Psychoanalysis in Europe: Scientific and Political Aspects

Georg Bruns
Psychoanalytiker (DPV), Nervenarzt, apl. Prof. für Soziologie an der Universität Bremen, Bremen, Germany

Dear colleagues, ladies and gentlemen,

I will speak about scientific and political aspects of psychoanalysis in Europe. Perhaps you are surprised of my reference to politics, but I hope to show that social politics influence what psychoanalysis is dealing with and how psychoanalysts are working.

Socio-Political Aspects

Psychoanalysis in Europe has many faces. There are 31 societies which are members of the EPF, the European Psychoanalytical Federation. Two of them are provisional societies. Additionally there are 9 Study Groups of the IPA, all in Eastern Europe. These are the groups which are acknowledged by the IPA. In Europe there are about 5,500 psychoanalysts who are members of the IPA.

But there are further psychoanalytical groups in Europe which are not acknowledged by the IPA. These groups usually represent Psychoanalytical Psychotherapy, an application of psychoanalysis as a medical treatment which can be done in different settings: as a low frequency psychoanalytical psychotherapy, as psychodynamic psychotherapy, as group psychoanalysis or group psychotherapy, as psychoanalytical family therapy or as the psychoanalytical therapy of a couple. The non-IPA-groups of psychoanalysts are also those relying on Jung or Adler, who very early in the history of psychoanalysis split off and founded own schools. The latest split off in Europe is that of the Lacanians which happened in the early fifties.

The IPA-societies adhere to Freudian theory and the theories of his theoretical descendants. But there are also non-IPA-societies which claim to adhere to Freudian theory. Between these two camps there was in the past an important difference. Classical Freudian analysis was tendency-free analysis. Its main characteristic was an attitude of the analyst to aim only for understanding the unconscious of the analysand as far as possible and not to pursue any other aim. There is a certain contradiction in this conception because people usually undergo an analysis because they are suffering from a neurosis or another psychic illness. But the view of the tendency-free analysis is that symptoms disappear incidentally without focusing on them.

As I mentioned already the non-IPA-societies usually do psychoanalytical psychotherapy, i.e. they pursue the aim to overcome illness, to cure symptoms. And that means that they pursue another target than understanding the unconscious. Most of them have adopted a neo-Freudian or a neo-psychoanalytical approach. These approaches are usually based on a revised psychoanalytical theory, which for instance has abandoned or plaid down the theory of drives or another core element like the unconscious. They also have another setting with less sessions, perhaps two or three per week and not the high frequency of four or five. And they usually use another technique which not only uses interpretation but also advice and suggestive elements. Therefore a strong objection to this technique is that it’s not neutral but in a certain degree manipulative.

But during the last 20 years there is a trend that these two camps get in touch more and more. Some of those in the past more therapeutically oriented societies became members of the IPA like the German Psychoanalytic Society (Deutsche Psychoanalytische Gesellschaft, DPG), the Wiener Arbeitskreis für Psychoanalyse (Vienna Psychoanalytical Association-provisional) and the British Psychoanalytical Association. As far as I can see there are two reasons responsible for this trend. The first is that psychoanalytical patients more and more were patients with severe disorders like borderline pathologies, traumatic disorders and even psychoses.

Psychoanalytical theory grew with the treatment of these patients as the theory of Bion is showing. Better understanding psychoses and psychotic phenomena widened also the understanding of neuroses as well as of very early and basic psychic processes. Dealing with psychoses and traumata meant that it was impossible to restrict psychoanalysis only to understanding the unconscious because these patients suffered so much and they were so much in danger to destroy themsel-
ves or sometimes other people. There was a strong need to help them, to relieve their psychic pain. The other reason was that the theories of IPA-psychoanalysts widened the scope of psychoanalysis, how Stone said. Important new theories were that of Melanie Klein about the paranoid-schizoid and the depressive position, the concept of projective identification, the new understanding of countertransference as contributed by Paula Heimann, the theory of Wilfred Bion with its container-contained concept and his theory of thinking with beta- and alpha-function, which gave way for a new understanding of symbolization.

