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Development of a plurality during the one hundred year old history of research of psychoanalysis¹By Marianne Leuzinger-Bohleber

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It is well known that Freud was hoping his entire life, that, due to the development of the modern natural sciences, the time would come, in which the insights of psychoanalysis won with pure psychological, clinical-empirical methods of observation could be also “objectively” examined with the “hard” methods of natural science. Forty years ago, however, Jürgen Habermas (1968; engl 1971) called this Freudian longing the “scientistic misunderstanding” (Szientistisches Selbstmissverständnis) of psychoanalysis. He characterized psychoanalysis as a “Humanwissenschaft” following an *emancipatory interest in insight*, in contrast to behavior therapy as being dedicated to a positivistic understanding of “Wissenschaft” (science) that has a *technical interest*. This distinction met with approval of a whole generation and psychoanalysis due to many factors, was at its zenith in Europe and many other parts of the world. Psychoanalysis in general experienced as a critical hermeneutic method of individual and social contradictions, of unconscious sources of psychic and psychosomatic suffering, an exclusive social acceptance in these years that at times verged on idealization. Although there were always attacks and controversies, psychoanalysis as a method of treatment and as a critical theory of culture did not have to worry about its existence during this period.

The social acceptance of that time formed also the understanding of science and research of psychoanalysis in those decades. Shortly summarized: In the 1970s and 1980s beside the genuine clinical psychoanalytic research, this concerned in many European countries hermeneutic-oriented and social psychological approaches, analysis of culture and an interdisciplinary exchange with philosophy and sociology and the literary studies, humanities and pedagogy, as well as film and art. Empirical and especially quantitative research in psychoanalysis and the dialogue with the natural sciences were considered by many to be naïve and not fitting for psychoanalysis, even to the point of being harmful (see Bernardi, in this volume). Therefore only few analysts were involved in quantitative outcome research in the fields of psychotherapy or psychiatry. This lack of communication in the field of research had longlasting consequences. To mention just one example: Siri Hustvedt (2010), writes in her bestseller *The shaking woman* laconically:

“Although American psychiatry was once heavily influenced by psychoanalysis, the two disciplines have grown further and further apart, especially since the 1970s. Many psychiatrists have little or no knowledge of psychoanalysis, which has become increasingly marginalized in the culture. Large numbers of American psychiatrists now leave most of the talk to social workers and stick to writing prescriptions. Pharmacology dominates. Nevertheless, there are still many psychoanalysts practicing around the world, and it’s a discipline I’ve been fascinated by since I was sixteen and first read Freud” (Hustvedt, 2010, p.17).

As Thomas Kuhn (1962) describes in his analysis of the history of science, different paradigmata often exist side by side within a scientific discipline. However, one of them usually dominates – the one that fits best to the zeitgeist. The just mentioned understanding of the 1970s and 80s seeing psychoanalysis

¹ This paper is based on the Research Lecture given at centenary celebration of the IPA in London, March 2010 and its elaboration in Leuzinger-Bohleber, in press.

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as a critical hermeneutics is still vividly represented in many countries and many IPA societies (see e.g. Green, 2003; De Mijolla, 2003; Perron, 2006; Widlöcher, 2003; Ahumada and Doria-Medina, 2010; Vinocur de Fischbein, 2009; Duarte Guimaraes Filho, 2009, Scarfone and Bernardi in this volume). In some countries, particularly in the US, England, Germany and some of the Nordish countries, the adjustment to an empirical research paradigm has been brought to the fore during the last decades (see among others Fonagy, 2009 and in this volume). In these countries the zeitgeist has changed since the 1970s: in times of “evidence-based medicine” and of medical guidelines one might get the impression, that also for psychoanalysis, there exists only one, namely the empirical-quantitative form of research, in the sense of the classical natural sciences, of “science”. This is – by closer inspection – a strange reoccurrence of an out-dated and problematical idea of an “unified science” (Einheitswissenschaft) (see e.g. Hampe, 2003, Leuzinger-Bohleber, Dreher, Canestri, 2003) and a simplification of the complexities of research in the knowledge-society (see e.g. Weingart, 2002). Instead, seen from an epistemological point of view, pluralism of theories, scientific experiences, methods and concepts of investigation are dominating in most of contemporary scientific disciplines nowadays, psychoanalysis included:

