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## **The Range of Requirements for Psychoanalytic Training and Education in Different Cultural Contexts**

Horst Kächele's lecture led me to consider how we can use his arguments and research results for our purposes within the ECPP.

Our goal is that the ECPP become an extending confederation, which encourages colleagues to practice psychoanalytic therapy in their countries and cultures "*for the benefit of the public*" (*Section 4 of ECPP statutes*). We want to give more people with emotional problems and psychic disorders in Europe the chance to experience psychoanalytic treatment as an effective and efficient method to increase their wellbeing and mental health. As we are in the process of foundation we have the chance to avoid the problems that have been described in other psychoanalytical

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organizations like the International Psychoanalytical Association (IPA) and their European branch, the European Psychoanalytical Federation (EPF). Especially Kächele's notions for psychoanalytical training can help us to formulate training standards that are more transparent and less discriminating than others and prepare candidates for a qualified clinical practice.

It was not really surprising that Kächele, as a famous researcher, emphasizes the importance of research, but the encouraging idea is to see and use research as a weapon for psychoanalytic therapy allowing it to become widely distributed and not reduced to a therapy method for a privileged minority. I would like to give some examples for this use of research.

The German Berlin Institute, where the first research report was generated seventy years ago, is a good example of current relevance for the combination of training, research and psychoanalytic treatment free of charge for people in need.

Freud's original idea of providing psychoanalytic treatments for the broad masses seems to be coming true.

The second outpatient facility of this kind in Germany after 1945 was the "Institute für psychogene Erkrankungen bei der Versicherungsanstalt Berlin" which offered psychodynamic psychotherapy for the general population; this institute produced the research findings that convinced the health politicians (40 years ago) to integrate psychodynamic psychotherapy and later psychoanalysis into our system of health care as a treatment method with demonstrated efficacy and efficiency. Through this, the use of psychoanalytic methods became established and could develop within medicine for in— and outpatients as well as in many other areas. This exemplary situation is endangered now.

Even in Germany we are facing a crisis with regard to psychoanalysis because the number of candidates has dropped extremely. Colleagues in other highly developed countries are experiencing this crisis as well. In the last conference of the European Psychoanalytical Federation in Helsinki April 2004, where most participants came from the 17 richest countries of the world (Tuckett 2004, 15) the decline of psychoanalytic clinical practice was described.

Many of the well-trained<sup>2</sup> colleagues and IPA members cannot find (enough) patients, and the current president of the American Association (APsaA) with 3300 members described that 40–50% of the licensed analysts are not treating even one patient in psychoanalysis. In the last years they have begun to analyse their problems and to look for ways to demonstrate the quality of psychoanalytic treatment to the public, to the patients and to the health politicians (Fischer 2004, 190 f.).

Psychoanalysts now realize that they have a poor image in the general population where they are often seen to be elitist or arrogant; this is coupled with lack of clear knowledge in the public about psychoanalysis, how it works and what results it produces. This negative image corresponds with a widespread insecure or weak psychoanalytical identity, which causes psychoanalytical therapists to avoid cooperation with other psychotherapists, media and politicians (Tuckett 2004).

It can be asked whether these colleagues don't know the power of the tool of research or why they haven't used it as a weapon. Kernberg criticized in March 2004<sup>3</sup> a lack of scientific orientation among psychoanalysts and traced it back to the longing for a comfortable psychoanalytical identity. For him it is "institutional madness", when research studies that show the efficacy of other psychotherapy methods are ignored by psychoanalysts.

Would they have any identity problems if they knew research data and felt able to demonstrate that they do qualified good treatments in which patients benefit substantially?

In the current situation research findings are extremely helpful in demonstrating the efficacy and efficiency of psychoanalysis in comparison with other therapy methods and in having strong arguments for playing a role in the current and future health care systems.

Identity development begins with training. In this area our colleagues in the EPF working groups have identified many of the problems that are responsible for the current crisis of identity. One of the main topics is the

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<sup>2</sup> These colleagues had a very long and expensive training with at least 4 hours of training analysis per week for years along with theoretical studies and practice under supervision.

<sup>3</sup> Report about the 43<sup>rd</sup> IPA conference in New Orleans, USA p.6, Int. Psychoanalyse, Nachrichtenmagazin der IPA 13, 2004.

lack of transparency concerning the criteria that are used to judge candidates and the vagueness about what is good psychoanalytical psychotherapy.

What can we learn from these problems and how can we avoid these problems in our training institutes and in our confederation? We are in the situation in which we are free to define our own rules.