The neo-Freudian and neo-psychoanalytical approaches suffered from a theoretical and technical stand-still. So the new patients with the demand for therapy and help on the IPA-analysts’ side and the need for new theories and techniques on the neo-psychoanalysts’ side caused a convergence between both.

Another interesting group in Europe is the Psychoanalytical Seminar Zurich/Switzerland, a group of some hundred psychoanalysts who adhere to Freud and his followers but split off because in their opinion the IPA and the IPA associated societies don’t represent the cultural theory of Freud and of psychoanalysis. In their opinion these organizations gave up the political and critical potency of psychoanalysis. I guess that the total number of non-IPA-psychoanalysts in Europe is about 10,000 to 12,000.

These groups contribute special topics to what psychoanalysis is dealing with. The Psychoanalytical Seminar Zurich for instance contributes an original psychoanalytical approach to understanding culture, social life and politics by combining psychoanalysis with the Kritische Theorie of the so called Frankfurt School. The Lacanians don’t treat patients in several European countries because their theory and technique isn’t accepted this use for, but the Lacanian approach often is adopted at University faculties or departments of literature, because Lacanian psychoanalysis is much more playing with language than other psychoanalytical approaches. These differences are based on different concepts or on different focuses groups have chosen.

But there is another important difference, which is the difference of financing psychoanalytical treatments. In some countries they are covered by the insurance, in other countries these treatments are only based on a private agreement between psychoanalyst and patient. If the insurance is involved in financing psychoanalytical treatments these treatments have to show their effectiveness. Usually the rules to do that are state rules. They are usually valid for the whole medical system i.e. for all treatment methods. In Germany for instance an evaluation system was introduced about 10 years ago, which intends to evaluate the best treatment for each disease and to evaluate also each treatment method. That means in the field of psychotherapy that each psychotherapeutic method which isn’t yet recognized has to show that it is an effective treatment. Nine classes of diseases were formed for the process of recognition, the most important of which are mood disorders and anxiety disorders. If a method wants to get the recognition for the whole field of psychotherapy it has to show its effectiveness for the two main classes, mood and anxiety disorders, and for at least four other classes. The evaluation requires studies, which are judged according to a scale of evidence ranging between level five and one. The highest level one gets a study with a complete sequence of steps and effects which shows the convincing causal relation between the method and the effect in the sense of natural science. To reach level one of evidence is nearly impossible. But it is important to reach at least level two. This requires RCT-studies (randomized controlled trials), i.e. proof of efficacy. RCT-studies require the comparison with another treatment method, often it is the so called TAU group (treatment as usual), and a control group. Randomizing intends to eliminate any personal influence of the doctor on the patient-you know in natural life the doctor is the most effective drug. In RCT-studies the effectiveness is shown by statistical analysis. Other types of studies which are accepted are single case studies and naturalistic studies. Single case studies have to fulfil a lot of step by step documentation in order to show that the treatment caused the improvement of a patient and that improvement was not any side-effect or any coincidence. Naturalistic studies require a lot of statistical analysis in order to eliminate arithmetically the effect of other factors influencing a patient. But these types of studies never reach higher levels of evidence, they never get more than level three. Following the evaluation of the treatment methods of a disease guidelines are written which recommend a treatment regimen and a hierarchy.

