Interview with the Associacion Psicoanalitica Argentia

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APA: We would like to have a dialogue with you on psychoanalytic research. We have many problems here. We think that research in psychoanalysis is very important, and thus we do clinical research.

K: That's a familiar story. That has been in the history of psychoanalysis ever since Freud. I mean it's been said, in the case of the Wolf Man, that case was used against Jung, to make a point against Jung, but then he said we need many deeply analysed cases to prove our ideas. So this was a clear call for systematic research because to have many deeply analysed cases, you need to have some formal way to aggregate the observations. So for me somehow it's always difficult to understand why some of us think, "That's okay, I don't do it, but let others do it." I think that's okay with me, so why do they oppose that others do it? So the point is not like it's okay with me, let others do it. That seems to me like an emotional problem which I have not yet understood. So, if a colleague is studying poetical aspects in psychoanalysis I think that's wonderful. I appreciate Steven Marcus´ work applying the tools of literary science to the case of Dora[1]. I think that's wonderful. And I want to point out that it would be a pity to limit one´s understanding of empirical work to treatment research. Treatment research is only one type of research, so there is linguistics[2], semiotics[3] in psychoanalysis. However, when a collegue would say that a particular group of patients cannot use the personal pronoun 'we', because they are not able to live in a group, then I would start to ask: how many patients have you seen, is this observation related to situational constraints etc, and so on. And so that is to explain how the field of linguistics, which has very interesting findings on the basics of language, then moves to a point where I would say, as a treatment researcher, well, this is a nice idea, but it's still a long way until you demonstrate its relevance for treatment[4].

APA: Me gustaria que nos cuente una historia de esta rama: como se fue desarrollando, el libro que publicaron, dando cuenta de este proceso, como se inicio en el instituto de psicoterapia, que significa en el capitulo 6 donde el

concepto de analizabilidad se transforma en tratabilidad, que terapia elegir, enfocar este comienzo para que la publicacion pueda ser comprimida.

As this dialogue will be published in our Revista de psicoanalisis, it would be very interesting for our readers and very necessary for you to explain the history of your ideas in Ulm with Dr. Thomä, and how the interest in research developed there, and if you could relate this to the change in concepts you made in chapter 6 (of vol. 1) from analysability to treatability. It would be very interesting for our readers to have some introduction to the dialogue.

HK I think your question points to the situation of psychoanalysis in Germany, being well established at medical faculties of universities since 1967[5]. That indicated the amount of change that had happened. Psychoanalysis in Germany, just to make a short historical digression, after the war, very soon after the war, was re-established by a few people that started again psychoanalytic activities with the support of analysts from various countries, especially from London . Alexander Mitscherlich - the director of the first university based "Psycho-somatic Hospital" in Heidelberg - being one of the main intellectual and emotionally significant leaders was very formative for my generation[6]. The first post-war generation of analysts contributed to an atmosphere that psychoanalysis is relevant for society together with quite a few otstanding philosophers and social scientsts. The topic of social responsability of psychoanalysis had already shaped the atmosphere at the Berlin Institute in during the thirties[7]. Leaving aside the question whether during the Nazi time the Berlin Institute could continued to function properly, however the surviving neo-psychoanalytic group with Schultz-Hencke as leader soon after the war was able to engage a local insurance company to support an out-patient facility. Its leader Annemarie Dührssen finally convinced the insurcance company by making a straight forward outcome study, a study on a thousand patients with a control group from the same files opf the insurance company, to demonstrate convincingly and most simply the cost-effectiveness of (once to twice a week) psychoanalytic psychotherapy[8].
When Mitscherlich successfully organized Freud´s centennial birthday in 1956 at Heidelberg and Frankfurt university he was openly declaring Germany to be in need of psychoanalysis[9]. So two movements came together: in 1967 insurance coverage for providing psychoanalytic psychotherapy and university departments for bulding further up training and research. The medical curriculum was officially completed by a field called <psychosomatic medicine> partially a true misnomer, partially a true German philosophical movement going back to Viktor