„In view of the pluralism of sciences stemming from the various concepts of experience, psychoanalysis is – by positioning itself in this way – by no means isolated but has similar concerns as other contemporary sciences which all attempt to explain to each other the special character of their discipline, to start dialogue and, at best, to promote an interdisciplinary cooperation..... The idea of a unified science which – full of enthusiasm and persuasive power – was first proclaimed during German Idealism and later in a different form during Logical Empirism has not turned out to be tenable. ‘Like all euphorias, the notion of a philosophical unified science was not a permanent one, it passed. At this point I only want to state that I do not know of any serious representative of philosophy of science who still cultivates the notion that a phenomenon such as a unified science exists’ (Hampe 2000: 28). The sciences have rather become more subtly diversified. The differentiation between the natural sciences and the humanities ... which were proclaimed by Dilthey at the end of the 19th century, can no longer depict adequately the diversity of the various scientific disciplines we deal with today (cf. Follesdal 1999). Thus, it has become increasingly obvious that it is no longer possible to phrase a unified theoretical concept for all these sciences. There is no form of scientific theory which could equally be applied to mathematics, physics, biology, psychology, sociology, archeology, history and philology let alone to medicine, jurisprudence and theology. We are indeed in a state of ‘pluralism of the sciences’: ‘First of all pluralism of sciences not only means pluralism of subjects but secondly also of scientific forms of theories. Thirdly, these different forms of theories produce a pluralism of scientific experience. The pluralism of scientific experience is possible by trying to discipline our everyday experience. Quality of experience, its importance with respect to precision, completeness etc. are thus declared values. In the individual sciences the pluralism of these different epistemic values (‘Erkenntniswerte’) is realized in different ways and in each science special methods were developed in order to make sure that the precision, completeness, level of contrast etc. which are defined by each science in a unique way could be developed step by step. Therefore, pluralism of sciences means first of all a pluralism of theories, secondly of experience, thirdly of epistemic values (‘Erkenntniswerte’) and fourthly a pluralism of methods’ (Hampe, 2002, p.33).” (Leuzinger-Bohleber & Bürgin, Introduction to Pluralism and unity? Methods of research in psychoanalysis, 2003, p.12/13)

According to these epistemic considerations it seems adequate to pronounce the *specificity of psychoanalysis* as a “specific scientific discipline of the unconscious” (spezifische Wissenschaft des Unbewussten) which – during the last 100 years of its history – has developed a varitey of different, highly qualified research procedures to investigate its specific object: unconscious conflicts and

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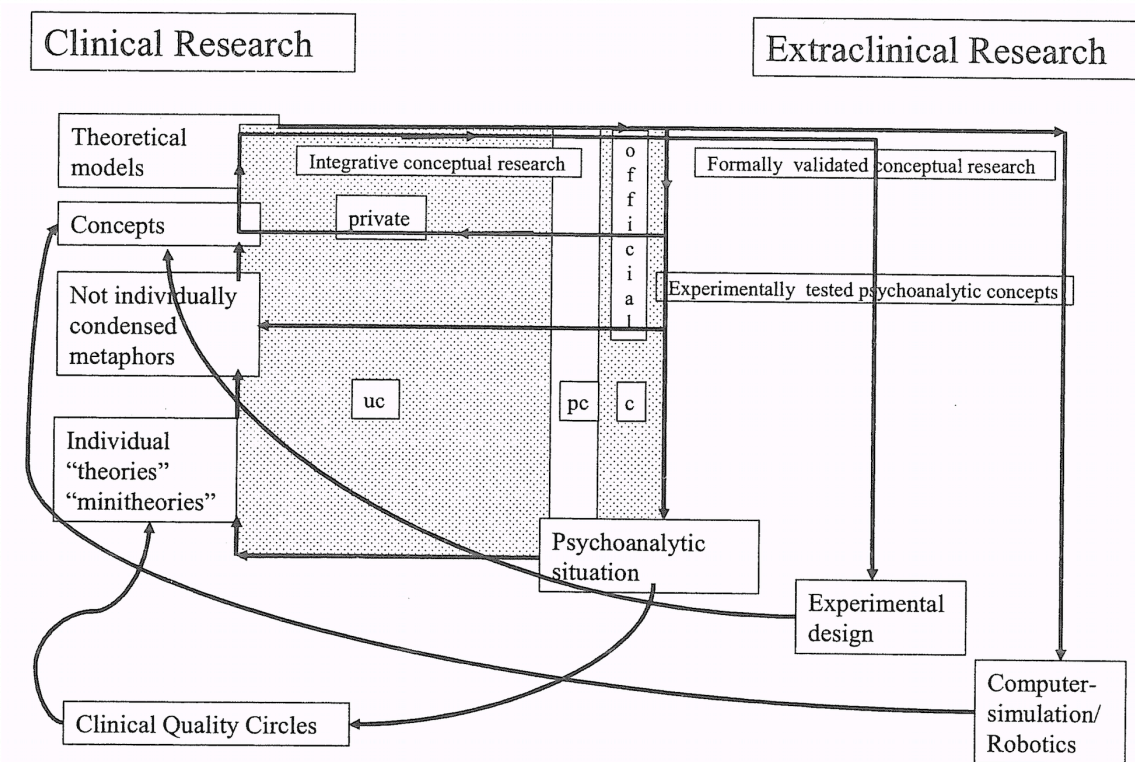
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fantasies. As many other scientific disciplines, contemporary psychoanalysis is thus in a state of pluralism of theories, methods and of clinical treatments as well as of research. I will get back to that.