### Psychoanalytical Research

A method which has not proved itself successful will not be covered by insurance in the long run. Those countries which have adopted this system of evidence based medicine and in which also psychoanalytical psychotherapy is covered by insurance are the Scandinavian countries, Germany, Austria, Switzerland and until the first months of this year The Netherlands (then in The Netherlands psychoanalytical psychotherapy was excluded from the recognized methods by an official board because of lack of evidence). In these countries there is a lot of research in order to show the effectiveness of psychoanalytical psychotherapy, often with a very sophisticated research design. In Sweden Rolf Sandell and his team are investigating the differential effects of psychoanalysis, psy-
psychological psychotherapy and psychodynamic psychotherapy. They also look at the doctor or psychologist doing the treatment. An interesting result is that a psychotherapist who has a self-concept and an attitude of a psychotherapist is rather successful in his work, those psychotherapists who try to work in their psychodynamic therapies like an analyst aren’t so successful. And also psychoanalysts who apply their psychoanalytical technique to psychotherapies aren’t so successful. The best results get those psychotherapists who have the identity of a psychotherapist and use a psychotherapeutic technique and those psychoanalysts who have the identity of a psychoanalyst and use the psychoanalytical technique in a psychoanalytical setting. The congruence of the professional self-concept, technique and setting seems to be an important prerequisite for a successful treatment. In Finland Paul Knekt who is working for the Social Insurance Institution in Helsinki, Finland, and for the Department of Health, Functional Capacity and Welfare of the National Institute for Health and Welfare in Helsinki, Finland, and colleagues from the Psychiatric Department of the University Helsinki and from other institutions compare the effects of short term psychotherapy, long term psychotherapy and psychoanalysis especially in the treatment of mood and anxiety disorders. They find that a reduction in psychiatric symptoms and an improvement in work ability and functional capacity was noted in all treatment groups during the 5-year follow-up. The short-term therapies were more effective than psychoanalysis during the first year, whereas the long-term therapy was more effective after 3 years of follow-up. Psychoanalysis was most effective at the 5-year follow-up, which also marked the end of the psychoanalysis. They conclude that psychotherapy gives faster benefits than psychoanalysis, but in the long run psychoanalysis seems to be more effective. It is interesting and important that in Finland the Social Insurance itself which has to cover the treatments and public institutions of health and welfare are involved in this research on the effectiveness of psychoanalysis. It guarantees the independency of a project and its results.

This independence is a crucial aspect for the recognition of research in the scientific community and in the public. In Germany often psychoanalysts were the heads of university departments for psychotherapy and psychosomatics in the past. But only a few did really empirical research, not so few publications only confirmed what psychoanalysts know already for a long time and what non-psychoanalysts know for a long time about psychoanalysis. So several departments were not really productive and creative, and in an evaluation process of all universities about 20 years ago they were abandoned or the psychoanalytical heads were replaced by heads of another scientific orientation when they retired. Only a few departments with active empirical research saved their psychoanalytical orientation. Another psychoanalytical research institution is the Sigmund-Freud-Institut in Frankfurt. For the university departments it is difficult to make really psychoanalytical research because this is long term research. But usually the financing institutions don’t finance research projects longer than five years. This is a short time for a psychoanalytical project which needs only for the treatment phase 3-5 years. Together with the initial stage and with the final analyzing phase such a project needs about 8-10 years. So usually university departments do research on short term or psychodynamic psychotherapy.

Psychoanalytical treatment however needs research to maintain its recognition as a medical treatment method. So the psychoanalytical societies in Germany decided to pay for research. The first was my society, the German Psychoanalytic Association (Deutsche Psychoanalytische Vereinigung, DPV), which started about 16 years ago a follow up study of high frequency psychoanalyses 5-10 years after they had ended. This study included about 400 patients and showed that psychoanalysis had dramatically improved the health and the social situation of patients suffering from severe disorders as psychoses, chronic depressions, borderline disorders and pathological narcissism. It was organized by the Sigmund-Freud-Institut, and about 40 members of the DPV took part making interviews, using questionnaires and analyzing data. So this study was not only paid by the DPV, but it was subsidized by those members who worked without getting funds for the time they spent for it and it was subsidized by the Sigmund-Freud-Institut by making available members of the staff for this study. After this first project several other studies were carried out, one comparing the symptomatic and structural changes caused by psychodynamic and psychoanalytical treatments, another comparing the results of cognitive behavioral therapy and psychoanalytical therapy in the treatment of patients with chronic depressions. Just now a research project is starting which compares psychoanalytical treatment and other treatment methods in the treatment of anxiety disorders. All these studies are carried out in cooperation of psychoanalytical societies and their members on one side and a research institution as university departments or the Sigmund-Freud-Institut on the other side. The contribution of psychoanalysts is to finance the work of the institutions as far as it refers to the respective project and to conduct the treatments of patients of the project.

In all these projects psychoanalytical societies underwent cooperation with research institutions. This cooperation gave rise to knowledge of research strategies for many psychoanalysts. Some of them wrote their thesis in a project. And the projects made many psychoanalysts open-minded for other re-
search designs than the classical psychoanalytical research approach, which is the intense single case examination.