von Weiszäcker ´s ideas of holistic medicine which we have described in our textbook. I experienced as a student of medicine that the changes were part of the social liberal atmosphere that's been created around psychoanalysis and to apply for psychoanalytic training was to become a partisan for that cause. The post-war generation of psychoanalysts around Mitscherlich changed and created a field, psychosomatic medicine, which was 90% psychoanalytic and 10% vaguely philosphically tinted. I think these two moments furthered German universities´ departments for psychotherapy that were chaired by psychoanalysts like Argelander, Cremerius, Heigls-Evers, Loch, Meyer, Richter &Thomä[10]. If one now looks at the German productivity within psychoanalysis, if you make a top-ten list of the German journal PSYCHE, the psychoanalytic number-one journal, you find the top-ten authors are all university-based psychoanalysts[11]. So German psychoanalysts contributed to a culture where psychoanalysts at universitity departments for psychosomatic medicine and psychotherapy collaborated with the private training institutes; the financial security of being public servants suuported their becoming the intellectual motor of re-establishment of the intellectual psychoanalysis in Germany - this phenomen has also found its critics[12]. I think that twenty years after the war we had to learn a lot and there was only a slow startintel of intellectual productivity in psychoanalysis, so people had to go to London, as f.e. Thomä did, to get additional psychoanalytic training. The chance to work within the university made them the natural leaders of the two German Psychoanalytic Associations[13]. So from 1967 university analysts became the leaders of German psychoanalytic development. Now being established at the university, there were many different ways to do it ? At Tübingen Wolfgang Loch became the great theoretician writing scholarly, intellectually brillant papers hard too translate into any other language[14]. Horst-Eberhard Richter in Giessen developed his department in the direction of applied psychoanalysis especially for psychosomatic medicine. Helmut Thomä at Ulm decided to face the challenge of emprical treatment, following up a line of investigation he had brought home from his London experience with Michael Balint: What about the interpretations analysts don't give and have in their mind and what about Susan Isaacs' idea of what are the criteria for a correct interpretation. Back home in Heidelberg he had found out that the design of having some analysts bring session protocols had severe limitations[15]. Becoming the chair of psychotherapy at the newly founded Ulm university I suppose he felt more free and remembered Lawrence Kubie´s supervisions based on tape recording at the Yale Psychiatric Institute where in the fifties he was able

to spend a year as fulbright scholar. Thus he decided to introduce tape-recording as basis of future research. So in 1967 he made the first application to the German Research Foundation to establish basic research in psychoanalysis. The German Research Foundation (DFG) does pay for basic research. From what I know now - having served as a peer reviiewer myself for the past four years it is true to say <The more basic the research qquestion the more money available>. That's the key to our development in Ulm. To demonstrate simple success rates, even in 1970 was no longer a major research issue. Especially after Bergin and Garfield had published the first edition of their by now famous handbook[16]. But really one has to go for the basics and try to identify problems that have not yet been solved[17]. So this tape-recorded project was a project to study as carefully as possible the development of the psychoanalytic process. I came to the project in 1970. Thoma had first worked towards the goal to test interpretations by studying the reactions oof the one patient whose treatent served a basis of the project during the first years. And I was very young and naive, 25 years old, without any formal training in research methodology. I started my psychoanalytic training and my research job at the same time. My own first analytic cases also were tape-recorded, so I was through right from the beginning in the double role of clinician and researcher. As we encountered the difficulties: how to make a bridge between the concepts of psychoanalysis and the empirical viable ways to analyze it we followed steps of experience that already had been collected in a reader[18] that I could start to read when I entered the field. So I think that that's the first key idea, that basic research in Germany is well-paid. It makes sense to really focus: what is transference, how do you identify it, how do you do it. This I think is the first answer to your question.

APA: How did empirical investigation start in the United States of America?

HK: In the post-war period psychoanalytically trained psychiatrists among the Karl Menninger as chief army psychiatrist were beginning to study the process and outcome. The Menninger group was starting in 1949. And there's a famous symposium published in 1952. You might even have the book here. It was on the scientific status of of psychoanalysis[19], where Lawrence Kubie made an excellent presentation of all the salient research issues of psychoanalysis. In the same year we had the still famous paper by H.J Eysenck, a most controversial paper about the non-success of psychoanalysis that only recently has been laid to rest[20]. Formal research became a movement in which few but influential people

would get involved. So we had the Boston Institute which was very early to involve itself in some kind of evaluation, but these activities always focused on candidates. Even the Menninger projhect committed the crime to include trainees its its wonderful large scale study. It's very intriguing, why the Psychoanalytic Institutes, that's my personal impression, once they do research, they usually decide: let's study the candidates. It's a pity. That way it's impossible to study the issues that are critical for the future of psychoanalysis.

APA En esa situacion es imposible el psicoanalisis.

HK: I think so too. It's one of the misunderstandings of what research should be about. But it has a more general implication. In Germany, and I don't mean any cricitism, psychoanalytic institutes too often have their main reasons to exist for the sake of training. So that the candidates are the reason of being of institutes, which is not good for the field of psychoanalysis. You also train candidates if necessary, but research should focus on the unsolved issues of the field, it should study the topics of psychoanalysis. But in many, many places, candidates are the core axis where power is involved, prestige is involved and so on. So Merton Gill told me once "I'm very glad not to be a training analyst. It's the end of all intellectual freedom". And so all this diverse research activities in the US were done with cases from candidates. Most of the projects studying candidates´cases only showed that experienced students are better. So there is a famous data set from the Columbia University (New York). They show the longer the better. But this is superficial. If you look carefully at the data, they show that if analyses are terminated while they are still candidates, they are not so good. If the cases are taken over to the private practice after the students have finished their training, then they get better outcomes[21]. So you could read the data the other way around. You should get your candidates as soon as possible into the state of members. Then their work will improve considerably. That's what you encounter. I mean, if you look around, you will encounter it again and again. As soon as they are over with the candidacy. They feel free, they are more authentic, so this is one sad chapter in the history of this research. And there comes the question of analysability that you raised. Because of theoretical selection, a candidate had to find a patient to analyze, so the concept of analysability was a core construct in candidate career. However it's very difficult to say what is it: analysability. It's not a category with a sharp delineation. It means different things for different patients and different analysts. So the diverse projects repeatedly found out that in 50%

