

(Slide 1) Psychoanalysis: Therapeutic Cultures and Scientific Foundations

Horst Kächele (Berlin)

This lecture first embarks on a voyage about psychoanalysis' conquest of the civilized world sketching the development from the beginning to the present day. The tour d'horizon highlights the diversity that is generated by the meeting of ideas with prevailing cultural patterns. It marks the present situation which some leading figures characterize with the danger of "Tower of Babel". The notion of 'school' defines the prevailing developmental perspective and its technical implementation. Each school creates its own vision of the psychoanalytic baby. Then this development of school-bound clinical research is contrasted with systematic-empirical research. The question is whether such extra-clinical research may contribute to a shared understanding of basic concepts in development and treatment. As psychoanalysis as clinical activity is basically a special form of dialogue it has been feasible to launch such research by a multitude of tools. The conclusion could be that we have to live with a complimentary situation: psychoanalysis as a tool of observation and psychoanalysis as the object of research. Thus internal coherence of psychoanalytic theorizing has to meet external validity.

Dear colleagues

It is a great honour and pleasure to address this audience.

Having worked in the field of psychoanalysis for more than forty years – both as clinician and as researcher, I would like to share some observation concerning the Janus-faced nature of the field of psychoanalysis.

(Slide 2) Furthermore, as the 'junior' author of a textbook on psychoanalytic therapy which has been the result of many years of fruitful collaboration with Prof. Helmut Thomä I had the possibility of learning about diverse cultural environments by supporting a fair number of translations of this textbook (Slide 3).

Let us move first to the origins of psychoanalysis. From the outset Freud, the discoverer of a new technique of treatment, saw himself as well as the creator of a fairly new theory of mind. Recently the Californian psychoanalyst Louis Breger (2009) has detailed how „*A Dream of Undying Fame*“ moved Freud's inspiration. A dichotomy – therapeutics versus scientific truth – permeates Freud's writing across his life time so in 1933 towards the end of productive life he proudly wrote (Slide 4):

"I have told you that psycho-analysis began as a method of treatment; but I did not want to commend it to your interest as a method of treatment but on account of the truths it contains, on account of the information it gives us about what concerns human beings most of all — their own nature — and on account of the connections it discloses between the most different of their activities." (Freud 1933a, p. 156)

This summarizing statement makes evident that under the disguise of therapeutic endeavour a much deeper hunger for knowledge was hidden; and in my view it well could be that the quest for psychoanalytic ideas satisfied more intellectual needs and than therapeutic efforts. Therefore the history of the expansion of the psychoanalytic enterprise deserve some attention.

Reviewing shortly the development of the psychoanalytic movement throughout the world as a scientific discipline and as a mode of treatment one cannot avoid to be aware of an interesting phenomenon. Anchored in the Western hemisphere it easily travelled from Vienna to Zürich, to Berlin, to Budapest; and then to London, but only fairly late to Paris.

The early creation of a psychoanalytic group in Moscow (Luria 1924;) displaced psychoanalytic ideas in the context of the Sowjet world to underpin the transition of the petty bourgeois into the ‚homo sowjeticus‘ (see Etkind 2000).

(Slide 5) Psychoanalytic ideas jumped over the atlantic ocean conquering North America seemingly easily as the prevailing cultural patterns in the USA on psychosocial dimensions of psychic disorder already were present there (Shakow & Rapaport 1964). Yet psychoanalytic theorizing changed its nature using Hartmann´s (1939/1959) paper on „ego-psychology and the problem of adaptation“ as a starting point. The post-war development favoured a process of medicalization both in theory of technique and practice as psychoanalytic trained psychiatrists displayed impressive achievements in the second world war medical arena.

(Slide 6) The development of psychoanalysis in Great Britain was decidedly furthered by by James and Alex Strachey, both analysands of Freud who undertook the huge task of translating the „Gesammelte Werke“ into the „Standard Edition“ volumes. The invitation of Melanie Klein to London marked a decisive point as Mrs. Klein set out to reshape the original Freudian version of early childhood. The ensuing debates in the socalled „controversial discussions“ coined the climate of accepted theoretical and practical diversity.