But these projects which are financed by psychoanalytical societies and are carried out by psychoanalytical researchers as those of the Sigmund-Freud-Institut suffer from a basic fault; a clear reproducible design, control group, randomization, independence from interests. These requirements are unfamiliar to psychoanalysts because mostly they researched and published for the psychoanalytical community, not for a general scientific community. But in my opinion this is an important step for psychoanalysis to be recognized as a science among other sciences: it is starting an exchange with other sciences about research methodology and about cooperation in adjoining fields. I guess that this scientific recognition is indispensable for the future of psychoanalysis to maintain its recognition as a medical treatment and not to be devaluated as an esoteric triviality.

Sometimes the efforts for research give way to new cooperation. An example is the Hanse-Neuro-Psychoanalysis-Study. In this research project the effect of a psychoanalytical treatment of chronic depressive patients upon neurobiological brain functions was examined. It was examined with fMRI and EEG. Simultaneously broad psychometrical measurements of psychic functions which documented changes of symptoms, structure, capability for attachment and contact, the global psychic functioning and others were applied. The treatment group of 20 patients was compared with a control group of 20 people who had never suffered from a psychiatric illness. fMRI and EEG were made at the beginning and after 7 and 15 months. The treatment group showed significant changes in both fMRI and EEG, whereas the control group without psychoanalytical treatment showed no changes in neurobiological functioning. In the treatment group new connections between brain areas were induced which differed from the initial patterns and from those of the control group. It seems to be a kind of bridging pathological patterns. But it is just the beginning of this kind of research. It shows that psychoanalysis is capable of changing brain functions on a neurobiological level.

Beside this result it was important that the research project was initiated by the head of a research institution with a high reputation, the Hanse Science College which is affiliated with two universities, Bremen and Oldenburg in Northern Germany. The head then was Gerhard Roth, one of the leading neurobiological researchers in the world who invited psychoanalytical researchers and neuroradiologists of several universities to take part. So in this project there was a cooperation of five universities with researchers from several disciplines. Cooperation like this facilitates psychoanalysts to get into a dialogue with other disciplines and to get the recognition psychoanalysis needs for its scientific reputation.

This type of research, empirical research, isn’t the only type of psychoanalytical research. Meanwhile psychoanalytical researchers have developed much variety of research methods. We can differentiate three types of psychoanalytical research: clinical, conceptual and empirical research. Though clinical research seems to be research with the traditional psychoanalytical setting, the high frequency psychoanalysis, it is more. There are variations of the clinical situation concerning frequency, technique, gathering data and evaluating them. In a research project on the psychoanalytical treatment of depression for instance David Taylor constructed a technique manual in order to make sure that psychoanalysts use a unique psychoanalytical technique, a requirement to ensure that psychoanalysts involved adhere to the treatment method which is examined in the project. Or sessions are recorded or video-taped, both parameters of the setting. Or the evaluation of a session isn’t based only on the traditional understanding of the unconscious how it appears in resistance, repetition elements, transference and counter-transference during a session, but the recorded text for instance is analyzed with a subtle text analysis.

The three types of research, clinical, conceptual and empirical, use a set of methods to analyze data. Usually it is not part of psychoanalytical training to teach research methodology. Analysts interested can acquire respective knowledge in research institutions, but there is also an annual 10 days training in psychoanalytical research methodology which is held in London since about 15 years. About 20-25 psychoanalytical researchers from around the world present their projects and consult experienced research experts. Beside this project oriented presentation and consultation every day a staff member gives a lecture in methodology. In a similar style my society organizes regularly 2-days-research-training-courses.

Clinical Investigation with Working Parties

A special clinical kind of investigation is done by groups from an initiative which started about 8-10 years ago in the Europäische Psychoanalytische Föderation (EPF), the European Psychoanalytical Federation. At that time David Tuckett was the President of the EPF. He initiated the formation of groups which worked together for a long time. They met first at one of the annual EPF conferences and continued their work at the next conference. But most of these Working Parties had also
meetings in between, about twice or three times per year. Additionally they had contact and exchange via e-mail and conference calls. One of these Working Parties was that on Theoretical Issues. It dealt with implicit theories.