of the cases the assumed analyzablity did not materialize, whether patients improved or not. One found after all that a patient can be analysable or not; outcome might be good or not. So it's not a very strong case for what in our clinical world we talk about. And this whole paradigm of investigation patients as the object of study in a way is counter-psychoanalytic. Psychoanalysis is not a study of isolated beings. So that all this research in the US in the 1950's and 1960's in a way is not very convincing as an adequate approach to psychoanalysis. We should study analysts in their relation to a given patient. That's why at Ulm we really made a breakthrough. We said, "It's the therapist, the analyst, we should study at least as much as the patient.

Dr. Ponce de Leon: Muy fuerte. Nosotros por ahi podemos estudiar los desarrollos que hace tiempo se vienen dando. Creo que la actitud critica a la teoria y a la tecnica es muy fuerte. Lo que a mi me complica un poco es, en que momento todo este desarrollo de la investigacion empirica esta trabajando sobre psicoanalisis o se desliza hacia el campo de las psicoterapias.

HK: In Ulm? It's not an alternative. The basic methodology for doing that kind of research is the same, for psychotherapy, and psychoanalysis. There's no specific empirical methodology to study psychoanalysis. Why should there be one? Because all these things are dialogues, I look at them as dialogues, verbal dialogues, embedded in non-verbal interactions, and I'm just beginning to look for the differences. So, I cannot start saying, "This is psychoanalysis and this is psychotherapy", because these are very arbitrary definitions.

Dr. Doria Medina: I think that the question that Dr. Ponce de Leon formulated could be re-formulated in this way. What about the pure gold of psychoanalysis and the copper of psychotherapy that Freud talked about?

HK: To me this means that we need to know how to find gold, how to measure gold, what is the gold? I would put it the other way around. Let's try to substantiate the notion of gold. What is it that makes gold to gold? Have I a way to somehow get a feeling, a sensual kind of feeling of what makes gold to gold? In the fact that whenever I can transcripts of analytic treatments they exhibit a vast variety. So in Ulm, we at our basic research enterprise we have for many years studied in great detail four psychoanalytic cases. Four analytic cases. It's a

world. We have developed a very systematic psychoanalytic methodology of single case research. I highly recommend this approach because I look at every interaction of analyst and analysand as a continent of its own. And there is no point in doing group statistics before one doesn't know what one is talking about in the single cases. So in a way, we have increased the complexity of our object by focusing on every analysis, every analyst-patient dyad. We had two cases from an experienced analyst, Dr. Thoma, two from an unexperienced analyst, that were mine, and he had one male, one female, I had one male and one female patient, so we had some small ideas of comparative approaches, but our main task was: how does one have to go about getting a feeling that - aha! - that's where the gold is. So where is the gold? We have asked: is the gold, for example, in the field of the special rules that govern verbal activity? From the psychoanalytic theory of technique, I would conclude that if there's true free association on the part of the patient, and true evenly hovering attention of the analyst, there should be a zero correlation between talking of patient and talking of the analyst. In true, golden psychoanalytic process we would expect indeed a zero correlation. There should be no systematically related activity of analyst's talking and patient's talking, because the analyst should talk when he thinks: now that's my time, and the patient should talk when he.feels inclined to do so. And we showed that in a successful case, that's the patient Amalia X[22], using 130 sessions out of 517session, a correlation of the verbal activity of 0.000. Wonderful! Whereas as in another case, the patient Christian Y, which was a very difficult case to treat for first five hundred sessions, the patient was hardly able to talk by his own initiave. He was silent, silent, silent and the analyst tried to involve him.into the analytic work. The analyst initiated the exchange and the patient dropped again and again, so in a sample of 110 sessions out of 430 hours, we found a positive corelation of +0.30, which for that sample size is very strong. So this seemed to be a copper case, a strong supportive psychoanalytic therapy necessitated by the exigencies of that patient´s pathology. But we predicted that if this analysis were wuld make significant progress this correlation would come down to zero. And it did; from the time that the patient developed a capacity to use the analytic space, to be silent and to talk on his own initiative, so we had reached the gold of psychoanalysis. I would postulate that in psychotherapy you would not have this independence of two very different kind of discourse activities which to me characterizes psychoanalysis very strongly. In a way, the more supportive a therapist has to be, the more he should display a synchronization of discourse activities with his patient. Therefore our therapeutic

