

**Title of the Project**

Developing Psychoanalytic Practice and Training (DPPT). Why do medical students and clinical psychologists decide for or against a psychoanalytic training in Germany?  
And: What can be done to strengthen Psychoanalysis?

**Context of the study**

A common concern of many component societies of the IPA is that the number of patients willing to undergo high frequency psychoanalyses as well as the number of candidates for a full psychoanalytic training have decreased in the last years. To give just one example: the number of candidates in the DPV declined from 321 in 1992 to 273 in 2003. The reduction is best illustrated by the number of candidates in the first phase of their training (before having own cases). In 1992 there were 112 such young candidates, in 2003 only 54.

The reasons for this increasing lack of interest can partially be attributed to changes in society, educational and health care systems. However, it must be also questioned if psychoanalytic training institutions have yet found adequate responses for coping with these developments.

As far as we know the determining factors for these developments have not been studied systematically or empirically yet, one reason why we are performing this large-scale, exploratory empirical study. We want to inquire which ones of the widespread speculations about possible determinants of the „crisis of psychoanalysis“ will prove to be plausible – and which remain speculative fantasies. We are convinced that the methods applied as well as the results of the planned study will be relevant for other IPA regions as well. To summarize some of the more or less speculative considerations discussed among German analysts:

*Reflecons on the societal contexts of the decline of interest for psychoanalysis*

\*The “Zeitgeist“ has changed in the last decades. In the Sixties and Seventies psychoanalysis was very popular and played a central role in the student revolts of “generation 68“. Psychoanalysis was perceived as an emancipatory and extraordinary clinical theory and treatment approach. Furthermore it was not only seen as a unique critical approach to understand the deep and hidden roots of societal conflicts but also as a theory in the tradition of enlightenment. Psychoanalysis was associated with the Critical Theory of the Frankfurt School ( see e.g. Habermas, 1971; Feyerabend, 1975, Raguse, 1998, Ricœur, 1991;). All psychoanalytical societies boomed. In the universities new professorships for (psychoanalytical) Psychosomatic Medicine and Psychotherapies and for (psychoanalytical) Clinical Psychology were established. Psychoanalysis was present in practically all parts of society: culture, educational systems, arts, and media.

During this period psychoanalysis was idealized and overestimated in with respect to its clinical potencies, indications, and outcome as well as to its contribution to the analysis of unconscious conflicts and fantasies in our modern culture.

Already in the Eighties processes of de-idealizations and devaluations became apparent, one reason why psychoanalysis lost its popularity and attraction - again practically in all sectors of society (see e.g. Bohleber, 2003, Bruns, 2003). Behavioural therapies became more and more popular and started to replace the psychoanalytical positions in the clinical psychology departments of the universities. The chairs for Psychosomatic Medicine and Psychotherapy within the medical faculties were more resistant to this change. In general, however, psychoanalysis was seen more and more as “not empirically based“, non-scientific, inefficient and ineffective. An “empirical“ Zeitgeist of efficacy and efficiency became increasingly popular (see e.g. Leuzinger-Bohleber & Bürgin, 2003). Neurosciences and genetics became the new “leading and basic sciences“ and replaced social sciences

as “leading science“. Despite the fact that the knowledge gathered in these fields is in no way contradicting basic psychoanalytic clinical facts, this is not used offensively by psychoanalytic institutions, which seem very timid in adopting these fields (see e.g. Edelman, 1992; Kandell, 2005; Solms, 1997,2003; Damasio, 1999). So psychoanalysis is not perceived as an innovative and fruitful science and theory any more, discovering new and fascinating knowledge. Therefore, ambitious young medical or psychology students feel more attracted by these perceived as scientific disciplines than by psychoanalysis nowadays. As one consequence psychoanalysis lost some of the brilliant and career oriented young people.