Joseph Sandler was the first psychoanalyst who wrote about implicit theories. He wrote: “With increasing clinical experience the analyst, as he grows more competent, will preconsciously (descriptively speaking, unconsciously) construct a whole variety of theoretical segments which relate directly to his clinical work. They are the products of unconscious thinking, are very much partial theories, models or schemata, which have the quality of being available in reserve, so to speak, to be called upon whenever necessary. That they may contradict one another is no problem. They coexist happily as long as they are unconscious.” (Sandler 1983). The concept of implicit theories resembles the idea of hidden preconceptions in the sociological theory of knowledge which means a sample of hidden assumptions of the world and its rules, assumptions which steer thinking and decisions of people. The idea of a latent preconception of social structure is part of the sociological concept of “Life-world (Lebenswelt)” (Berger and Luckmann 1969). The EPF Working Party on Theoretical Issues took up Joseph Sandler’s idea of implicit theories and developed a scheme to organize implicit theories—a map which shows theoretical and motivational elements and the structure of knowledge. The map contains six vectors, each describing one dimension of knowledge: topographical, conceptual, action, object relation of knowledge, coherence versus contradiction, developmental.

Another working party is that on Initiating Psychoanalysis. The background of this working party is the fact that in several countries the number of patients who undergo psychoanalysis was and is decreasing, one aspect of the so called “crisis of psychoanalysis”. On the other hand the number of patients who are under psychotherapy has rapidly increased during the last decades. The Israeli Sociologist Eva Illouz even is writing about a therapeutic discourse which, she says, has become the dominating emotional style in western countries both in private and working sphere. Many psychoanalysts mainly do psychotherapy and not psychoanalysis. There are many reasons why patients choose psychotherapy and not psychoanalysis. There are also interpretations.

Looking at what the Working Parties are doing you see that one crucial aspect is to work very close to clinical material. This enables us to see what psychoanalysts are really doing, not to hear only what their declarations are. We know that already Freud deviated from the recommendations he gave for psychoanalytical treatments, and contemporary psychoanalysts deviate from official psychoanalytical technique. To be open enough for this kind of investigative clinical work it is the best to forget psychoanalytical theories, because theories are also interpretations.

They prevent unbiased perception, and they often make discussions more difficult because the discussants fight for their theories and not only for a better understanding of clinical phenomena. So at least on level two of the Working party on CCM the participants try to use a language which describes the clinical observation and try not to adhere to the language of one big psychoanalytical theories. That’s not so easy, and a third Working Party I want to mention is that on Comparative Clinical Methods (CCM). In this Working party there is a two level structure. On level one you find the meetings of groups of psychoanalysts working together usually during an EPF Conference. There may be about six or eight groups with a chair. One participant, mostly a distinguished, at least an experienced analyst, presents during two days three sessions of a psychoanalysis with exact minutes of these sessions. The group examines the sessions first attempting to understand the patient, then turning to the part of the analyst.

The group looks at what the analyst did hear, how he did interpret, where and how he did participate in an enactment and how his involvement does correlate with the unconscious of the patient. The focus of attention is the analyst with his understanding, his interpretations and his treatment style. On this level the presenting analyst gets a careful and subtle feedback of his work and his treatment style. Always there are many elements he wasn’t aware of.

On level two the chairs of the conference working parties meet between the EPF Conferences and examine the results of the groups. Now the chair can see if he and his group did see all relevant aspects. It’s a kind of supervision for the chair and his group. Furthermore this second group writes condensed characteristics of the working style of the presenter at the working party’s meeting. The aim is to compare these characteristics, to check if there are patterns of contemporary psychoanalytical technique and to check if and how far the applied technique is more a private technique, or according to or perhaps opposite an official technique. We know that there is always a gap between the official technique and the private technique according to the existence of official theories and of private or implicit theories.