(Slide 7) In the USA the psychiatrist Sullivan in his first William Alanson White Memorial Lecture successfully launched his conception of modern, interpersonal psychiatry (1940). Thompson (1952) with her background of a training analysis with Ferenczi clarified Sullivan´s relation to psychoanalysis which would become the breeding ground of what later first would be termed by Chrzanowski (1977) the „Interpersonal Approach to Psychoanalysis“.

(Slide 8) The invention of self psychology by Kohut (1971) was hailed as the first deviation from classical theory that did not lead to a split. But originating in Chicago it lead to a now worldwide independent school of psychoanalytic theorizing implicating another way of technical handling.

(Slide 9) The fate of psychanalytic ideas in the far-east has received little attention. Most likely the first follower of Freud was Dr. G. Bose a psychiatrist from Calcutta. Having published a book on repression (1921) he exchanged a few letters with Freud; when Dr. Bose disagreed on some aspect of Freud's conception of the Oedipus complex due to a cultural pattern different from Western Europe the connection was interrupted and a long time psychoanalysis in India developed ist own life (Bose 1929; see Vaidyanathan & Kripal 1999, p.21-38).

Even less known is the fact that for nearly twenty years between 1919-1949 *Psychoanalysis in China* was a heatedly discussed topic among researcher in humanities (Zhang, 1992).

(Slide 10) Another traveller from the east to the west was Dr. T. Doi who came as a young psychiatrist to the United States. There he discovered that the japanese concept of motherlove to the son was quite different from te Western Freudian concept of oedipal love that ultimately had Anatomy of Dependence" (1971) he spelled out this specific japanese concept of ,amae'. Later he describes a uniquely Japanese need to be in good favor with, and be able to depend on, the people around oneself.

For good reasons I shall not comment on the development in Iran as Prof Sanati will higlight this.

(Slide 11) After the downfall of the iron curtain the former countries of the Sovjet Union were quick to accept the missionaries of various psychoanalytic backgrounds. In Russia Prof. Michael Reshetnikov from

St. Petersburg developed a native Russian brand for which president Jelzin, in 1993, signed an official document formalizing the re-installation of „Russian psychoanalysis“. As authors of the Russian translation of our textbook, Thomä & Kächele, we were even appointed to honorary professors of a newly established psychoanalytic faculty in St. Petersburg.

(Slide 12) In post-war Germany the devastating impact of the Nazi-terror led to a schisma between those analysts who either had left the country or stayed using a new unobtrusive language which was coined by Schultz-Hencke (1951). A split between these Neo-Freudians and a re-established orthodox IPA-related group dominated the first two decades in Germany (Thomä 1963).

(Slide 13) The German Neo-Freudian group was backed up by loose relations to US-based group around Fromm, Horney, Fromm-Reichmann (1959), and others, all belonging to the center of gravity of criticism of the drive conception around the William Alanson White group in New York. Greenberg & Mitchell (1983) replaced the drive concept by object relations in psychoanalytic theory. A few years later Mitchell (1988) explicitly spoke of „relational psychoanalysis“ which seems to be growing very well whereas the conservative New York Psychoanalytic Society seems to live off its glorious past.

(Slide 14) The French psychoanalytic world deserves a special comment as Roudinesco (1990) in her history of psychoanalysis in France 1925-1985 has detailed. Psychoanalytic ideas arrived fairly late compared to other European countries but then the advent of Jacques Lacan with his fundamental critique of the prevailing ego-psychology created a radically different paradigm which moved psychoanalytic theoryrizing away from the medical discourse into a philosophical arena (Lacan 1953). He has been called "the most controversial psycho-

analyst since Freud". About the nature of the clinical practice instigated by him and his diverse followers highly controversial have marked a special cultural pattern.

(Slide 15) Presently we witness the implantation of psychoanalytic ideas and practice in China and other Asian countries promoted by various international psychoanalytic groups that have been assisting young chinese doctors for a number of years (Gerlach et al. 2013).

Given these developments it seems fair to speak of a process of globalization of psychoanalysis and its treatment practices. However these centrifugal developments across countries and continents were supplemented by intra-national diversifications which started with the mid-fifties of the last century.

