

# Rigor or Rigor Mortis? Empirical Research and the Fate of Psychoanalysis

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A specter haunts psychoanalysis: the specter of extinction. Sperber (2015), in an effort to counter psychoanalysis' dismal trajectory, called for a "different mode of writing in order to affect change in the world ... We must learn to distill clearly what the field has to offer and why it matters" (p.25). Her recommendation was that psychoanalysts write manifestos. "Manifestos express a different state; they are assured, forceful, and convincing" (p.25). Eight psychoanalysts, including Sperber, took up the challenge. Unfortunately, much of what was published seemed less manifesto and more screech, fulmination, jeremiad, and polemic. It is profoundly disappointing that so many authors used the valuable platform provided by the *DIVISION/Review*, an official publication of the American Psychological Association, to engage in acrimonious and tendentious venting which does little to further the stated aims of changing the public discourse and, ultimately, the fate of psychoanalysis.

Braun (2015) derisively labeled Aaron Beck as "a salesman" (p.25) and called on psychoanalytic colleagues to distance themselves from the "Mental Health Industrial Complex": "Set yourself proudly apart ... You offer articulation. They offer anesthetization" (p.26). McLain (2015) began her manifesto by stating "Cognitive behavior therapy is for the meek" (p.28). She continued by shaming cognitive behaviorists for being shallow and rigid, and then blamed the unwitting, corpulent, slovenly, pop-culture obsessed "Pringles-chomping, Kardashian-watching, Shake Weight-purchasing public" (p.28) for their ignorance (while claiming not to do so). Morgan (2015) wrote "All of your so-called professional organizations are so busy trying to sanitize and make legitimate our way of working that neuroscience and evidence-based research dominate their agenda" (p.29) and "insurance companies, drug companies, and the compliant therapists who teach their methods are your enemy" (p.29).

Exaggeration, oversimplification, and distortion, expressed in a disparaging tone, are the rhetorical techniques of scapegoating and "othering." Kirschner (2012) stated that "othering" occurs "in order to shore up our own identities and boundaries, defend against uncomfortable and anxiety-provoking feelings and experiences, and sometimes even assert or enhance our own individual or collective power and dominance" (p.214). In the face of extinction, and the powerlessness and hopelessness such a fate evokes, it is understandable. However, psychoanalysis is a method for attaining insight into one's

problems, owning one's contributions, and making difficult but necessary changes to create different outcomes. Thus, "othering" must be confronted because it obfuscates the problem, externalizes psychoanalysts' responsibility for creating and maintaining it, and leads us farther into the very solipsistic isolation that produced the current situation.

The current trajectory of psychoanalysis is largely a self-made problem (Bornstein, 2001; Frank, 2013; Kernberg, 2012; Kirsner, 2004; Summers, 2008). Bornstein (2001) identified seven "deadly sins," which he described as self-destructive behaviors exhibited by psychoanalysts that contributed to the discipline's decline over the decades: insularity, inaccuracy, indifference, irrelevance, inefficiency, indeterminacy, and insolence. All are evident in the manifestos. Even Shedler (2015), who is at the forefront of psychodynamic research, takes an impertinent and gratuitous swipe at cognitive-behavioral therapists by comparing their relational stance to that of a hair stylist or real estate agent. This example illustrates how the threat of extinction generates intense pressure to "other," as Shedler (2011) once lamented the tendency of colleagues to talk past one another and the "collective inability to engage in virtually any constructive dialogue, even among ourselves" (p.30).

Insularity, indifference, and insolence led many psychoanalysts to disengage from academic and scientific communities, ignore evidence from cognate disciplines, and disregard societal requirements that healthcare professionals demonstrate what they are doing is actually helpful. This resulted in a closed system that made it difficult for many psychoanalysts to adapt to the changing environment. Furthermore, many psychoanalysts either cannot or will not make substantive changes. Kernberg (2012, 2015) described how any effort to generate change produces strong resistances, including regressive pressures to look backward and withdraw inward to preserve an idealized version of psychoanalysis and protect identities in the face of an existential threat. Doubling down on a series of bad bets, however, rarely produces a different outcome.

So what to do? Interestingly, the collection of ersatz manifestos follows a tribute to George Klein, one of the first psychologist-psychoanalysts. Klein, initially trained as an experimental psychologist, was not fond of passively accepting received clinical wisdom. Instead, he diligently tested psychoanalytic tenets, connected psychoanalytic concepts to existing psychobiological knowledge, and communicated his findings to colleagues, students, and the public. Eagle and Wolitzky

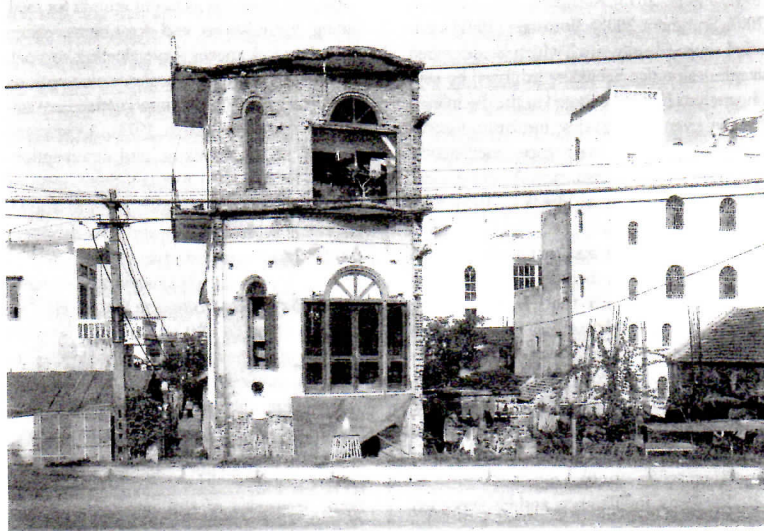
(2011) argued that psychoanalysts' general lack of interest in these endeavors sowed a fertile ground for exploitation by critics.