The Working party on Initiating Psychoanalysis tries to encourage and to enable psychoanalysts to motivate patients for psychoanalysis. This reason for the examination of a new patient is presented in the Working party, is analyzed and checked for signs whether a patient could profit from psychoanalysis. Then the participants think about at which point of the examination the analyst could have proposed the patient to undergo psychoanalysis, which reasons he could have given for it and how he could have convinced the patient.
sometimes you can’t abandon expressions of a theory. In that case the participants try to define an expression in a consensual way. Another aim of this WP derives from this effort: to redefine psychoanalytical concepts in a way that they are compatible with all or at least most psychoanalytical theories. This corresponds with the work of the new Project Committee on Conceptual Integration of the IPA which is examining some core concepts of psychoanalysis, their inconsistencies and discontinuities.

**Further Trends in Europe**

What I spoke about up to now is a selection of my own. I tried to figure out those contemporary trends in Europe which are most interesting from my point of view and which will influence trends in the future, as I assume. But there are other trends in European psychoanalysis too, of course. I will mention a few of them.

A long existing and ongoing trend is that to include psychoanalytical developmental psychology in the psychoanalytical theories of illness and treatment. At present the theory of mentalization, how Peter Fonagy, Mary Target and others conceptualized it is most regarded. It’s about the basic psychic function mentalization.

Mentalization is a psychic act to give inner states and interpersonal events sense and meaning. It is the basis for understanding oneself and communication with others. The child acquires the capability of mentalizing in an early exchange of affects and reactions to affects with the mother, a kind of mirroring and minimal varying the affect by the mother. A lack of mentalization is seen in psychosomatic, psychotic, severe narcissistic and traumatic disorders. In treatments of respective disorders psychoanalysts pay attention to psychic functions like mentalization and try to develop it with variations of their technique, considering for instance elements of a special psychodynamic psychotherapy, the Mentalization Based Psychotherapy (MBT).

Another field which gets more and more attention is neuropsychoanalysis. There are several neuropsychoanalytic research projects, but also psychoanalysts working in private practice who start to treat patients with neurological disorders in order to understand which psychic functions are disturbed by defined neurological defects.

Finally I want to mention that there is a tendency to regard more than in the past the here-and-now-situation in analyses. The question is: how comes the past into present? Proceeding from this question psychoanalysts pay much attention to the communication occurring between them and their patients, understanding it in terms of transference and countertransference. Usually what we ourselves can understand of our countertransference is part of our conscious or preconscious psychic life. But inevitably in each analysis there are also elements of acting-out on the patients part and the analysts part. These elements are most valuable because they give access to the unconscious which never can be controlled or foreseen.

But often the psychoanalyst himself doesn’t recognize his involvement in scenes of acting-out. He needs the helpful view of a psychoanalytic expert. Therefore many psychoanalysts participate in intervision groups. Intervision groups are a kind of professional peer groups, consisting of psychoanalysts who regularly supervise each other.

Such intense self-reflection supported by help of colleagues is necessary for an intersubjective technique of analysis how it is represented in Europe for instance by Antonino Ferro. He in his technique is referring to Bion in some theoretical foundations and to Bion’s concept of unsaturated interpretations and to Baranger’s concept of the analytic field. For him the analytic situation is a narrative field which the patient and the analyst are contributing to. The analytic process in this conception is a narration of both part, each one inducing fantasies and narrations of the other. The analyst is rather active with this technique, and he trusts to his ideas that they are communicating with the unconscious of the patient. The result is a common narrative.

I have to end here. But before ending I want to say that my selection doesn’t include all trends in Europe. Especially concerning research there are not so few psychoanalysts who oppose to each kind of empirical research because they believe that psychoanalytic research indispensably needs the psychoanalytic situation. They stand for the intense and careful exploration of the inner world of their patients and believe that new psychoanalytical findings can only be generated in this way.

I fully respect this opinion, but I believe that we need different approaches to the unconscious, the subject of psychoanalysis, and that these approaches complement one another.

Thank you for your attention.

**Acknowledgments**

This article was presented at ‘the International Congress & Master Class of Psychoanalytic Psychotherapy’ for the celebration of the 31st Anniversary of the Korean Association of Psychoanalysis, September 23-25, 2011, Seoul National University Hospital.

**Conflicts of Interest**

The author has no financial conflicts of interest.

**REFERENCES**
