysis are brought about by the Trinity of teaching, treatment and research having degenerated into a tripartite training model, in which the pseudo-private personal analysis is at the concealed center of everything. The same is true for the French model, in spite of the seeming privacy of the personal analysis. We agree with Kernberg's critique of the French model and its negative consequences described elsewhere (Thomä 1993, p. 24, Thomä & Kächele 1999, p. 35).

If the arguments of our memorandum are convincing, a radical disentanglement of the professional curriculum from the self-experience is overdue. None of the contemporary models and practices secure the autonomy of the candidates' personal analysis. Neither the deteriorated Eitingon nor the French model come close to the 'psychoanalytic Trinity'.

References

- Balint, M. (1948). On the psychoanalytic training system. *Int J Psycho-Anal*, 29, 162-173.
- Brenner, C. (1995). Some remarks on psychoanalytic technique. *Journal of Clinical Psychoanalysis*, 4(4), 413-428.
- Danto, E. A. (1999). The Berlin Poliklinik: Psychoanalytic innovation in Weimar Germany. *J Am Psychoanal Assn*, 47(4), 1269-1292.
- Deutsche Psychoanalytische Gesellschaft (Hrsg) 10 Jahre Berliner Psychoanalytisches Institut Wien: Internationaler Psychoanalytischer Verlag
- Eissler, K (1963) Notes on the psychoanalytic concept of cure. *Psychoanal. Study Child* 18: 424-463
- Freud, S (1912 e) Recommendations to physicians practising psychoanalysis. SE vol. 12, 109-120

Kernberg, O. (2000). A concerned critique of psychoanalytic education. *Int J Psychoanal*, 81: 97-120
Thomä, H (1993) Training analysis and psychoanalytic education: proposals for reform. *The Ann Psychoanal* 21: 3-75
Thomä, H & Kächele, H (1999) *IPA News* 8: 33-35

Yours

Horst Kächele

Helmut Thomä

Dept. of Psychotherapy and Psychosomatic Medicine

University of Ulm

Am Hochstraess 8

D- 89081 Ulm

June 2000