credo in Ulm is to establish as much everyday conversation as necessary for the patient to sustain the treatment and as little everyday conversation as possible to promote analytiuc progress So from that point of view what is the gold of psychoanalysis is not measurable by technical purity but by therapeutic necessity.
We also identified other aspects where to look for gold, for example in the personal relationships, f.e. regulated by personal pronouns <I and you>. There is a lot of informall discussions whether the analyst remains unintrusive or whether this means never 'I' as a personal, or on the level of the working alliance, you say 'we', we should do this or this, and so we investigated the organization of the personal relationship in the cases by studying in detail the use of <I> and <you> and <we>. We found no systematic pattern in the various treatments; the dyadic relationships were very different in this respect. I am not certain how much one can deduce from the lower level of linguistic elements to the higher architecture of the relationship organization. I think there's too big a step. So I could go on and talk for quite a while on all the studies we have done on different levels[23]. What we wanted to have was a map, a topography of how what we call an analytic process can be described, and as there are no examples, we had to start with some examples. It might be that our cases are totally unrepresentative of your cases, I don't know. But the same happens to truely famous analysts. When Winnicott published his extensive case in the book by Giovaccini[24] a French reviewer, Marie Anzieu, said, "This is not psychoanalysis as we practice it in France". Okay, that's what I think. I think there's a huge variety. I read a case in the Brazilian Journal of Psychoanalysis, there 's a real dialogue, the patient starts, the analyst says < aha mhm ahha>, and then after a few times, the patient's speeches get shorter and shorter and what happens here? The analyst gets more and more active, and at the end his interpretations is about half a page long. For me, this is also may be a psychoanalysis; however from the mere graphical representations in the journal I woud gather there is a power struggle in the relationship like Socrates was overpowering his poor disciples. It's exactly the dialogue structure that I have analyzed in Socrates' dialogue[25]. . If you look at them, he lets the person start the dialogue, and then he slowly takes over, more and more power. So, if you ask me what is gold, I don't think that this is our ideal of a psychoanalytic interpretation, because no patient is able to listen to the analyst talking for at least ten lines. We probably would agree that if a candidate would present this to us he would have had a hard time facing our criticism. I'm always impressed by the empirical variability in contrast to our theoretical agreements in psychoanalysis. The quotation refers to a well-respected member

of the psychoanalytic society in Sao Paulo so my point is not that ths is not gold but that we really do not know what gold means in a special case given.

APA: Una cosa que me quedaba pensando,y en lineas generales, estoy de acuerdo con esa apreciacion, es decir, a mayor dimension de la interpretacion, mayor perdida de la eficacia. Lo complicado que es establecer una regla general en relacion por ejemplo a la eficacia de la interpretacion. Pensaba en las interpretaciones de Bion, de Melanie Klein. Me parecen haber sido interpretaciones voluminosas. Me resisto a pensar que por esa dimension de 'Huge' a priori estaria descartada la eficacia. A lo que voy es a que me parece que en un tratamiento analitico, me parece que algo del oro analitico se juega alrededor del alto grado de singularidad que se pone en juego. Del analisante, y el alto grado de singularidad que se pone en juego desde el analista. Parece que en este sentido cada analisis pone en juego algo que uno encuentra en y que esa particularidad se pone en juego en lo que se discrimina como un psicoanalisis y una psicoterapia.

HK: Yes, but how do you measure it. You say it's a singular experience, so my problem as a researcher, is can you measure this. You are claiming this. It's wonderful, it's poetic, but for me as a researcher, it's a matter to be demonstrated.

APA: And for you as an analyst?

HK For me as a clinician. I am more convinced of a continuation. I don't subscribe anymore to this dichotomy that says, here is psychoanalysis and here is psychotherapy. My experience as a clinician tells me it's a more or less, so my favorite model is more a dimensional model. I think there is a dimension which I would call psychoanalytic and there is a dimension which I would like to call psychotherapeutic, and the psychoanalytic dimension has a lot to do with symbolic, virtualized interaction that is very real at the same time. It's that moment where you really think you feel how the internalized objects are re-established again in that particular moment to that person, and where you have a very oscillating exchange process between inner and outer objects. That would be my clinical conception of what I think makes this psychoanalytic dimension very particular. Which happens sometimes in psychotherapeutic encounters too. It's not exclusively bound to any external criteria. That's the problem we have.

External criteria like the couch or four sessions or five sessions. They are favorite conditions, but not necessary conditions. In no way. You will find gifted patients who even in a few sessions are able to discover an experiential truth which is exactly what we systematically approach in psychoanalysis.

APA: How can you measure transmission from the conscious to the unconscious?

K: Let's talk about it? How much time do you give me?