I would like to shortly illustrate this point with a diagram concerning clinical and extra-clinical research in psychoanalysis. Not to flounder in abstraction, I refer in my plea for the creative use of a broad spectrum of possibilities for psychoanalytic research, to current research projects of the Sigmund-Freud-Institute in Frankfurt a.M.², a research institute exclusively for psychoanalysis, in which we attempt to encounter the actual zeitgeist without uncritically submit ourselves to it and without renouncing the autonomy and specificity of psychoanalysis as a scientific discipline.

Clinical and extra-clinical research in psychoanalysis



Today we can differentiate between two different groups of psychoanalytic research, the *clinical* and *extra-clinical*. By *clinical research* we mean the genuine psychoanalytic research in the psychoanalytic situation itself. Ulrich Moser (2009) describes it as on-line research while the *extra-clinical research* (the off-line research) take place after the psychoanalytic sessions and embraces a variety of different research strategies.

² See www.sigmund-freud-institut.de

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Clinical research

First to *clinical research*: It takes place in the intimacy of the psychoanalytic situation and can be described as a circular process of discovery in which – together with the patient – idiosyncratic observations of unconscious fantasies and conflicts are successively visualized, symbolized and finally put into words at different levels of abstraction. An understanding that moulds our processes of perception in subsequent clinical situations, even though we enter into each new session with the basic, genuine psychoanalytic attitude, that has been described as “not knowing” (see e.g. Bion, 1962). The circular processes of discovery take place first and foremost unconsciously and in the realm of implicit private theories. Only a small part of this is accessible to conscious reflection by the psychoanalyst (see EPF Working Party of Bohleber, Canestri, Denis and Fonagy, Canestri 2006, 2012; Projectgroup Project Group for Clinical Observation of the IPA, Altman, 2014).

The insights won in this clinical research are presented in and outside the psychoanalytic community for critical discussion. For me – in agreement with many current psychoanalysts – clinical research is the central core of psychoanalytic research in general. It is connected with a characteristic psychoanalytic idea of experience and linked to epistemic values (Erkenntniswerte) (compare Toulmin 1977; Hampe 2008). Clinical, psychoanalytic research deals with the understanding of unconscious construction of meaning, of personal and biographical uniqueness and for that reason can be characterized as critical hermeneutics.

The professionalism of the psychoanalyst enables the evenly hovering attention of his own counter-transference, the scenic observation of “embodied enactments” of the patient (see also Argelander, 1972, Leuzinger-Bohleber in press), Freudian slips, dreams etc. and the successive understanding of the actual unconscious psychodynamic of the analysand. The typical feeling one’s way forward as psychoanalytic process of search for unconscious truths can only be carried out with the analysand and is regarded as one of the main characteristics of psychoanalysis especially in opposition to the top down procedure of behavior therapy. As Jonathan Lear (1995) so impressively described it, psychoanalysis is the most democratic of current therapeutic procedures. In close context with the aforementioned is the “criterion of truth” of psychoanalytic interpretation: if a certain interpretation of unconscious fantasies or conflicts is true, can only be decided *together* with the patient, i.e. by the common observation of his (unconscious and conscious) reactions to an interpretation.