For my presentation today it is sufficient to characterize once more that the field of psychoanalytic theorizing has created a wide universe of schools that hardly can be summarized in one sweep. However in the history of psychoanalysis the notion of „school“ occupies a respectable place and does not convey a negative connotation. Such a positive evaluation of the notion school has been supported by the Swedish theorist of science, G. Radnitzky, who in his book on „Contemporary Schools of Metascience“ (1968) explains (Slide 16):

„Tradition‘ and ‚School‘ are used to characterize phenomena in social life and culture, and they are used as conceptual tools by historian and sociologists..... They present models of thinking, close to the ideal types of thinking in the humanities. Tradition underlines the historical dimension; school implicates the present dimension “ (Radnitzky 1968, p. 8).

Schools are representing model of thinking, that provide a certain systematic organisation of leading thoughts for practice. The inventors and / or the architects of those figures of thought are well known. At the same time yet the partisans of each school work in their own way. To some extent there are basic assumptions, which remain grounded on Freud's figures of thought; on addition there are any number of additions or new accentuations that vary the original model – also it may be questionable whether here has even been an original model. „Was Freud a Freudian“, rhetorically asked Momigliano (1987). The amount of personal preferences, own practical experiences and self-stylizing interests of the founders for the new design of their theoretical models may play a considerable role. Ellenberger (1970) has documented this for the early years of psychoanalysis and its early apostates. But also contemporary founders of new schools might be an interesting object of scholarship in this respect. Just compare the personalities of Kohut and Kernbergs in the context of their theoretical prelection and their ways of practice.

Today nobody is banned anymore from the psychoanalytic „church“; yet critical psychoanalysts invoke the notion of a danger of babelonization of psychoanalysis (Jiménez 2009). In a preface to the 75th year of the International Journal of Psychoanalysis that was dedicated to the topic of „The conceptualization and communication of clinical facts in psychoanalysis“ the British analyst David Tuckett wrote (Slide 17):

„After 75 years it is time not only to develop our methodology for finding the truth, but also to develop new ways to allow us to be open for new ideas and to evaluate their usefulness by reasonable arguments. Or else the argument would be the tower of Babel“ (Tuckett 1994, p. 865).

It is hard to overlook that today we have no unitary psychoanalytic school anymore; what we have are a plurality of –indians (Slide 18): Freudians, Neo-Freudian, Kleinians, Bionians, Kohutians, Lacanians and Post-Lacanians, Self Psychologists, Relational Analysts and of course the British Independents etc. At international conferences commonalities are sought by clinical exchanges with varying success. Fonagy (2006) thematizes explicitly the failures of practice to be informative for theory building and points again to the importance of implicit theories of each psychoanalyst in order to bridge this transmission gap. Already thirty years ago Sandler had stimulated to study the relationship between psychoanalytic concepts and psychoanalytic practice (Slide 19):

„...it might be possible to look with profit at the dimensions of meaning of specific concepts within the minds of individual psychoanalysts. This must, of course, include the study of *unconscious* conceptual structures, and such investigations may, I believe, accelerate the development of psychoanalytic theory“ (Sandler 1983, p.38).

For example a comparative study by Hamilton (1996) demonstrated the degree of divergence when analyzing the preconscious of practitioners with respect to the implicit conceptual metaphors.

From where are these conceptual metaphors derived that guide analysts when analyzing the patient's materials? Where did Freud take his initial conviction that the reports of his hysterical patients were due to real traumatic experiences? Do we use everyday concepts or is our clinical thinking anchored in one of the four psychoanalytic developmental theories that Pine (1988) has identified. And what about the empirical foundations of these leading background theories? Are

those leading background theories relevant or even significant for the process and outcome of our work?

What is interesting to note that the divergent schools in psychoanalysis mainly define themselves by elaborating the developmental aspect, the question about psychic etiology of disorder which at the same time has the least scientific validity! To be fair, this is the Freudian heritage, the scientific dream to reconstruct from patients' reports the causation of the psychic illness.