APA: You speak of measures, but in psychoanalysis, there are things you cannot measure. There are things that escape research.

HK: I think it is not a good strategy to say if we cannot measure, then one cannot measure it. Maybe in 100 years we can measure it. So now we are in a position where we have to say, let's see: what is our concept of the unconscious, and the conscious, and how does the clinician measure, i.e. identify the unconscious, what is the clinician's way of doing it? If you can't be precise about the clinician's way of doing it, then... So let me tell you how I started to measure the unconscious. As a beginner in my work as a researcher I read again and again the transcripts of our patient Christian. He was complaining all the time. He constantly used the words <no>, <never>, every second sentence was a negated sentence, negations negations negations. So I got a feeling that I as a clinician, in my ear, I would pick up, so to speak, a signalling activity in the patient's language: whatever he was speaking about, he would say No; there was no positive statement. I would suppose that the clinician would make somehow, his own listening attitude would somehow be attentive to a signal category in the patient's speech that he finally after some sessions might realize in himself. Now there is an experimental study by Donald Spence on this model. He is a psychoanalyst from New Jersey who has written a book on narrative truths[26]. Donald Spence is at the same time an experimental psychologist. He has two hearts. He made a study on five sessions with a patient that was treated by a famous analyst, and then, because the famous analyst became sick, was then treated by a young female analyst who stepped in, and she was pregnant. So Donald Spence said, "Okay, let's see when the patient will speak about pregnancy because immediately this pregnancy must tell her that after awhile she will be deserted again. So he took the first five sessions of this second analysis, and

looked for the processing of unconscious meaning[27]. So how did he do it? He used a paper by Victor Rosen which provides the theoretical foundations of language and the unconscious[28]. On the conscious level we have symbolic representations, and on the unconscious, we work with what he calls signals, isolated meaning fragments. Not the psychoanalytic use of symbolic as used in psychoanalysis. It's Cassirer's theory. So the unconscious is processing with signals. The idea is that our unconscious, for example if you take a generational semantic idea from Fodor and Katz in the line of Chomsky, they would say that we have a dictionary where the same words that represent one semantic marker are added up in one dictionary and we are listening so to speak for semantic categories, not for words. If we listen to a word which fits into a category, this category gets a score, and when the score is high enough we realize aha. This was the model Spence used. He made a semantic dictionary containing words representing pregnancy. Well, which words are in a free associative network connected to pregnancy. If you make a semantic network around pregnancy, there is milk, there is breast, there is bread, there is butter, all kinds of food and body and everything. He assumed that whenever one of these words turns up, I will conclude that the semantic category of pregnancy is touched, that's a token, an ewntry in my list. It's the idea that we might listen to. We add up different words and representing the one semantic string we are interested in in this study. Now his assumption was that this young female patient immediately unconsciousy realized while looking at her young female therapist "Good Lord, I´m going to loose her as well, she's pregnant. I won't last long here." So his idea is that there should be in the sessions, there should be in the language, an increase of these semantic markers. And the question is, when will she talk about it. When will the critical threshold be reached for the conscious self-awareness. In the fourth session, the threshold was passed, and these semantic markers came up in the free assiocuuations of the patient. So we use this model of studying unconscious content in our own reserach. So to give you one example how we used it: the patient Christian, had a very severe anxiety symptomatology, so severe that he had to stay in a hospital for 3 years, in the hospital of internal medicine. He had tachycardia, up 210 beats per minutes that couldn't be stopped by any medication. When he opened the window, he would get an anxiety attack. So he was very, very sick. He was seen six times a week at that time. So we took Fenichel´s textbook[29]. What does Fenichel say about anxiety neurosis? One has to work through the primitive rage with the primal object, something like this. So we said, the hypothesis is: when former unconscious anger is mobilized in

the analytic process, then the conscious anxiety should decrease. So, very simple, we only counted with our computer, at the beginning, in 1970, my secretary and myself did it with our hands, we counted the frequency of the word 'anxiety'. 100 sessions, 200 sessions, 300 sessions, 400 sessions. Very high. The most frequent noun of the patient. The most frequent noun. The patient was continually obsessed. All kinds of anxiety, every object there was. What is the analyst doing? Analyst follows but very much less. So he joins, but he does not reinforce the use of the noun. That's an operational strategy. Very simple. From session 450 onward the patient moves into a intensive and chronic state of anger, but at the same time he walks out of hospital, he goes back to his studies, he's angry with everybody, especially with his analyst, he wants to kill himself, but his anxiety is greatly diminshed, so we have very strong evidence of a shift in symbolic activities, that we have organized around the two key concepts of anger and anxiety[30]. What we call the unconscious in this study, is a probabilistic system. In every second, in every milli-second, in every sentence is also shaded, coloured by my unconscious referential activity at any moment[31]. So Freud's ideas of the primary process are much more true than Freud could anticipate. Our idea is that even without exact knowledge how our brain is operating we do now that it works very fast; it continously provides an atmosphere of meanings in our mind; and from this atmosphere of meanings one can say that every sentence is bombarded, and so every intentional thought one have gets coloured by the unconscious impingements. Depending on the situation these impingements are allowed for conscious processing or not. So if you are in a sauna, a lot of these impingements are not allowed, so it comes about that you don't feel aroused; that's funny, you're around a lot of naked people, but the situational definition does not allow it and that's it. When you are in a situation where it's allowed, you say, it feels like a sauna, doesn't it? then you make a seductive move. I mean, that's clear. I think that's why psychoanalysis is a language, a tool, a language game that uses the non-verbal reference of language; that's where we have to be a master in. language using the non-verbal reference of language. If we don't do this we are flat.