We owe our specific psychoanalytic, clinical-empirical method of research, the intensive and detailed “field observations” with individual patients in the analytic situation, the most part of all insights that we have won in the last 100 years of our scientific history. Christina von Braun (2010) also sees in clinical research of psychoanalysis the unique chance to recognize and critically reflect the deeper cultural changes by the ubiquitous exploitation mentality of global and “emotional capitalism” (Illouz, 2006) on the unconscious of modern man in the analytic relationship, that is not only highly relevant for the affected individual but also for an analysis of culture.

Let there be no misunderstanding: Peter Fonagy is right when he points out that not every clinician is automatically a researcher (see his contribution in this volume). A methodologically systematic procedure and a self critical “basic clinical research attitude” (see Scarfone and Bernardi in this volume) is a precondition for clinical science. Psychoanalysis, as hardly any other clinical discipline, has at its disposal a differentiated culture of intervision and supervision – closely modeled on psychoanalytic practice – in which the clinical processes of research and gains in insight can be critically discussed. However, there is much room for improvement. Many problems are well known, for example the chance selection of clinical case reports that only illustrate theoretical concepts instead of critically developing them.

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We urgently need good clinical research to not only maintain our standing in the world of psychotherapy but also to continually develop our professional treatment skills (see e.g. Boesky, 2002; Chiesa, 2005; Colombo and Michels, 2002; Haynal, 1993; Knobloch, 2005; Mayer, 1996). For that reason, to secure and improve the quality of clinical research in the IPA is a goal of the IPA Project Committee for Clinical Observation (Chair: Marina Altmann) but also of the IPA Clinical Research Committee (Chair: David Taylor).

Thus we are developing, for example, in the LAC Depression study (see summary in the ODR) similar to the working parties of the EPF or now also of the IPA our own form of clinical research: in weekly “clinical conferences” we discuss the treatment sessions that have been systematically documented. Based on this joint clinical research, narrative case reports that have been expert-validated are developed and belong to the most important results of this study. These case studies convey psychoanalytic insights about the specific psychodynamics of chronic depression, its complex individual and cultural determinants as well as the details of treatment to the psychoanalytic and non-psychoanalytic community.

The method of expert-validation was developed in the DPV Follow-Up Study (see summary in the ODR). It is now integrated into the *Three Level Model of Clinical Observation* which we have developed in the Project Group for Clinical Observation since 2009 (see contribution of Leuzinger-Bohleber in Altman, 2014).

Psychoanalytic conceptual research

The aforementioned was only a short outline of forms of clinical research that are always part of a creative and original research on concepts, a field that likewise is as old as psychoanalysis itself. The creative development and enhancement of concepts always distinguished the innovative minds of psychoanalysis and lends our discipline a great attraction for intellectuals, writers, artists and researchers of other disciplines.

A new characterization of psychoanalytic conceptual research was finally laid out by Joseph Sandler and Anna Ursula Dreher in the 1990's, setting themselves apart from other forms of psychoanalytic research. In the Research Subcommittee for Conceptual Research – that was initiated by the then IPA President Daniel Widlöcher, 2002, with the wish of building more bridges between the conceptual traditions in the different IPA regions – we attempted to further delineate and differentiate the research on concepts, as well as to clarify criteria of quality for this specific psychoanalytic research and other involved epistemological questions (compare illustration 1) (see e.g. Leuzinger-Bohleber, Dreher and Canestri, 2003; Leuzinger-Bohleber and Fischmann, 2008, Ellman, 2010).

Scarfone summarizes another form of conceptual research mainly based on the French tradition (e.g. Laplanche's work) in his introduction to this third edition of the ORD. He also mentions conceptual research of the Project Committee for Conceptual Integration (Chair Werner Bohleber, see e.g. Bohleber et al, 2013 and in press).

