

## The Future of Psychoanalytic Education

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My thesis, based upon my 45 years of experience with APsaA, consists of four assertions:

1. Psychoanalytic theory has not been validated and that the effectiveness of psychoanalytic treatment has not been convincingly demonstrated;
2. Contemporary psychoanalysis is endangered as a profession in our present intellectual and cultural life;
3. Developing analytic research to attempt to validate aspects of analytic theory and to document the effectiveness of current analytic treatment is the most effective response;
4. The necessary research cadre can be developed only by a fundamental reconception of the identity of a psychoanalyst and of psychoanalytic education.

I'll begin with a brief history of psychoanalytic theory. Freud's first hypothesis in 1892 was that childhood trauma was the cause of adult neurosis (Schachter, 2002). He believed that this hypothesis was substantiated both by the clinical material from patients he was treating with Breuer's cathartic method, and by the indications of therapeutic improvement in these patients. I believe that his evidence is insubstantial for several reasons.

The first is that Freud was unaware that he was subtly suggesting ideas to these patients. Freud failed to acknowledge and to appreciate that all the clinical material from the patients treated with Breuer's method were from *hypnotized*

patients who were extremely susceptible to suggestion (Schachter, 2002). Evidence that Freud was unknowingly suggesting ideas to his patients is that he reported that in each of 18 consecutive hysterical patients he discovered the causative childhood trauma. It's extremely unlikely that Freud's treatment, which at that time lasted only several weeks or a few months, could have uncovered childhood trauma in every patient unless he had suggested it to the patients. Although Freud later denied making suggestions to patients, there is an explicit example of his doing so in his treatment of the "Rat Man." Even more convincing evidence was Freud's stunned realization from his self-analysis that the stories patients were telling him about childhood traumas were not authentic. Critically, however, neither he nor his followers considered asking *why* all these patients told him stories of childhood traumas that were not veridical. It is likely that Freud, a powerful authoritarian, suggested these experiences to his patients.

As for the patients' therapeutic improvement constituting additional evidence of his hypothesis, the idea that improvement substantiates any etiological theory has been widely discounted. I conclude that Freud's first etiological hypothesis has not been validated; his hypothesis was the precursor, directly or indirectly, of contemporary psychoanalytic theories of etiology, including attachment theory.

Freud's colleagues, however, took Freud at his word, accepting his assertion that his theory had been validated. However, several of Freud's contemporaries, Breuer, Fliess and Kraft-Ebbing, did *not* accept the validity of Freud's theory (Schachter, 2002). Why were his other colleagues so ready to

accept Freud's assertion, which I call their witting arbitrary conviction? Roustang (1976) suggests a psychoanalytic answer: "The experiences upon which these beliefs rest and which cannot be given apodictic proof are all related to the disciples' transference relationship to Freud (p. 20). Eisold (1997) believes Freud was manipulated into an authoritarian role by the dependencies of his followers. In addition, Freud brooked no dissent; disagreement was dangerous.

Starting in 1922 (Mosher and Richards, 2005) these witting arbitrary convictions that analytic theory had been validated were transmitted to generation after generation of analysts by the training analyst system.

My second point is that contemporary psychoanalysis is in crisis. American psychoanalysis is in a downward trajectory of diminishing status and prestige manifested, in brief, by decreasing numbers both of analytic patients (currently 3300 members of APsaA have a total of 4700 analytic patients) and of analytic candidates (who are gravitating to non-APsaA institutes). Psychoanalysis has little presence in departments of psychiatry or of psychology, or in the university. University libraries are decreasing their psychoanalytic subscriptions. Fewer publishers are producing psychoanalytic books. The awarding of the prestigious Lasker Award to Dr. Aron Beck for his development of cognitive behavioral therapy, acclaimed the most significant development in mental health treatment in fifty years, is another sign. A recent New York Times section on sleep and dreaming mentioned Freud only to say his theory of dream formation has not been substantiated.

How can we reverse this decline? My third point is that neither public relations, advertising nor community outreach will do so; the only way to convince both the general public and the scientific community of the integrity and effectiveness of psychoanalysis. – and to enhance our own sense of integrity – is by substantial, sophisticated psychoanalytic research that validates psychoanalytic tenets and documents the effectiveness of analytic treatment. A. Cooper agrees: “Comparative scientific studies ultimately provide the only way for pluralism to lead to progress.”

This idea, of course, remains controversial; many analysts are not only uninterested in analytic research, they are quite hostile towards it. At the 10<sup>th</sup> Congress of training analysts reported in IJP in 2003, the concept of “research analyst” proved to be the most provocative element of the congress; researchers, it was feared, would seek to destroy elements of psychoanalytic process which cannot be empirically validated. However, if they can't be empirically validated, shouldn't their continued use be questioned? Another example of widespread hostility is the audience of analysts' response to a recent plenary address by Hoffman that was not only critical of analytic research, but ridiculed it; the audience responded with a standing ovation; A. Cooper (2007) suggests “that the audience was reassured in their ignorance.”

Why are analysts so hostile to analytic research? My hypothesis is that, largely out of awareness, analysts are troubled by a gnawing uncertainty about whether analytic tenets have been validated, and whether there is solid evidence regarding the effectiveness of analytic treatment. I think they deal with these

uncertainties by a defensive reaction-formation which convinces themselves that they are *very* certain about the fundamentals of psychoanalysis; they *know* psychoanalysis. Jonathan Lear catalogues this as a symptom of an intellectual disorder he terms “Knowingness.” In a questionnaire study (Schachter and Luborsky, 1998) we found that those analysts with the strongest convictions about analytic theory and practice read the fewest analytic research papers.