APA: *Dr. K. : You don't look like a German because of the passion you put and you don't look like a researcher either. Is it a pity or are you glad about it?*

HK. Research has become a passion of mine. I was lucky to get a considerable amount of research money in Germany for doing research in psychoanalytic psychotherapy. And research to me is a way of dreaming, of mapping out the future. One first needs a dream. In 1988 I initiated a study group at the Center for Psychotherapy research in Stuttgart to develop a large scale multicenter project on dose-effect relations using the in-patient treatment of eating disorder; a few years German re-unification sucked up all available research money. So we had to continue fed by enthusiasm and a small grant from a private foundation[32] It was only after we had achieved to continue our project we received very large grant from the German government so that we now are in a position to collect data on 1200 patients in 55 hospitals all over Germany[33].

You ask where passion for psychoanalysis comes from? In my understanding it has to do with.my adolescent years when I met the first psychoanalysts as part of my cultural breeding in Stuttgart. I met anthroposophs, crazy people. I like crazy people, at least to be in contact with crazy people: poets, artists and psychoanalysts. I met Werner Kemper from Rio de Janeiro when he came to Stuttgart, to a psychoanalytic meeting. I always had friends who were 10 years older than me. I felt it was nice company, and so I decided to go for psychoanalysis, and I convinced my father when I was 18 years old that he should pay me a training analysis. My father had been through that kind of unusual demand already when my brother said he wanted to become an actor. So he would be open as long as I could concince him of my being serious about. I studied medicine for 5 years, keeping an eye, a very intensive time, on psychotherapy and psychosomatic medicine, psychotherapy and so forth; and when I was at School of Medicine in England for seven months, I started to work on my doctoral dissertation, dealing with the concept of psychogenic death in medicine[34]. What theoretical models do we have that people die from psychological causes? That gave me a wonderful diving into the literature. So I read Freud's article in the Encyclopedia Britannica, in the eleventh edition, wonderful, about the taboo, and I read a lot about the taboo, and found it very exciting. And so psychoanalysis to me is like being a writer, kind of very colorful, and I had sworn never to do an empirical study. As a student I was totally against empirical studies until I came.to Ulm. There's a funny crossroad. In my doctoral dissertation I read a book on anorexia nervosa. And the guy's name was Dr. Helmut Thoma. I liked his style. I didn't know him as a person. I liked his literary style, also the way he handled the critical issues. And as I had already read a lot of psychoanalysis, that was a good mixture. So I wrote a letter to him, as a

student, in my style as you know now. And he wrote back a very formal letter, and he said, "That's okay," I wrote, "I want to work with you." He said "Okay, Okay." He was not very enthusiastic about this idea. So when I finished my studies, again I looked where is Thomä now, and Thomä was in Ulm just with the new department, so I had two options; as Ulm was also a very strong department for psychosomatic medicine.

APA: Dr.K. What do you think a good French chef might think about the chemistry of cooking?

HK: He will say: "It's good that I don't have to know it because I do it by intuition." As long as his customers will pay his bill, he doesn't need to know it But if this chef would have been confronted that as time passes, his attractivity is waning, he might think: "Something might be missing from my recipes." And so he might ask at least someone from the field of nutrition or might talk about that people have changed their habits, or might go to basic science people. So as a clinician, I don't have the feeling that I have to know all these things, as a clinician, but I think that our field like any field of applied science needs the long-range underpinning of basic knowledge about it, because we might be wrong. And we are wrong in many things, we are totally wrong. For example, the transference neurosis is never dissolved, that's is not ikely to be a good concept. It's not a concept that really has any empirical support. It's not. It's the other way round. Luborsky has studied this very carefully, very long. What happens is that the transference position inside gets slowly under conscious experiential control. At the end of analysis, we are much more aware of our inclinations with whom to fall in love. But we do not dissolve it[35]. So that's one concept where I really think that empirical research should have an impact on our clinical teaching, because individual analysts feel guilty that their patients don't do what's written in the books. So I think there are some items, I am sure that Lester Luborsky nowadays could make a long list, where "research should change practice".