Extra-clinical research

The results of the clinical-psychoanalytic and also of the conceptual research can then in the next step become the subject of other extra-clinical studies (see graph 1). We distinguish between empirical, experimental and interdisciplinary studies.

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1. Extra-clinical empirical studies: Psychoanalytic psychotherapy research, an example

As an example of extra-clinical empirical studies, I would like to shortly discuss psychoanalytic psychotherapy research because it is indispensable in the knowledge-society for political and public reasons, to prove the effectiveness of psychoanalytic treatments by the criteria of evidence-based medicine in the Mental Health Systems of many Western countries. This is one reason why outcome research is the main focus of the Open Door Review.

Robert S. Wallerstein (2001) traces these attempts back to their beginnings in 1917 and defines different generations of psychotherapy researchers. He mentions above all a number of American studies, that I – without making a claim to be exhaustive – will supplement with some European studies.

1. Generation (1917-1968): for the most part, retrospective studies that verified – with unspecific criteria – the successfulness of most of the psychoanalytic treatments. (Coriat, 1917; Fenichel, 1930, Jones, 1936; Alexander, 1937; Knight, 1941; Hamburg et al. 1967; Feldman, 1968).

2. Generation (1959 -....): in which two different groups of studies were carried out:

a) *Prospective, aggregated comparisons of different, exactly defined groups of psychoanalytic treatment.* These studies relied on more sophisticated research methods and operationalized, for example, the criteria of success for the expected success of the therapy. Also they could verify that approximately 80% of all psychoanalytic treatments were successful. (Knapp, Levin, McCarter, Wermer, Zetzel, 1960; Shashin, Eldred and van Amerongen, 1975; Bachrach, Weber & Solomon, 1985; Erle & Goldberg, 1984).

b) *Individual studies that resulted from a methodological uneasiness that individual differences between the patients should not be mixed with group examinations, but to place the main focus on the individual consideration of the single treatment of different patients, as is fitting in psychoanalytic procedure, in which it always has to do with the understanding of unconscious structures of meaning.* For this reason they used, for example, in their interviews some careful psychoanalytic methods, such as psychoanalytic follow-up interviews. (Pfeffer, 1963; Norman, Blacker, Oremland & Barrett, 1976, Schlessinger, 1980, later follow-up studies at the Anna Freud Center by Target and Fonagy, 1994; DPV Follow-Up-Study by Leuzinger-Bohleber, Stuhr, Rüger and Beutel, 2003). These studies verified not only the effectiveness of psychoanalytic therapy, but also developed a number of unexpected, clinically interesting questions, for example, that with reference to the reduction of symptoms and to other therapy goals, some treatments proved to be effective but that these patients had not gone through a psychoanalytic process in a narrower sense.

3. Generation (1945-1986):

In these systematic and formal psychoanalytic studies of psychotherapy an examination of results and of the process were combined, i.e. statistical comparisons were made between the groups but in combination with systematic single case studies, that, for example, followed the fates of single patients over a longer period of time. (Bachrach, Galatzer-Levy, Skolnikoff & Waldron, 1991; Kantrowitz, 1986). An example of this 3rd Generation of psychoanalytic psychotherapy research is exemplified by the Psychotherapy Research Project of the Menninger Foundation (Wallerstein, Robbins, Sargent u. Luborsky, 1956) that led to a wealth of insights on the results of psychoanalytic and supportive

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psychoanalytic therapies and on details concerning treatment techniques. Impressive is, for example, the careful longitudinal study of 42 patients over the course of several decades that Wallerstein published with the moving title *Forty-two Lives in Treatment* (Wallerstein, 1986).

The current 4. generation (1970...) combines not only research of results and therapeutic processes but, thanks to new techniques (video/audio recordings), links microanalysis of therapeutic processes with research on results (beginning with early analysis of tape recordings by Earl Zinn, see Carmichael, 19E6; Dahl, Kächele & Thomä, 1988; Strupp, Schacht & Henry, 1988; Beenen, 1997; Leuzinger-Bohleber, 1987, 1989; Grande, Rudolf & Oberbracht, 1997; Huber et al., 2012; Sandell, 1997; Leuzinger-Bohleber, Rüger, Stuhr, Beutel, 2003; Busch, Milrod & Sandberg, 2005; Beutel et al., 2012; Leuzinger-Bohleber, in press b; compare also first two editions of the Open Door Review by Fonagy et al., 1999 & 2001 and his chapter in this volume, or his excellent overview, 2009; as well as new studies of long-term therapies summarized by Leichsenring & Rabung, 2008; see his metaanalysis in this volume).