\* In modern western countries, the family structures changed essentially during the last decades (high rate of divorces, new forms of love relations in the sense of “time-limited“ partnerships, “patchwork - families“, dramatic decrease of birth rate, etc.). Psychoanalysis - focusing oedipal and internalised conflicts - seemed to become more and more outdated as a psychotherapy indication. Systemic family- and behavioural therapies replaced psychoanalysis in many counseling centers within and outside the Universities (see e.g. Roth and Fonagy, 1996).

\* In times of globalisation and the booming of modern media, psychoanalysis- with its appreciation of the idiosyncrasy of each individual person and its focus on long-lasting developmental processes - is perceived as “old-fashioned“, “outdated“, too slow and tardy - a treatment method and a philosophy of human beings not adequate to understand “modern“ patients anymore. On the one hand its therapeutic aims (as e.g. to change “neurotic sufferings into common unhappiness“ [Freud] and structural change) do not seem to meet the needs and desires of “modern human beings“ anymore. Mobility, flexibility, and the orientation towards consumption are felt to be in sharp contrast to the philosophy of an “ascetic“ self-understanding psychoanalytic thinking and process. On the other hand, it can be questioned if psychoanalysts and their training institutes were willing to accommodate to changed demands both from the health care system and from the individual patients and candidates (e.g. providing a broader range of treatments for chronic somatic patients, for lower class groups, or reacting to the forced flexibility in many professions which often makes it impossible to be in psychoanalysis in one place for years, see e.g. Sennett, 1998). As one of the consequences of this development psychoanalysis lost many of the future clinicians who felt that they did not get the adequate training.

\* Psychoanalysis lost both its reputations as a creative, challenging and evocative theory and treatment. It was no longer perceived as innovative and “special“ but more and more as “conventional“, “old fashioned“, “established“ and even conservative. In the eyes of many intellectuals it gave up its “thorn Freud“, as Lorenzer (1985) has once formulated it, and adapted and conformed too much to a medical world giving up parts of its provoking identity. Psychoanalysis now seemed to be confronted with the consequences of an “embracement with the establishment of society“ (see also Holzhey, 2001, Green, 2003, Hampe, 2003). As one consequence psychoanalysis lost its fascination for gifted and unconventional young academics: the intellectual elite of the future. So one of the assumptions is that there was a loss in three recruiting groups: the empirically minded researchers, the every day clinicians and the nonconformist creatively gifted group. Losing more and more influence in the media, the culture and the universities lead to a missing presence of psychoanalysis in the public and educational institutions, another possible reason for the reduction of patients for high frequent psychoanalysis as well as the decline of candidates for psychoanalytic training.

### *Reflections on determinants within the psychoanalytic societies*

\* In the last years extended discussions on problems of psychoanalytic education within the different IPA Societies have revealed that some of the basic questions of a psychoanalytic training are as old as psychoanalysis itself and that these problems have not been really solved yet (see e.g. extended literature review, Target 2000, Gibeaut 2000, other considerations on education: McCroire, 2000; Körner, 2000; Scharff & Scharff, 2000, Cabaniss and Roose, 2000; Mullen and Roose, 2000; Sachs, 2000). For some colleagues the current „crisis of psychoanalysis“ is connected with these unsolved problems of the psychoanalytic education.

\* Another argument comes from some of our psychoanalytical colleagues within our societies. They claim that psychoanalysis has lost its ambition to be the “best clinical treatment method and theory“, neglecting its genuine quality criteria like high frequent treatments (five times a week). They think that psychoanalysis already has adapted too much to psychotherapy and empirical research and by doing so lost its “depth“ and profound psychoanalytical knowledge etc. (see e.g. Green and Wallerstein, 1996, Green, 2003, Perron, 2003). For them this is the main reason why psychoanalysis has lost its attraction for the coming generation.