APA: Que lugar ocupa dentro de la investigacion empirica en psicoanalisis poner el foco, dentro de lo que Uds han hecho, en los fracasos y los momentos de atascamiento de un proceso psicoanalitico?
What's the place of research nowadays of the failures and the impasses in psychoanalysis? Una preocupacion que el analista tiene por investigar clinicamente ese proceso,? no produce una alteracion del campo psicoanalitico

que produce una complicacion en el analisis? The interest of an analyst in empirical research, doesn't it produce an alteration in the analytic process? Do you think that the support that you have from the federal government or from insurance is very important for the research, or can it be considered in other parts of the world where there is no insurance?

HK: Insurance has nothing to do with the government. It's a trade unionist model. These insurances have paid because in 1965, one psychoanalyst, Prof. Anne Marie Dührssen, collected data on 1,000 patients and made them understand it's worth the effort. But insurance has never asked for more research in Germany. It has nothing to do with the research. In the last 20-30 years. This might change now. It has not been. It's been a creation of a political atmosphere, of understanding, of political decision-making. Of people who didn't reject the role of insurance companies.More often than not they were from neo-psychoanalytic position ssomewhat similar to Sullivan in the USA The more orthodox sychoanalytic movement in Germany had a for a while a anti-cultural position if as the taking into account of cultural factors would decrease the relevance of psychogenetic factors. The neo-psychoanalysts in Germany had a better feeling that social reality had to be taken into account, so they politically were more likely to influence political reality. As mentioned before Alexander Mtscherlich was the unifying figure in this respect.
For all of us we've profited from that developments. Insurance regulations don't make a difference whether you're a Lacanian or whatever, as long as you are licensed by the medical chamber, and psychologists are also licensed by the medical chamber. Except for the initial momentum systematic research was not demand as the contract between psychotherapists and insurance was of a political nature. In the textbook we have detailed these circumstances in a special chapter, but now under the most recent developments in health ecconomy under the new term of quality managment it is bound to become a factor. There my research group in Stuttgart linking out-patients institutions in Ulm and Munich as well is in the process of establishing a - large scale - study on long term open-ended analytic psychotherapies with session frequency as a discriminating variable. It is a pleasure that a group in Buenos Aires from both psychcoanalytic societies has decided to implement the proposed procedures. These studies will anticipate the problem we have to face. Only once or twice a week for a hundred hours was supported by Dührssen study and there are very few studies worldwide that demonstrate the effectiveness of longer and more frequent psychoanalytic

treatments. Even in Germany there's no study on effectiveness of high frequency psychoanalysis. So I anticipate that in the years to come we'll be in trouble. The membership of the German psychoanalytic societies hopefuly will raise a larger sum to do such a study. It's their own interest. From my usual basic research interest, I'm not so interested in the legitimization of outcome evaluation of high-frequency psychoanalysis, because too many problems have still to be solved. Together with my colegue Hans Kordy we are interested in the diffential outcomes of psychoanalytic therapies at different times in the process[36].

So in psychoanalytic therapies we should really study process-related micro- and meso-outcomes to understand the changes in time.

With regard to your question whether one can be a researcher and a clinician my favourite quotation is Bowlby´s paper on psychoanalysis as art and science[37]. If I'm in the clinical situation I'm so far away from the necessary simplification of research work. The task of science is ti simplify, the task of the action fields like therapy is to increase complexity. My clinical heart knows it's a different domain, a different discourse. I never do research on cases I still clinically work with. I think that we should learn to critically discuss with a researcher if we do not understand his findings.

There is very little research on failure. Are there no failures in psychoanalysis.(laughter) ? There are one or two books, but I've rarely seen an IPA member writing about failure. Wallerstein´s summary of the Menninger project is the one precious exemption[38]. More often than not eclectic psychoanalysts write on their painful history being in training with the offical IPA-worlds. It would be very important to better understand dramatic failures from the patient's side which are successes from the analyst's side; it goes both ways. In terms of atmosphere, here in BA where there are many many, many psychotherapies and psychoanalyses, it might be very interesting to use, for example, a questionnaire that Hans Strupp has published in 1964: "Patients view their psychotherapy in restrospect"[39]. In our textbook we have mentioned a study we also did on 100 patients of our departments. And I tell you, our patients were remarkable able to differentiate the warm-hearted, helpful analyst and the analyst who made the analytic session like a freezer They say: "It was cool for years and years. It was cool and I never felt being understood. I knew I had to go there, it was my only chance, but I never felt well." And that's not a good sign. I mean, the mother-child relationship is the paradigm for most of what we have to also organize, so patients are in a wonderful position to tell, so that would be very important.