Following Kächele's recommendations I would like to propose the following requirements for psychoanalytic training within our European confederation (ECPF).

## **1. SELF-EXPERIENCE**

There can be fixed minimal standards (we prescribed 250 hours for the European certificate) but exceptions should be possible as we know that duration and frequency of training analysis is not crucial for psychoanalytic competency!

In order “to rescue personal rights” and “to preserve its therapeutic function” (Kächele 2004) self-experience has to be independent from the assessment of theoretical knowledge and practical work.

## **2. THEORETICAL STUDY**

In addition to the study of contemporary textbooks of the specific method in a specific culture, candidates themselves should have the possibility of bringing in books and texts.

This idea gives room for interactive learning between teachers and trainees and opens a developmental perspective for fruitful theoretical discussions about the training foundations under different cultural conditions.

I would like to underscore Kächele's opinion that theoretical study should include new research findings even from other basic fields, like developmental psychology for instance, concerning early childhood development, neurosciences and attachment theory. The knowledge of these findings appear to be developing as a common scientific ground for many different schools and methods and helps us to remain connected with other sciences and to remain a scientific discipline as well.

### 3. KNOWLEDGE OF RESEARCH FINDINGS

To introduce this as a mandatory part of psychoanalytical training seems to be — even when it is not a new idea — revolutionary because many (or most?) psychoanalysts are not interested in treatment research and research findings from other fields and have a fundamental resistance to participating in research projects. This seems to be part of their (our?) identity as psychoanalysts up to the present day.

But the arguments in favour are obvious:

If we want to avoid having candidates become victims of non-transparent emotional decisions and group processes in institutes, as it is common in many organizations, and as it is described for the EPF in the speech of their president (Tuckett 2004), we need **transparent and clearly defined criteria and procedures** for training.

One basic requirement in order “to rescue personal rights” and “preserve the therapeutic function of self experience” is that the work and knowledge of candidates be judged independently of self-experience. I support this opinion and think it is even more important for countries with a totalitarian or fascist background.

When we define necessary competencies, skills and training standards for psychoanalytic psychotherapists within the ECPP, we have to take into account different standards in different societies.

But, first of all, we have to identify and define what successful effective treatment is in different cultural contexts, and the measure has to be the improvement of our patients or the benefit of public. Who else can help us with this definition and the assessment of improvement other than researchers?

The research findings HK presented give us the best arguments for openness concerning duration of therapy and frequency of sessions and against the rigid demand for long duration and high frequency in training analysis and practice that is formulated by IPA and EPF.

We have to know the expected effects of what we are doing and make transparent what we can achieve with good quality psychoanalytic therapy and what we cannot. This is not only good for our own identity and self-esteem, but for our self-confidence in dealing with therapists from other traditions; it is also important for our patients, for the public, for the politicians and the insurance companies.

Therefore we need research and not only any research from anywhere, but also naturalistic treatment research in each of our own countries, in each culture with their patients and therapists. So we need trainers and trainees, teachers and candidates that are familiar with research, who can help to overcome the widespread resistance against quality control and do their own research.

When we can demonstrate that we achieve good results with settings that are appropriate in the given cultural and social context, e.g. with short-term or long term low-frequency psychoanalytic treatments with or without use of the couch, we don't have to fear the competition with other schools nor do we have to fear that we won't get any more patients like the American psychoanalysts.

#### **4. PRACTICAL EXPERIENCE (UNDER SUPERVISION)**

We ask our candidates to practice in different settings: first interview, crisis intervention, short-term and long-term psychotherapy, individual and/or group psychotherapy. And we want them to have experience with the treatment of psychiatric diseases and severe mental disorders. With Kächele's proposals as the backdrop, we should encourage our candidates to get as much **practical experience as possible (under supervision if possible)** and to make use of **different forms of supervision**. Especially the mandatory use of peer-supervision will be helpful for many candidates as this method is available everywhere without expense. This openness allows candidates to start with psychoanalytic treatments even in areas where no full educated psychoanalysts or teaching analysts live. It is a great chance to offer psychoanalytic treatment to many more people in more countries and to prove the efficacy of psychoanalytic therapy by the combination of treatment with research. This is the way to become or remain an essential part of any system of (mental) health care.

Kächele reminds us of the triad — cure, research and training. We should integrate this original Freudian demand into our thinking and our guidelines and find new ways of using psychoanalysis for the benefit of the public. The first step can be the formulation of training requirements that provide a fertile ground for our common work in different countries.