Unfortunately it is little-known, above all, by clinicians of the IPA, how many psychoanalytic research groups are currently involved in extra-clinical studies. Fonagy (2009) spoke in a comprehensive survey of the worldwide “psychotherapy bee-keepers” that have verified with their industrious bee colonies the effectiveness of psychoanalytic short-term therapies (compare further overviews, e.g. Emde & Fonagy (1997); Fonagy, 2001; Galatzer-Levy, 1997; Hauser, 2002; Holt, 2003; Jones, 1993; Kächele (2009); Kernberg (2006); Leichsenring & Rabung (2008); Perron (2006); Safran (1991); Schachter & Luborsky, 1998; Schlessinger, 2008; Stern, 2008; Wallerstein, 2001, and this Third Edition of the Open Door Review).

Careful extra-clinical research requires enormous expenditures that can only be carried out in a research network that is correspondingly endowed and supported by a constant process of reflection of the accompanying dependencies – also among the generations of involved researchers.

May the LAC study serve as illustration (see summary in this ODR). In this multi-centric study we are reacting to the threat, that in Germany the health insurance companies may cancel their existing, generous support of psychoanalysis and of long-term psychoanalytic treatment if it is not possible in corresponding studies to verify their effectiveness as measured by the criteria of the current healthcare system. We have therefore developed a design that on the one hand meets these criteria and have currently recruited 408 chronically depressed patients, a group of patients that has societal relevance since the large quota of recidivism resulting from all forms of short-term therapies can only attain lasting therapeutic change in long-term treatment (compare also Kopta et al., 1999; Fonagy, 2009, pp 4. ff). On the other hand we attempt simultaneously to further clinical and conceptual research of psychoanalysis and thus to represent, in a self-critical but authentic manner, psychoanalysis as an independent, specific research method in the actual discourse concerning the politics of healthcare (see Leuzinger-Bohleber, in press b).

II. Experimental psychoanalytic studies

The impossibility of testing psychoanalytic processes directly in an experimental design is self-evident. However, over the last decades different research groups are successfully working on an examination also experimentally of single psychoanalytic concepts, for example, on the preconscious

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and the unconscious processing of information in memory and in dreams (to mention just a few of them: the workgroup of Howard Shevrin and his group (see e.g. Shevrin, 2002); Steven Ellman and his group in New York (see e.g. Ellman, 2010), by Wolfgang Leuschner, Stephan Hau, Tamara Fischmann at the Sigmund-Freud-Institut in Frankfurt (Hau, 2008) to the concept of embodied memory from Pfeifer and his research group in Zurich (Leuzinger-Bohleber, in press) as well as other studies of facial interaction with the help of the FACs from Rainer Krause in Saarbrücken (e.g. Krause, 2008, Benecke, 2014) (for early studies see Fischer & Greenberg, 1976, 1978; Masling, 1973; Sarnoff, 1971, Kline, 1972; Erdely, 1985).

Due to the enormous development of experimental methods the dialogue with the neuroscientists has opened new doors for psychoanalysis in the last years, probably a reason, why for example, in the Society for Neuro-Psychoanalysis founded by Mark Solms and in other institutions, currently a wealth of experimental fMRI und EEG studies involving psychoanalytic questions have been carried out. To only mention a few: studies at the Anna Freud Center (Peter Fonagy), at Yale University (Linda Mayer among others), at Columbia University (Brad Peterson, Andrew Gerber, Steven Roose or in Germany at the University of Mainz (Manfred Beutel et al., 2005), at the Hanse Institute for Advance Study (Anna Buchheim, Manfred Cierpka, Horst Kächele, Gerhard Roth among others), the Psychiatric University Clinic in Zürich (Heinz Böker and Georg Northof) and also from us at the SFI, Lethonen in Kuopio (Lehtonen et al. 2012) and many other groups (compare publications in Neuro-Psychoanalysis; Pincus, 2000, or e.g. Mancia, 2006; Leuzinger-Bohleber, Fischmann, Böker, Nordthoff and Solms, in press., Leuzinger-Bohleber, in press)

In the FRED Study we are combining the extraclinical empirical LAC Study with an experimental investigation of some chronic depressed patients in the sleep laboratory of the SFI and the Brain Imaging Center of the Max Planck Institute for Brain Research in Frankfurt a. M. (see Fischmann, Russ and Leuzinger-Bohleber, 2014, summaries in the ODR).

