

**Psychoanalysis as a „ Science of the Unconscious“  
at the IPA Centenary**

London

*Marianne Leuzinger-Bohleber, Frankfurt a.M.*

***1. Introduction***

What kind of a science is psychoanalysis really? What did Freud mean when he defined psychoanalysis as a special “science of the unconscious”? As a young man Freud was very interested, as is known, in philosophy and in the humanities before he turned with a remarkably strong emotional reaction to the natural sciences. He worked at that time on research in medicine and neurology in the laboratory of Ernst Brücke’s Institute of Physiology, where he became acquainted with a strict positivistic understanding of science, that attracted him throughout his whole life. As we know, Freud later, however, turned away from the neurology of his time since he recognized the boundaries of the methodological possibilities concerning research of the psyche in this discipline. With “The Interpretation of Dreams”, the founding work of psychoanalysis, he defined this as “pure psychology”. He further understood himself, however, to be a physician who observed very exactly as a natural scientist. His wish of a precise, “empirical” examination of hypothesis and theories protected Freud, as Joel Whitebook (2010) notes, from his own predilection to wild speculation. Thus, Freud as a “philosophical physician” could establish a new “science of the unconscious”.

Concerning the history of the institution, this understanding of psychoanalysis has been a key to its success. It is well known that Freud even in 1909 considered integrating psychoanalysis into the medical organization “medical psychology and psychotherapy” of August Forel or even into the Orden for ethics and culture. Fortunately, he decided during the Sylvester night, 1910 to found his own, independent organization, the IPA, (see Falzeder, 2010). By this decision the independence of psychoanalysis as a scientific discipline with its own research methodology and institution was protected. Afterwards, Freud always emphasized that psychoanalysis did not deserve to be “swallowed up by medicine”, but could instead “as a ‘depth-psychology’, a theory of the mental unconscious, it can become indispensable to all the sciences which are concerned with the evolution of human civilization and its major institutions such as art,

religion and the social order” (Freud, 1926, p. 248).

*In the century of its history the specificity of psychoanalytic science became more and more precise. Psychoanalysis developed a differentiated, independent method of research for the examination of its specific object of research, of unconscious conflicts and fantasies.*

It has additionally, as all other current disciplines, its own criteria of quality and truth which it has to represent with transparency and self-confidence in scientific dialogue, in order, as any science, to be criticized from outside.

In this lecture I would like to present my view for discussion, that it is important for psychoanalysis in our current media influenced, “knowledge – society”, to authentically present in the public in new forms that it has its own elaborated, empirical-clinical research and treatment methods, that connects it in countless studies with various forms of extra-clinical, e.g. empirical-quantitative, experimental but also interdisciplinary, socially critical research. I am starting with some remarks on psychoanalysis in the contemporary “knowledge-society” (2.) compared with some episodes during its 100 years of history (3.) and than illustrate the specificity as well as the richness of contemporary psychoanalytical research (focusing on the situation in Germany and without being able to give a complete overview) (4.).

## **2. Psychoanalysis – a special scientific discipline in the politicized, commercialized and media-influenced World of Science, part of the “Knowledge-Society”**

Western societies have used a great part of their resources in the last 300 years for the acquisition, expansion and examination of their knowledge. The “industrial society” has changed to a “knowledge-society “ in the last century. If psychoanalysis wants to remain in this world of science then it must realize the extreme changes in this field and to attempt to understand its influence on the reality of psychoanalytic research.

a) The first component of the change in science has to do with *differentiation*. As Hermann von Helmholtz ascertained one hundred years ago, each single researcher is increasingly forced to dedicate himself to more and more *specific* methods with more

and more *narrow* questions. For this reason the age of the universal geniuses belongs to the past: modern scientists are, for the most part, highly specialized experts with a limited knowledge about adjacent disciplines (Helmholtz, 1986, quoted by Weingart, 2002, p. 703). They are dependent upon networking on an international, intergenerational and interdisciplinary level. In connection with this process of differentiation, also the criteria of “science” and “scientific truth” in the respective disciplines have changed and this is becoming also more specific: not only in the natural sciences but also in the humanities. The concept of a unified science, of “science”, relying on the experimental design, on the double- blind experiment in classical physics has proven to be a myth: we live in the times of the “plurality of science” (see also Hampe, 2003; Leuzinger-Bohleber and Bürgin, 2003).