Freud's bond between therapy and theory led him to the (now rejected) assumption that strict, objective rules of investigation produce the best scientific conditions for the reconstruction of the patient's earliest memories, and that uncovering the amnesia created the optimal conditions for therapy (1919e, p. 183). Fonagy (1999) reversed Freud's statement and pointed out that new memories come up as a result of successful therapeutic action.

(Slide 20) This led M. Eagle (1984) to the ironic statement „that psychoanalytic writers attempt to employ clinical data for just about every purpose but the one for which they are most appropriate—an evaluation and understanding of therapeutic change“ (p.163).

(Slide 21) Since five decades we have seen the slow evolution of a research field that exactly followed this recommendation. Beginning with the large scale multi-million dollar enterprise of the Menninger Foundation study (Wallerstein 1956) the field of studies of psychoanalytic-psychodynamic therapies identified the secrets of successful treatment as evidenced in the monumental „Handbook of Psychotherapy and Behavior Change“ that appeared in regular editions every eight to ten years (1971, 1978, 1986, 1994, 2004, 2013).

(Slide 22) The core concepts of such psychodynamic treatments that have generated a plethora of measures are f.e. the therapeutic alliance

(Horvath & Bedi 2002), transference and its timely interpretation (Luborsky & Crits-Christoph 1998), insight (Castonguay & Hill 2007). Countertransference has remained a notoriously difficult phenomena to study, yet recently progress was reached even there (Kächele et al. 2015).

(Slide 23) The implementation of using tape-recorded sessions opened the doors to in-depth studies of what takes place in the therapeutic interaction (Dahl et al. 1988). This device also allowed researchers from allied fields access to the conversational micro-processes as argued by Buchholz & Kächele (2013).

(Slide 24) This field of extra-clinical research, - these are studies about psychoanalytic transactions - is still young. Many of the aforementioned schools of therapy have not yet delivered the proofs of their claimed-for accomplishments. Still exhaustive meta-analyses have unequivocally demonstrated the usefulness of psychodynamic shorter (Abbass et al 2013) and longer psychoanalytic (Leichsenring et al. 2013) treatments.

In my view psychoanalysis as a therapeutic enterprise should be covered by the term “psychoanalytic therapy” including a host of variations in setting and intensity; the boundaries of this inclusive term are loose stretching across numerous variations of psychoanalytic practice (Kächele 2010). The decisive criteria reside in the patient’s welfare by the convincing empirical demonstration that this treatment works (Fonagy & Kächele 2009). To overcome the dichotomy of the clinical application of psychoanalysis and its derivate forms of psychoanalytic psychotherapy by applying such a generic term would re-center the efforts of the psychoanalytic community.

(Slide 25) What are the implications of this position for the goals of psychoanalytic training? To my mind we should encourage our

candidates to treat a diversity of patients in a diversity of settings, learning and studying the various specialized psychoanalytically informed techniques that have been developed for specific patients' needs (f.e. Clarkin et al. 1999; Bateman & Fonagy 2004; Milrod et al. 1997) and further their capacity to understand what is going on in the frame of the basic notions of a psychoanalytic theory of treatment. I would firmly reject the notion of basic, principal differences between analytic psychotherapy and psychoanalysis as not leading us where the battle really takes place. Training has to take into account disorder-oriented strategies and also moderating dimensions relevant for treatment (Luyten et al. 2006).

(Slide 26) If psychoanalysis still wants to maintain the claim to be *primus inter pares*, this claim has to be supported by demonstration of our versatility to match patients' need and preferences by applying a psychoanalytic therapy that is as "unabashedly therapeutic, flexible yet firm, supportive yet interpretive and deliberate yet spontaneous" (Akhtar 2007).

Freud's scientific dream to entangle the origins of neurosis by studying actual treatments has – not only in my view – failed. The field that shoulders this task unites a great number of disciplines. Genetics, epi-genetics, developmental psychopathology, especially attachment theory have been inspired by Freud's firm belief that early life experiences are formative for later developments.

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Prof. Dr. med. Dr. phil. Horst Kächele
Psychoanalytic International University
Stromstr.2-3
10555 Berlin / FRG
www.ipu-berlin.de / www.horstkaechele.de
horst.kaechele@ipu-berlin.de