One template of the psychoanalyst’s identity was provided by Freud, himself, and transmitted to generations of analysts by the training analyst system. The identity is that of a clinician who brooks no dissent or questions – Freud excommunicated numerous divergent analysts – and is disinterested in and suspicious of empirical research. When supportive empirical findings were presented to Freud he said they were of no interest, and added condescendingly, “still, they can do no harm” (quoted in Shakow and Rapaport, p. 129, 1964). An analyst might speculate that Freud’s comment might reflect his concern that, indeed, they might do some harm.

How much psychoanalytic research is conducted by contemporary psychoanalytic clinicians? Using the PEP CD-ROM I did a survey of a 10% random sample of active members of APsaA to determine how many had written research papers in the five-year period from 1998 to 2003 - four percent; 96% of the membership had published no research papers. Extrapolating from the 10% sample, I calculated that an average of 18 research papers were published each year by the total APsaA active membership. To check that estimate I surveyed all of the analytic journals in PEP CD-ROM for the one year, 2003; 21 research

papers had been published, close to the above estimate. I also surveyed two leadership groups of APsaA, the Executive Council and the Board on Professional Standards. Results were similar; 2-5% had published research papers. It's easy to check these findings; will those of you in the audience who have published one or more research papers in the last five years, please raise your hand? Clearly, involvement in analytic research is not a part of the contemporary psychoanalyst's identity.

How much research is needed? If you acknowledge that neither psychoanalytic theory nor the effectiveness of psychoanalytic treatment has been documented, you get some sense of the magnitude of research that is required. Even if we doubled the present research output to 36 papers per year, this would not approach what is needed.

How can we develop the necessary research cadre? Few institutes make any effort to teach analytic research. Pres. Lynne Moritz in her recent TAP article (2007) concludes that "it is clear, in evaluating the current functioning of research and science within the Association, that we have not yet found the optimum structures" (p. 3). My fourth point, and this is the critical point of my thesis, is that I believe that *it is not possible to graft analytic research onto the contemporary clinician psychoanalytic identity; it cannot flourish.*

Kernberg (1984) wrote that "the primary task of psychoanalytic institutes is to teach what I believe is a science, and this science should be transmitted in an atmosphere of scientific inquiry" (p 8). Auchincloss and Michels (2003) similarly write that the most important goal of psychoanalytic education should be "to

strengthen the intellectual and scientific basis of our field" (p "92). To do so, psychoanalytic education should examine how much we do *not* know, as well as how much we do know.

I am proposing, not that every analyst become a formal researcher, but that every analyst learn that a research orientation, an inquiring attitude, and a tolerance for uncertainty, is essential to being a *good clinician*. Hopefully, some who develop a research orientation and have multiple researcher models may become interested in developing a research cadre.

I don't think those attitudes can be learned from contemporary clinicians; I think they need to be learned from researchers. In order to accomplish that, the leadership of psychoanalysis which has been solely by clinicians for 100 years, should be shared equally with researchers, who should be awarded the same status and prestige and enabled to have comparable income as clinicians. All of psychoanalytic education should be provided *jointly* by clinicians and researchers, including didactic and clinical classes, as well as supervision. How to accomplish this incrementally will require ingenuity.

Each candidate should have a personal analysis completely independently of the institute. It would not be possible to substantially modify the analyst's identity if our current training analyst system remained in place.

Such a proposal, of course, is not only drastic but can fairly be called unrealistic. However, if psychoanalysis is in dire straits, drastic measures are needed. Cooper (2007) warns that "unless in the next half-century we can establish our own cadre of full time basic and clinical researchers, university

supported, we will become a footnote to other intellectual disciplines.” I challenge those who are inclined to dismiss this proposal to offer an alternative proposal with equal promise of reversing the downward trajectory of psychoanalysis.

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## References

- Auchincloss, E.L., Michels, R. (2003). A reassessment of psychoanalytic education: Controversies and changes. *International Journal of Psychoanalysis*, 84:387-403.
- Cooper, A.M. (2007). American psychoanalysis today: A plurality of orthodoxies.
- Eisold, K. (1997). Freud as leader: The early years of the Viennese society. *International Journal of Psychoanalysis*, 78:87-104.
- Kernberg, O.F. (1984). The couch at sea: psychoanalytic studies of group and organizational leadership. *International Journal of Group Psychotherapy*, 34:5-23.
- Moritz, L. (2007). Science in the Association – Part I. *The American Psychoanalyst*. Fall 2007, Vol. 41, No. 3, pp. 3,4.
- Mosher, P. & Richards, A. (2005). The history of membership and certification in the APsA: Old demons, new debates. *The Psychoanalytic Review*, 92:865-894.
- Roustang, F. (1980). *Dire Mastery: Discipleship from Freud to Lacan*. Trans. N. Lukacher. Baltimore/London: The Johns Hopkins University Press.
- Schachter, J. (2002). *Transference. Shibboleth or Albatross?* Hillsdale, NJ: The Analytic Press.
- Schachter, J. & Luborsky, L. (1998). Who's afraid of psychoanalytic research? Analysts' attitudes towards reading clinical versus empirical research papers. *International Journal of Psychoanalysis*, 79:965-969.
- Shakow, D. & Rapaport, D. (1964). The influence of Freud on American Psychology. *Psychological Issues, Monogr.* 13, New York: International Universities Press.