b) A second characteristic of these changes has to do with the *relationship of science and society*: modern scientific disciplines – and thus also psychoanalysis – are in permanent, accelerated and globalized competition at different levels with one another. Thus, for example, the practical relevance of its research results is permanently evaluated by society’s foundations and political interest groups, that, for example, increasingly gain influence over the financing of research projects. In this sense, science loses more and more its self-determination. Science becomes politicized – politics more scientific.

c) A *third characteristic* is connected with this: because politics and society expect more quick results from science concerning recommendations for the solution of societal problems, less and less peace and quiet is left for basic research, from which relatively certain knowledge for practical application was derived. This leads to a paradox situation: on the one hand ever fewer “normal citizens” and politicians have confidence in their own judgment on complex issues without consulting scientists, but on the other hand it has become common knowledge that also scientific experts do not have “objective” truths, that so-called “scientific knowledge” is to be regarded critically. Moreover, it also carries new risks, as the catastrophes of Tschernobyl, the BSE crisis or now the financial crisis have suddenly shown. This leads to a new source of insecurity and diffuse fears. Which scientific expert is given the most confidence, is dependent on his media-transmitted credibility, which now become a relevant factor in society that is competed for in politics and in the public.

d) *A fourth factor is the roll of the media. Scientific knowledge is usually taken note of, when it – correspondingly simple and dramatic but credible – finds its way into the media.<sup>1</sup> “It is paradox – the more independent science and the media are, the tighter their coupling. And as the media gain importance, science is losing the monopoly of judging scientific knowledge. The abstract criterion of truth is no longer sufficient in the public debate because the media add the criterion of public acceptance. This does not mean that scientific verification is being replaced, but it is being supplemented by other measures... The loss of distance (between science and the media, LB) will not lead to the end of communication of truths. Trust and confidence remain both constitutive and rare values in communication, and the more society depends on reliable knowledge, the more these are required. **The main characterization of today’s society is the competition for trust.** Once achieved, this is invaluable and science should be keen to preserve it. Therefore, it is only the efforts needed to produce trust and confidence that have become greater” (Weingart, 2002, p. 706; emphasis LB).*

### **3. Remarks to the one hundred year old History of Research of Psychoanalysis**

What influence did and do the just mentioned changes have on psychoanalysis specifically? It is my opinion, that psychoanalysis as a science that relies on the intimacy of the psychoanalytic situation, is quite severely hit by the mentioned paradox und dilemma of these changes. As a science of the unconscious, it seems to me to be especially dependent upon if and how it is successful in gaining and keeping the confidence of the world of science, of the public, of politicians and funders, but also of potential patients, candidates in training and the health system. In the last century it has experienced that the wind of the Zeitgeist has blown from very many directions, as Bohleber (2010) has discussed in respect to German psychoanalysis. This has, although seldom reflected, had its effect on the understanding of research of psychoanalysis and on its concrete research projects, its questions, designs and goals. In this framework just a few remarks may be allowed:

Freud’s life-long hope, that, due to the development of the modern natural sciences the time would come, in which the insights of psychoanalysis that have been won with pure

---

<sup>1</sup> There are large differences in different cultures, a topic which I can not cover in this paper. To mention just one example: Many colleagues told me that psychoanalysis – as an intellectual voice - seems to be much more present in the media in France than in Germany.

psychological, clinical-empirical methods of observation, could be also “objectively” examined with the “hard” methods of natural science, seems to often become reality today through the dialogue with the modern neurosciences. Forty years ago, however, Jürgen Habermas (1968) called, as is known, this Freudian longing the “scientific misunderstanding” (Szientistisches Selbstmissverständnis) of psychoanalysis. He characterized psychoanalysis as following an *emancipatory interest in insight*, in contrast to behavior therapy, that has a *technical interest*. This distinction met with a positive response from a whole generation and psychoanalysis, of course, due to other factors, was at its zenith as it has never been before or after. Psychoanalysis experienced, on the whole, as a critical hermeneutic method of individual and social contradictions, of unconscious sources of psychic and psychosomatic suffering, an exclusive social acceptance in these years that at times verged on idealization. Although there were always attacks and controversies, psychoanalysis as a method of treatment and as a critical theory of culture did not have to worry about its existence during this period.