#### *Potential specific determinants of the decline of interest for psychoanalysis in Germany*

\* Psychoanalysis as a treatment was greatly promoted by acceptance as a regular treatment covered by the health insurance system. Systematic outcome research (Dührssen & Jorswieck 1965) had been a prerequisite for this recognition. However, systematic outcome research found little appreciation within psychoanalytic training institutes. The burgeoning, initially strongly psychoanalytically inspired psychotherapy research found little access into their curricula. Results of the neglect of research and an interdisciplinary dialogue became evident when evidence based medicine became the main paradigm in the health care system (including operationalised diagnostic requirements, treatment guidelines, etc.; e.g. Bachrach et al, 1997; Fonagy in Open Door Review, 2003). Lack of data on the effectiveness and efficiency of psychoanalysis was portrayed as tantamount to psychoanalysis being ineffective and outdated. Under the label of "empirically validated treatments", behavioural treatments gained popularity and became widely disseminated. Psychoanalytic treatments were notably absent from many evolving treatment guidelines, and psychoanalysts found it hard to argue their cause on empirical grounds. Yet, this dire situation also prompted a strong research initiative by members of the DPV to launch a large-scale empirical outcome study on psychoanalysis integrating psychoanalytic approaches. A network of psychoanalysts resulted combining their private practice with systematic research involvement on which this grant submission is largely based (Leuzinger-Bohleber, Rüger, Stuhr and Beutel, 2000, other initiatives by DGPT, Rudolf, Grande, Dilg and others, 2001; others: see Stuhr, Leuzinger-Bohleber and Beutel, 2001).

\* During the last decades the situation at the Universities has changed dramatically: In the *field of clinical psychology*, usually the strongest departments in psychology programs, the deficit in finding young candidates engaged in research has become most evident. In the Sixties and Seventies many psychoanalysts were heads of the clinical departments in German Universities. However, in the last years, almost all of these positions have been replaced by behaviour therapists. As a consequence, with few exceptions (e.g. Saarbrücken, Frankfurt, Bremen, Munich) all clinical psychologists got their first training experiences in behaviour therapy and, if they got exposed to the basics of psychoanalysis as part of their curricula at all, it was from a behavioural point of view and therefore often from a very critical perspective. In 1999, after the new law for psychotherapists ("Psychotherapeutengesetz, (PTG)") came into effect, postgraduate studies for psychotherapists were established at the Universities. Almost all postgraduate studies have been dominated by behavioural therapies. Being a prerequisite to become a licensed psychotherapist according to the PTG, these postgraduate behavioural curricula have gained high attractiveness for students of clinical psychology advertised as they are seen as "scientific", "reasonably prized", "promising for an academic and psychotherapeutic career" or "up-to-date". In contrast: psychoanalytic postgradual studies are virtually absent from the universities. Therefore it requires a high motivation of young academics to find psychoanalytic alternatives. Besides: with a new legislation in Germany limiting occupation at the universities to a maximum of 12 years from the examination until full term professorship, it became virtually impossible to make a scientific contribution, teach students and get the state licensing for psychoanalytic psychotherapy. This means that all chairs for clinical psychology will be lost for psychoanalysis, because the prerequisite for such a position is the license for treating patients and the academic virtues (Doctoral degree as well as *venia legendi* for psychology) .

\*The new legislation has also encouraged clinical psychologists to start their training much earlier, in their mid or late twenties- often without good financial resources. They are required to do a one-year internship in psychiatry as part of their training, normally without payment. Therefore this period of life is characterized by many struggles in reality (finding first jobs with little or no payment,

combining profession with children, etc.). Psychoanalytic institutions offer long, expensive, and time consuming curricula. Following the new legislation, these have to compete with many „cheaper“ and “easier“ training programs. In the perception of young people those may lead to more or less the “same“ professional acceptance and opportunities to work as licensed psychotherapists. They may find it hard to imagine starting a psychoanalytic training, which lasts at least 5 - 7 years compared to the perceived as cheaper and shorter postgradual studies. The minimal time is also 5 years half day and in fact the financial and temporal burden is not much lower, but the decision for behavioral therapy seems more manageable for many of the young clinical psychologist.