III. Interdisciplinary research

The creative exchange for example, with attachment research, empirical developmental research modern neurosciences or Embodied Cognitive Science are important fields of interdisciplinary research (compare graph 1). Just as important is the interdisciplinary research in cooperation with literature and cultural studies, with social psychology, philosophy, the media- and communication sciences as well as ethno-psychoanalysis.

In other papers I have summarized our concept of „Outreaching Psychoanalysis“ in different ongoing projects of early prevention. These projects are connecting us with ongoing political debates and multidisciplinary discourses, e.g. in the IDeA Center in which around 120 scientists are studying „children-at-risk“ in 50 different projects (see e.g. Emde and Leuzinger-Bohleber, 2014).

At the same time the political and public awareness of research demands from concrete projects, as e.g. from the LAC Depression Study, that the new found insights, for example, of the lasting therapeutic change, be carried out in an interdisciplinary dialogue involving critique of the societal roots of the illness (see summary in the ODR). According to the prognosis of the World Health Organization depression will be the second most widespread disease worldwide in 2020, hence Psychoanalysis as a specific treatment and research method deals with themes that are inevitable of societal relevance. Further examples like – just to name a few – the field of early prevention, ADHS, migration, youth violence, right-wing radicalism, nationalism and anti-semitism, and the return of fundamentalism, religion and violence, as well as the short- and long-term influence of new media and technologies on processes of psychic development and of modern conflicts in the realms of sexuality and object relations are easy to find.

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Summary

To summarize just a few points for further discussions:

a) Already Freud was hoping, that psychoanalysis by means of “objective research results” could obtain the acceptance in the scientific community in medicine and natural sciences. On the other hand it was only through the insistence on its own autonomy and specificity – as a method and institution – that psychoanalysis as a specific scientific discipline investigating unconscious psychic processes could secure its survival and its productive unfolding in the last 100 years.

b) In the first century of its history psychoanalysis developed a highly sophisticated method of research for the investigation of its own specific research object, of unconscious fantasies and conflicts. The enormous development of psychoanalysis during this first centenary of the IPA has lead to a plurality of theories, of psychoanalytical treatments, of epistemological positions as well as to a plurality of psychoanalytical research.

c) Contemporary psychoanalytic research takes place in a field of tension. On the one pole exists the danger of retreating to the psychoanalytic ivory tower and refuting the dialogue with the non psychoanalytic community - on the other pole the over-adaptation to a, for psychoanalysis inadequate understanding of science and therefore a loss of identity and independence. This field of tension cannot be resolved but can only be critically reflected upon and productively shaped again and again in an interdisciplinary and intergenerational dialogue. This critical reflection may also be seen as a safeguard against submission to the dominating “Zeitgeist”. As it is well known: the gold of contemporary science may well be the iron of the future.

d) The future of psychoanalysis will flourish if innovative and creative insights can be found in its rich spectrum of different fields of research in the clinical, conceptual, empirical, experimental and interdisciplinary research and be transferred to the scientific and non-scientific community.

e) In today’s “knowledge-societies” – in which scientific experts compete at all levels for authenticity and credibility – it has become a question of survival, but also a new chance for psychoanalysis to maintain its standing. Therefore it has to assert itself as an specific, irreplaceable, effective and productive clinical method of treatment and a theory of mind and culture. Through its specific research method, the developing of unique and effective forms of short-term and long-term treatments, by interesting and innovative explanations for the complex phenomenon of individuals and groups as well as of society, psychoanalysis may even increase its public attractiveness as a “specific science of the unconscious”. The “plurality of research” opens many new windows for psychoanalysis towards many other contemporary scientific disciplines which can be productively used for an innovative future of psychoanalysis as a clinical practice and as a science.

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