The social acceptance of that time formed also the understanding of science and research of psychoanalysis in those decades. Shortly summarized: In the 1970's and 1980's beside the genuine clinical psychoanalytic research, this concerned above all hermeneutic - oriented and social psychological approaches, analysis of culture and an interdisciplinary exchange with philosophy and sociology and the sciences of literature, humanities and pedagogy, as well as film and art. Empirical and especially quantitative research in psychoanalysis and the dialogue with the natural sciences were considered by many to be naïve and not fitting for psychoanalysis, even to the point of being harmful.<sup>2</sup> This problematic way of communication had longlasting consequences: To mention just one example: Siri Hustveth (2010), writes in her new bestseller „The shaking woman“ laconically:

“Although American psychiatry was once heavily influenced by psychoanalysis, the two disciplines have grown further and further apart, especially since the 1970s. Many psychiatrists have little or no knowledge of psychoanalysis, which has become increasingly marginalized in the culture. Large numbers

---

<sup>2</sup> To mention just a few examples: The experiments of the Zürich research group of Ulrich Moser, who as Colby and Gilbert (1964), Colby (1975), Wegmann (1977), Clippinger, (1977) and Peterfreund (1971), who used, by means of computer simulation, approaches of cybernetics and of cognitive science to examine complex psychoanalytic theories such as defense mechanisms or the genesis of dreams according to their logical and conceptual consistency and also to test their reliability and validity, were found for the most part to be disconcerting or even produced blatant refusal.

Similar degradation or open rejection was experienced in Germany by the research group in Ulm of Thomä and Kächele because of their early commitment to empirical psychotherapy research. In the United States, as our colleague, the neuroscientist and analytic child therapist Brad Peterson (Columbia University, New York) recently reported, the biological and neuro-scientific research in the realm of psychiatry encountered comparable repudiation from the holders of psychiatric chairs, most of them at that time psychoanalysts

of American psychiatrists now leave most of the talk to social workers and stick to writing prescriptions. Pharmacology dominates. Nevertheless, there are still many psychoanalysts practicing around the world, and it's a discipline I've been fascinated by since I was sixteen and first read Freud" (Hustvedt, 2010, p.19).

As Thomas Kuhn describes in his analysis of the history of science, different paradigms often exist side by side within a scientific discipline. However, one of them usually dominates - the one that fits best to the *Zeitgeist*. It seems to me that the just mentioned understanding of psychoanalysis as a critical hermeneutics of the 1970's and 80's is still currently represented in French psychoanalysis and partly in the Latin- American IPA societies (see e.g. Green, 2003; De Mijolla, 2003; Perron, 2003, 2006; Widlöcher, 2003; Ahumada and Doria-Medina, 2010; Bernardi, 2003; Vinocur de Fischbein, 2009; Duarte Guimaraes Filho, 2009), while in the Anglo-Sachsen and German-speaking psychoanalysis, the discussion or perhaps even the adjustment to an empirical-quantitative research paradigm has been pushed to the fore (see among others Fonagy, 2009a). In these countries the *Zeitgeist* has changed: in times of "evidence-based medicine" and of medical guidelines the impression can at times arise, that also for psychoanalysis there exists only one form of research, namely empirical- quantitative psychoanalytic research, in the sense of the classical natural sciences, of "science". This is - by closer inspection - a strange reoccurrence of an out-dated and problematical idea of an "unified science" (*Einheitswissenschaft*; see e.g. Hampe, 2003), an unconscious simplification of the complexities of research in the before mentioned knowledge - society, which, as is my impression, also involves certain dangers for psychoanalysis.