A willingness to empirically test psychoanalytic concepts, incorporate evidence from cognate disciplines, and respond to contemporary societal expectations not only addresses the requirements of science, it also promotes competent and ethical practice (Eagle & Wolitzky, 2011; Kernberg, 2015). Clinicians need independent criteria for evaluating formulations and treatments, otherwise they lack means for evaluating competing claims, correcting inaccurate assumptions, and determining which interventions are safe and effective (Rubinstein, 1975). A clinician's idiographic observations and interventions should be subjected to nomothetic scrutiny to ensure consistency with existing knowledge of psychopathology and how therapeutic change mechanisms may work.

There are psychoanalytically oriented psychologists who recognize that in order for psychoanalysis to thrive again, the prevailing theoretical framework must be subjected to rigorous empirical scrutiny and integrated with findings from cognate disciplines. They also recognize that psychoanalytic research must be conveyed to various audiences (beginning with clinicians) in relevant ways. Some examples of this approach include: Beebe and Lachmann's (1988, 1998) infant observation research and its relationship to the development of self and object representations as well as the therapeutic process; Bornstein's (2005, 2007) efforts to connect psychoanalysis with mainstream psychology and improve psychoanalytic data gathering and theory building; Bucci's (1997) integration of cognitive science and psychoanalytic psychology; Fonagy's (2000) work on attachment, mentalization, and borderline personality disorder; Luyten's (2015) commitment to testing the empirical status of psychoanalytic concepts; Safran's (Safran, Muran, & Eubanks-Carter, 2011) identification of empirically supported therapeutic practices for managing alliance ruptures; Petraglia's (Petraglia, Bhatia, De Roten, Despland, & Drapeau, 2015) research on how defense interpretations impact a patient's defensive functioning and the therapeutic alliance; Schore's (2011) integration of neurobiology and psychoanalytic psychology; Shedler's (2010) meta-analytic research on the efficacy of psychodynamic psychotherapy; Shedler and Westen's (2007) assessment procedure to operationalize personality diagnosis; and Summers and Barber's (2010) effort to build an evidence-based psychodynamic psychotherapy.

## LETTERS

I now present a thought experiment involving an alternate history. When constructing a counterfactual historical narrative, initial conditions (an event and/or circumstances) are altered modestly to create a point of divergence from what actually happened. A logical chain of consequences are then described. It is the early 1960s. The psychoanalytic community is less plagued by insularity, indifference, and insolence. Aaron Beck's application for membership in the American Psychoanalytic Association is not rejected and he becomes an advocate for psychoanalysis rather than one of its chief adversaries. His empirical research on the psychodynamics of depression is integrat-



Untitled, Hanoi, 1996

ed into psychoanalytic theory. Beck collaborates with other cognitively and empirically oriented ego psychologists (e.g., Klein, 1959; Holt, 1964; Rapaport, 1960) to identify empirically testable core principles. Psychoanalytic theory, unburdened by antiquated concepts and jargon, provides a vibrant research agenda for both psychoanalysts and academic psychologists. A robust evidentiary base develops, which allows psychoanalysis to compete with behaviorism and the emerging biologically based psychiatry. In this timeline, psychoanalytically oriented researchers and clinicians are engaged in mainstream psychological science and exert influence over the 1968 and 1980 revisions of the *Diagnostic and Statistical Manual of Mental Disorders*. Rather than a biological model and behavioral concepts completely taking hold, a psychological model and psychoanalytic concepts are retained. Effective psychoanalytic psychotherapeutic treatments for depression (based on Beck's research) and borderline personality disorder (based on the Menninger psychotherapy research project) debut, are disseminated widely, and become the standards of care. Because of this, psychoanalytic theory plays a prominent role in the

education and training of graduate students in clinical psychology. This filters down into undergraduate psychology curricula and up into psychoanalytic institutes (now affiliated with universities), where psychoanalytic training is a popular postgraduate specialization.

Is this scenario merely an illusion of a future? While an alternate history, it is not ahistorical and counterfactual reasoning is considered a valid technique within historiography (Bunzl, 2004; Kaye, 2010; Nolan, 2011). The "Mental Health Industrial Complex" emerged neither suddenly nor randomly. A gradual change in the psychiatric diagnostic model during the 1960s and 1970s

produced a change in the conceptualization of psychopathology; this led to the medicalization and commodification of psychological issues and disorders. Holt (2013), who was at the forefront of psychoanalytically informed empirical research in the 1960s, stated that a less critical attitude toward research within the psychoanalytic community may have countered the "unmitigated assaults" upon psychoanalysis that followed. Thus, it is reasonable to assert that a psychoanalytic community fully engaged with broader scientific and societal trends, receptive to conducting and integrating rigorous empirical research, and willing to change, could have produced an outcome more in line with that I described than what actually occurred.

Several manifesto authors described psychoanalysis as "radical," yet they demonstrated a reactionary, dogmatic attitude toward psychoanalysis changing in a radical way. Embracing empiricism is no supine acquiescence or bourgeois conformism. It is a revolutionary epistemological turn that would allow psychoanalytic proponents to actively shape the environment in favorable ways. Let the "Mental Health Industrial Complex" tremble at a psychoanalytic empirical revolution. ■

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