\* University chairs in Psychosomatic Medicine and Psychotherapy have remained strongholds of psychoanalysts for a long time, but in the last years this also has changed more and more. Until recently medical students had a chance to get acquainted with psychoanalytic models of disease and treatment. Traditionally, psychoanalysis was less represented in the more pharmacologically oriented psychiatric departments. The requirement for medical specialization has led to the development of sub-specialties of psychiatry and psychotherapy, of child and adolescent psychiatry and of psychosomatic medicine. For these colleagues, psychoanalytic training would seem a considerable extra burden under these professional circumstances, characterized by income cuts, high workload and feelings of insecurity in a rapidly changing health care system..

\* Besides, psychoanalytic training institutes may often be perceived as hierarchical, authoritarian and “ideological“, lacking openness, creativity, and innovation (see e.g. critics and discussions of Auchincloss & Michels, 2003; Barchat, 2000; Berman, 2000; Canestri, 2000; Cresci, 2003; Downing, 2000; Kächele and Thomä; 2000, Kernberg, 2000; San Martino, 2003; Target, 2000; Lee, 2001; Lerman, 2001; Zimmer, 2003;). Lack of openness towards research, the long, costly, and time consuming curricula and wariness towards co-operation with universities may have further repelled young candidates interested in pursuing both psychoanalytic training and a research career. Ironically, as neurosciences and genetics have started to produce results supportive of basic psychoanalytic propositions and begin to provide tools for testing psychoanalytic hypotheses, ambitious young medical or psychology students feel more attracted by these scientific disciplines rather than to pursue dual curricula (see I).

\* Under the communist regime in the German Democratic Republic, psychoanalysts from the renowned Institute in Leipzig and other cities left the country and psychoanalytic thinking remained in the underground, stigmatised as a pseudoscientific bourgeois ideology. Surviving psychodynamic approaches (see Sommer, 2000; Kerz-Rühling, Plänkers 2000; Diederichs 1998) were adapted to dominant, repressive ideologies. Following reunification, the Leipzig Institute for Psychoanalysis and Psychotherapy was founded with the support of the DPV. It succeeded in founding a university institute for psychotherapy, together with representatives from other therapeutic approaches. Despite the successful university postgraduate representation of psychoanalysis, there is still a lack of psychoanalytical candidates. Specific reasons may reside in the broken tradition of psychoanalysis in the Eastern federal states of Germany.

*To summarize:* Many of the just mentioned possible reasons for the decline of interest for psychoanalysis are speculative and not yet empirically sound. Therefore our study is dedicated to delineate systematically the societal, cultural and legislative context of the decision to become a psychoanalyst or resort to other ways of becoming a mental health professional. In order to understand the nature of the decline of interest in psychoanalysis and to increase its attractiveness as a scientific theory, as a treatment approach and as a career choice, we also need to know the motives, attitudes and reasons underlying these decisions (and their interplay with these respective conditions).

## **Objectives**

In this project we wanted to study conscious and - as far as possible - unconscious motives, reasons and attitudes of clinical psychologists and physicians toward psychoanalysis from three perspectives: a) from the perspective of a career choice, i.e. determining factors why clinical psychologists and medical doctors decide in favour or against a psychoanalytic training, b) from the perspective of former or potential prospective patients of psychoanalysts, c) as an important source of referral of

patients (future psychology or medical colleagues of analysts). The purposes of this study were not only to assess motivations and identify barriers for clinical psychologists and physicians under the perspectives delineated above, as a basis for developing concepts and strategies for increasing the attractiveness of psychoanalysis again for them under the perspectives delineated above. We also wanted to study the assumption that the decline of interest for psychoanalysis is particularly severe within the group of clinical psychologists and medical doctors, because of changes of academic careers and of the working perspectives, working as licensed psychotherapists. - Therefore, in a smaller sample we also wanted to inquire students of educational sciences (who can undergo a child therapist training approved by the health insurances in Germany). We supposed that amongst these students the interest in psychoanalysis is still vivid and widely spread, because of their more humanistic and less natural sciences oriented identifications and interests. The insights in the roots of this remaining interest (despite of the above mentioned changed „Zeitgeist“) might be relevant for a thorough analysis of the situation and possibly reveal unconventional, new pathways out of the „crisis of psychoanalysis“.