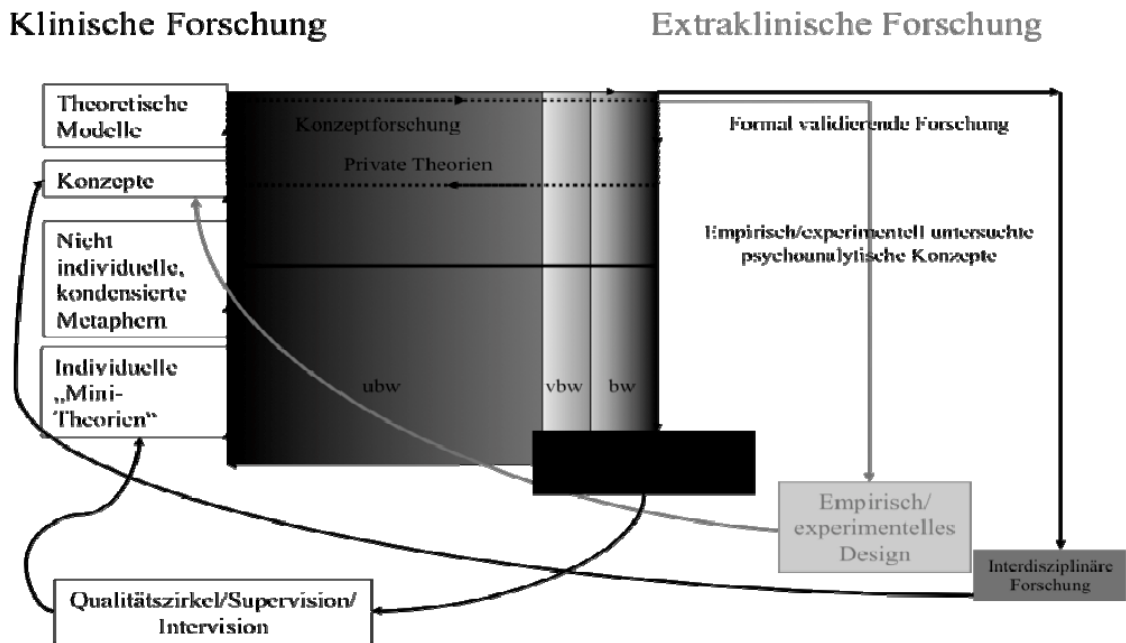
I would like to shortly illustrate this point by means of a diagram of clinical and extra-clinical research in psychoanalysis, which I have developed in another paper. In order not to flounder in abstraction, I refer in my plea for the creative use of a broad spectrum of current psychoanalytic research strategies, to current comparative therapy research on chronic depression in which we attempt to encounter the actual *Zeitgeist* without uncritically submit ourselves to it and without renouncing the autonomy and specificity of psychoanalysis as a scientific discipline<sup>3</sup>.

---

<sup>3</sup> We thank the DPPT, the Heidehof Foundation, the Research Advisory Board of the IPA and the Sigmund-Freud-Institute for the financial support of this large study.

#### 4. Clinical and extra-clinical Research in Psychoanalysis

### Psychoanalytische Forschung



Today we can differentiate between 2 different groups of psychoanalytic research, the *clinical* and *extra-clinical*. By *clinical research* we mean the genuine psychoanalytic research in the psychoanalytic situation itself. Ulrich Moser describes it as on-line research while the *extra-clinical research* (the off-line research) take place after the psychoanalytic sessions and embraces a variety of different research strategies as will be shortly sketched

But first to *clinical research*: It takes place in the intimacy of the psychoanalytic situation and can be described as a circular process of discovery in which – together with the patient – idiosyncratic observations of unconscious fantasies and conflicts are successively visualized, symbolized and finally put into words at different levels of abstraction, an understanding that moulds our processes of perception in subsequent clinical situations, even though we enter into each new session with the basic, genuine psychoanalytic attitude, that has been described as “not knowing”<sup>4</sup>. The circular processes of discovery take place first above all unconsciously and in the realm of implicit private theories. Only a small part here of is accessible to conscious reflection

<sup>4</sup> Bion characterized this attitude, as is well known, with his formulation „no memory, no desire“. Britton (2009) discussed the role of models or belief-systems in clinical observations.

by the psychoanalyst (see EPF Working Party of Bohleber, Canestri, Denis and Fonagy).

The insights that are won in this clinical research are presented in and outside the psychoanalytic community for critical discussion. In agreement with many current psychoanalysts, clinical research is for me the *central core of psychoanalytic research in general*. It is connected with a characteristic psychoanalytic idea of experience and linked to epistemic values (Erkenntniswerte; compare Toulmin 1977; Hampe 2004, 2008). Clinical, psychoanalytic research deals with the understanding of unconscious construction of meaning, of personal and biographical uniqueness, as in the exact analysis of the complex weavings of various determinants in the micro-world of the patient (Moser, 2009) and for that reason can be characterized, as mentioned, as critical hermeneutics.