It's clear in once a week psychotherapy we have very well substantiated statements nowadays that after few sessions, the therapeutic climate should be positive. For psychoanalysis that's real challenge how the concept of helping alliance does apply as well. The Heildelberg study on long term psychoanalytic therapy has documented that improvement rates go like this: the first weeks, months, very good. Then the process is slowing down[40]. And the problem is to find when to stop because your gain gets smaller and smaller and your time grows exponentially and that's a big ethical problem. It's an ethical problem, because at the same time you could see another five patients in short-term psychoanalysis. If it were four years instead of twelve. It's a problem for the profession. So our insurance system in Germany may have had a lot of problems for analysts however it open analytic treatment for many who never would dream of beginning that adventure. The ptential maximum of 300 sessions paid by the insurance for psychoanalytc therapy will allow quite a sizable number of patients to begin. Many patients stop treatment once insurance coverage is turn off, still about 30% of those will begin will continue on private paid psychoanalysis. This is still a high figure in total number, because you start on a high level. Some our my collegues would say these patients don't have true psychoanalysis, they only have intensive psychoanalytic psychotherapy. I have no problem with this. There are many people who get intensive psychoanalytic experience that they would not get if you have only privately paid analysis. A lot of people would never dream. Patients often come from social profession like teacherrs, nurses, socialworkers; they work in difficult circumstances and would be able to pay for psychoanalysis themselves. A lot of medium- income people that would never be able to afford analytic treatments. So it's a kind of trade-off I would say.

APA: I remember that Friday you spoke about poetry I think it's good to say that...

HK: There are a lot of concerns about research that I do not really understand, and I said poetry is a nice thing. No one claims that literary criticism has destroyed the essentials of poetry. No one would say that. I mean, if I read a poem, for me it's in my heart, so the psychoanalytic experience, the experiential part of psychoanalysis remains in between the two people. But as literary criticism can tell us a lot about the conditions and moments of good poetry and bad poetry. Bad poetry might find someone that likes it. Soap operas are

something like bad poetry, still soap operas are like poor therapy, if you like. That would be a debatable comparison. There are some kinds of therapies that are soap operas. For me, bio-energetics, body work, massage, rolfing, golfing, these are all soap opera forms of therapy. But mind you, the quality check cuts across the schools and the convictions[41]. It is very likely there will be good and bad analysists as well. So my point is always that literary critisim can help to better understand the conditions of production and reception of poetry, so formal research on psychoanalysis can help to better understand the conditions of production and reception of psychoanalysis as a therapeutic enterprise. So why make a problem of this. For the long range survival of psychoanalysis as a therapeutic discipline it is essential. If you claim to be therapeutic you have to demonstrate it. There is a kind of relentless - show-me -your-data attitude I do subscribe for ethical reasons. And Freud´s position discriminating a therapeutic and a scientific psychoanalysis is insofar misleading as a psychoanalytic enterprise is contingent on a existence of a patient. The problem is that I think that Freud meant that only if you maintain the therapeutics you get what you want from the scientifics. If your therapeutics are not optimal, what you study in scientific psychoanalysis is an artifact. And this is the core of the whole problem.That's why, when one makes such strong statements, like 'no goal, no aim, no desire', I am afraid patients don't appreciate this as our profession does. Patients come for some kind of goals and one of the basic ethical problems of treatment that the agreement on goals is most often at variance among patient and therapist. One has to explain a lot of things that your patients understand why you behave sometimes in a very odd manner. Therefore candidates are the best patients for psychoanalysis, no? Because they understand that a core change process of psychoanalysis is the identification with the analytic function. A sizable number of not satisfied customers of psychoanalysis around for that reasons. I'm talking about Germany, not about Argentina. Too often the patients habve not been prepared for the rules of the game: "Why do I have to come five times a week if I think I could do it in three times a week?" If you do not make a good explanation, you will not maintain the necessary level of the therapeutic alliance. That is another of our credo, and that's what I really have learned from Thomä. I think that's his point, his very important point. That only if one maintains this dimension one can demonstrate what scientific psychoanalysis is all about: that one really achieves a lot of change in structure, in ideation, in emotions

APA: Pensamos que el pensamiento del psicoanalista se puede conocer de muchas formas: a partir de sus trabajos, sus conferencias, pero tambien pensamos que los dialogos como este con Ud son una manera articulada y privilegiada de comentar y hacer llegar y difundir su modo de pensar, en este caso el suyo, de una manera menos formal pero no menos rica, y no menos sugerente que a traves de la formalidad de los trabajos, de las conferencias. Le agradecemos mucho que haya participado en esto, que es una experiencia que estamos haciendo. Hemos tenido otras entrevistas con colegas que nos han visitado. Le haremos llegar despues una desgrabacion. We'll send you the text of the recorded dialogue.

HK: I've understood most of what you said. You said the informal interview provides the opportunity to come into more exchange because you feel more of me. I feel honored by the degree of interest you showed to our work in Ulm. Muchas gratias.

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