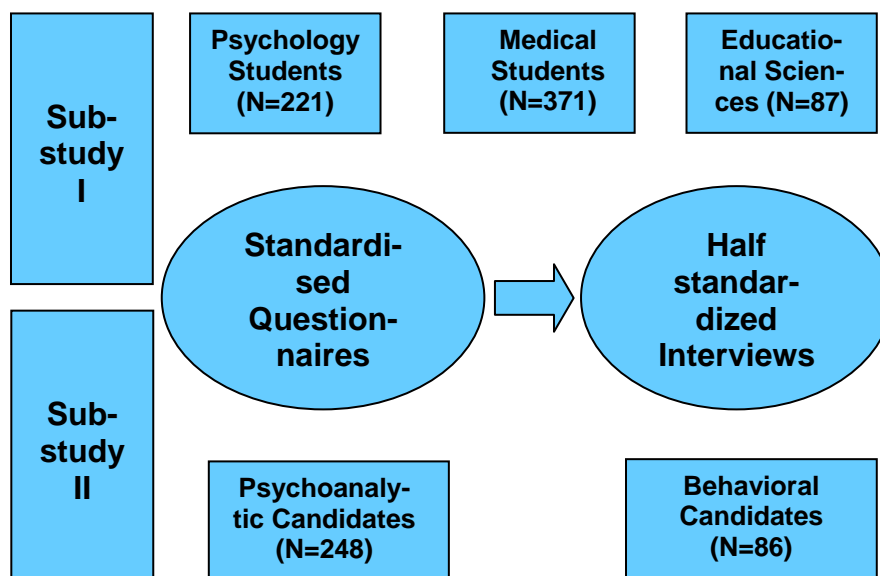
### Method

The study was conceptualized and realized by a research group in close cooperation with national and international research experts as well as with colleagues and practitioners.

Considering Figure 1, the two substudies are both a combination of a large-scale cross-sectional questionnaire study and of subsequent half-standardised in depth interviews. The interviews are conducted on selected subgroups of participants in single case studies. They are executed mostly by psychoanalysts and/or under psychoanalytic supervision, in order to additionally focus on preconscious motives and to take into account unconscious dimensions of the inquired problems.

*Fig.1: Study Design and Overview on Questionnaire Samples*

Combination of quantitative and qualitative cross- sectional empirical study:



After having tested the questionnaires and the exact procedure of the interviews in a prestudy, **Substudy I** was being conducted at ten different universities (multicenter study: Frankfurt, Freiburg, Gießen, Mainz, Hamburg, Bremen, Leipzig, Heidelberg, Saarbrücken and Kassel) spread all over Germany to take into account the different study situations of the universities. Psychology students (N=221), medical students (N=371) and students of educational sciences (N=87) were investigated, as mentioned above.

The graph above shows the definitive number of questionnaires of Substudy I which have been analyzed in the meantime and of Substudy II.

**Substudy II**, in which psychoanalytical and behavioural candidates is still going on at the moment (see state of the art of the project).

### **Instruments**

*The Questionnaire* - developed by the research group - contained the following modules (modified version for Substudy II):

- **Questionnaire on Interest for Current Psychotherapies** (QIP, Beutel et al., unpublished manuscript; e.g. specific questions on: attitudes to psychoanalysis and psychotherapy (treatment, model of mind), career interests, constraints, choices (specialty, practice), pragmatic factors (finances, investment of time, etc.), clinical experience, academic exposition to psychoanalysis (teachers, peers), contact with different therapeutic schools, personal treatment experience or by family, friends, personal development, conflicts, desires...)
- **Questionnaire on Attitudes towards Psychoanalytic and Behavioral Treatment Methods** (Fragebogen zu Einstellungen zu psychoanalytischen und verhaltenstherapeutischen Behandlungsmethoden, Beutel et al., unpublished manuscript)
- modified **Questionnaire on Attitudes towards Psychiatry** (ATP, Balon et al. 1999)
- **Questionnaire on Attitudes towards Demands for Psychotherapeutic Treatment** (Fragebogen zu Einstellungen gegenüber der Inanspruchnahme psychotherapeutischer Hilfe, FEP, Schmid-Ott et al., 2003)  
*and Standardized health questionnaires*
- **Hospital Anxiety and Depression Scale** (HADS, Herrmann, Buss, & Snaith, 1995)
- **Gießener Beschwerdebogen** (GGB, Questionnaire on Somatic Problems, Brähler & Scheer, 1983)