The professionalism of the psychoanalyst makes a stance of free floating attention (*gleichschwebenden Aufmerksamkeit*) of his own counter-transference, the of the scenic observation of “embodied enactments” of the patient (see also Argelander, 1967; Leuzinger-Bohleber and Pfeifer 2002; Leuzinger-Bohleber, Henningsen and Pfeiffer 2008), Freudian slips, dreams etc. for the successive understanding of the actual unconscious psychodynamic of the analysand. The typical groping, psychoanalytic process of search for “unconscious truths” can only be carried out with the analysand and is regarded as one of the marked characteristics of psychoanalysis – for example in opposition to the top-down procedure of behavior therapy. As Jonathan Lear (1995) so impressively described it, psychoanalysis is distinguished as the most democratic of current therapeutic procedures. Combined with this is the characteristic “criterion of truth” of psychoanalytic interpretation: if a certain interpretation of unconscious fantasies or conflicts is “true”, can only be decided *together* with the patient, i.e. by the common observation of his (unconscious and conscious) reactions to an interpretation. As is known, we owe our specific psychoanalytic, clinical-empirical method of research, the intensive and detailed “field observations” with single patients in the analytic situation, the most part of all insights that we have won in the last 100 years of our scientific history – for example the genesis and treatment of chronically depressed patients. Christina von Braun (2010) also sees in clinical research of psychoanalysis the unique chance to recognize and critically reflect the deeper cultural changes by the ubiquitous exploitation mentality of global and “emotional capitalism” (Illouz, 2006) on



the unconscious of modern man in the analytic relationship, that is not only highly relevant for the affected individual but also for an analysis of culture.

But still: let there be no misunderstanding: Peter Fonagy is right when he points out that not every clinician is automatically a researcher. A methodologically systematic procedure, that - through exact description and lucid considerations - makes clinical observations accessible to the understanding and the critique of a third party, is a precondition, that *a gain in knowledge in this form is not only a professional skill but also a clinical science*. Psychoanalysis has at its disposal, as does hardly any other clinical discipline, a differentiated culture of intervision and supervision – closely modeled on psychoanalytic practice –in which the clinical processes of research and gains in insight can be critically discussed. However, there is much room for improvement. Many problems are well known, for example the chance selection of clinical case reports, that only *illustrate* theoretical concepts instead of *verifying* them and critically developing them. Moreover, psychoanalytic concepts are too seldom compared with the results of extra-clinical research, something I would like to deal with later.

*We urgently need good clinical research in order not only to hold our standing in the world of psychotherapy but also to continually develop our professional treatment skills* (compare Boesky, 2002; 2005; Chiesa, 2005; Colombo and Michels, 2007; Eagle, 1994, Haynal, 1993; Knoblauch, 2005; Lief, 1992; Mayer, 1996). This is a goal of the current president Prof. Hanly, who has not only named a Project Committee for Clinical Observation (Chair: Adela Duarte) but also a Clinical Research Committee (Chair: David Taylor) in order to secure and improve the quality of clinical research in the IPA. Thus we are developing, for example, in the LAC Depression study – similar to the working parties of the EPF or now also the IPA *our own form of clinical research*: in weekly “clinical conferences” we discuss the treatment sessions that have been partially taped and systematically document our discussion. Based on this joint clinical research, narrative case reports that have been “expert-validated” are developed, that belong to the most important results of this study. These case studies convey psychoanalytic insights about the specific psychodynamics of chronic depression, its complex individual and cultural determinants as well as the details of treatment to the psychoanalytic and non - psychoanalytic community.

## **Psychoanalytic Conceptual Research**

This above sketch of new forms of clinical research that are always part of a creative and original research on concepts, a field of research that likewise is as old as psychoanalysis itself. The creative development and enhancement of concepts always distinguished the innovative minds of psychoanalysis and lends our discipline a great attraction for intellectuals, writers, artists and researchers of other disciplines.

A new characterization of psychoanalytic conceptual research was finally laid out by Joseph Sandler and Anna Ursula Dreher in 1990's, setting themselves apart from other forms of psychoanalytic research. In the Research Subcommittee for Conceptual Research that was initiated by the then IPA President Daniel Widlöchen 2002 with the wish of building more bridges between the conceptual traditions in the different IPA regions, we attempted to further delineate and differentiate the research on concepts in the last 8 years, as well as to clarify criteria of quality for this specific psychoanalytic research and other involved epistemological questions (compare illustration 1).