Half standardised audio taped and psychoanalytically supervised in depth **Interviews** on the subject of research in both substudies:

The procedures for performing and analyzing half standardized psychoanalytic interviews developed in the catamnestic study by Leuzinger-Bohleber et al. (2002) were applied to this study again, because they have proved to be fruitful and interesting enabling to evaluate psychoanalytic and non-psychoanalytic observations on complex psychic, psychosocial (conscious and unconscious) phenomena of the inquired problems.

The interviewees are systematically selected after the questionnaire data. In the interview we open an intermediate space for the interviewee by a more or less unstructured interview to communicate to us (consciously and preconsciously) his or hers views, prejudices, anxieties, attractions in his or her preferences of one specific therapeutic school. We try to obtain manifest as well as latent (preconscious) information about the complex interactions of pragmatic and idiosyncratic factors influencing the attitudes on the object of research. In the last part of the interview some specific topics are addressed (analogously to the mentioned above topics in the questionnaire: e.g. role of theoretical and philosophical preference, financial and career perspectives, perception of Psychoanalysis at the University, in the media etc.). The interviews are tape recorded, noted in a memory transcript (on important subjects, psychodynamics, hypotheses etc.) and on an evaluation form. Afterwards it is discussed in a supervision, where impressions, evaluations, psychodynamic hypotheses, open questions etc. are being exchanged and the memory transcript is in several steps being transformed into a narrative. The procedure used is a systematic psychoanalytic oriented expert validation of the interview (Leuzinger-Bohleber et al., 2002). It is hypothesis generating and serves as an illustration of the findings from the questionnaire data.

### **State of the art of the project / Stand des Projektes**

The quantitative data collection in both substudies is completed by now. The quantitative data of substudy I had been analysed in depth in the meantime. The subsequent interviews of this substudy are

being analysed at the moment as well as the quantitative data from substudy II. The interviews in substudy II are currently being conducted.

We regularly informed the membership of the DPV and the DPG who have supported our study financially. We presented the study at several workshops of the main conferences of these two German psychoanalytic societies and had intensive discussions with the boards and the memberships of our societies in possible strategies how – based on the results and observations of our study - to improve the situation of psychoanalysis in our country.

We have also presented our project at the presidential meeting at the Congress of the International Psychoanalytic Association in Rio de Janeiro, in July 2005. We were pleased to discuss the results and observations of the study with the board in detail. We also presented first results of the study in a poster session there and at the 2006 Joseph Sandler Conference. Recently the first results and the current state of the study were presented at the 45. IPA Congress in Berlin, both in a panel and in a poster session.

A first publication concerning the results of the investigation of the medical students has been accepted for publication by a renowned German journal, *Zeitschrift für Psychosomatische Medizin und Psychotherapie*. We also published first student results in the conference proceedings of the DPV conference 2006 (eds: Willenberg and Schmidt, 2006). We also plan to publish the main results in the *International Journal of Psychoanalysis* as well as in the German psychoanalytic journal *PSYCHE* and the German psychotherapeutic journal *Psychotherapeut*. We hope that the two doctoral theses by Dipl.-Psych. Judith Vogel and Dipl.-Psych. Yvette Barthel will be finished by the end of 2007, the two other ones, Dipl.Psych. Michael Koenen and Dipl. Psych. Rupert Martin by the end of 2008. Dipl.Psych. Judith Vogel has successfully applied for a scholarship by the Heinrich Boell Foundation which will allow her to finish her doctoral thesis financially.