In the new administration of the IPA this theme has been renewed and with great effort the existing psychoanalytic concepts have been integrated in new ways in order to counteract the risk of theoretic fragmentation. The Project Committee for Conceptual Integration (Chair Werner Bohleber) dedicates itself to this work.<sup>5</sup>

## ***Extra-clinical Research***

The results of not only the clinical-psychoanalytic but also of the conceptual research can then in the next step become the subject of other extra-clinical studies (see illustration 1). We distinguish between empirical, experimental and interdisciplinary studies.

---

<sup>5</sup> In the framework of the LAC Study we refer among others in the conceptual research work to the further development of the treatment manual that has been kindly offered to us by David Taylor from the Tavistock Clinic. In a kind of textbook Taylor has described his yearlong work with depressed patients and the characteristic difficulties and problems in the treatment of this group of patients. For us as clinicians it is a rich source of insights of genuine psychoanalytic, clinical and conceptual research – everything but a collection of tips.

A second conceptual contribution to the psychodynamic understanding of depression has been presented by the Spanish psychoanalyst Hugo Bleichmar. His systematization of different pathways leading into chronic depression helps us currently to delineate and to discuss the different paths of the individual patients that finally give way to depression. For example, it is a first unexpected conceptual finding that many cumulative traumatized patients are to be found in our sample. Of the 33 clinically exactly examined patients, 27 (84%) show such cumulative trauma. Many of them belong to a group of patients that suffer from a “emptying of affects” and as Hugo Bleichmar (2010) describes it, need a specific modification of the technique of treatment.

**A. *Extra-clinical empirical Studies: An example of psychoanalytic psychotherapy Research***

As an example of extra-clinical empirical studies, I would like to shortly discuss psychoanalytic psychotherapy research because it is indispensable in the “knowledge – society” for political and public reasons, in order to prove the effectiveness of psychoanalytic treatment also by the criteria of evidence-based medicine.

Robert S. Wallerstein (2001) traces these attempts back to their beginnings in 1917 and defines different generations of psychotherapy researchers. He mentions above all a number of American studies, that I – without making a claim to be all-exclusive – will supplement with some European studies.

1. ***Generation (1971- 1968)***, for the most part, retrospective studies, that verified with unspecific criteria of success, that most psychoanalytic treatment was successful. (Coriat, 1917; Fenichel, 1930, Jones, 1936; Alexander, 1937; Knight, 1941; Hamburg et al. 1967; Feldman, 1968).

2. ***Generation (1959-1985)***, in which two different groups of studies were carried out:

a) prospective, aggregated comparisons of different, exactly defined groups of psychoanalytic treatment. These studies relied on more sophisticated research methods and operationalized, for example, the criteria of success for the expected success of the therapy. Also they could verify that approximately 80% of all psychoanalytic treatment was successful. (Knapp, Levin, McCarter, Wermer and Zetzel, 1960; Shashin, Eldred and van Amerongen, 1975; Bachrach, Weber and Solomon, 1985; Weber, Bachrach and Salomon, 1985a, 1985b; Weber, Solomon and Bachrach, 1985; Erle, 1979; Erle and Goldberg, 1984).

b) Individual studies, that resulted from a methodological uneasiness that individual differences between the patients should not be mixed with group examinations, but to place the main focus on the individual consideration of the single treatment of different patients, as is fitting in psychoanalytic procedure, in which it always has to do with the understanding of unconscious structures of meaning. For this reason they used, for example, in their interviews also careful psychoanalytic methods, such as psychoanalytic follow- up interviews. (Pfeffer, 1959, 1961, 1963; Norman,

Blacker, Oremland and Barrett, 1976; Oremland, Blacker and Norman, 1975; Schlessinger and Robbins, 1974, 1975; Schlessinger, 1980; later follow-up studies at the Anna Freud Center by Target and Fonagy, 1994; DPV Follow-Up- Study by Leuzinger-Bohleber, Stuhr, Ruger and Beutel, 2001, 2002, 2003). These studies verified not only the effectiveness of psychoanalytic therapy, but also developed a number of unexpected, clinically interesting questions, for example, that with reference to the reduction of symptoms and to other therapy goals, some treatments proved to be effective but that these patients had not gone through a psychoanalytic process in a narrower sense.

**3. 3. Generation (1945-1986):** In these systematic and formal psychoanalytic studies of psychotherapy an examination of results and of the process were combined, i.e. statistical comparisons were made between the groups but in combination with systematic single case studies, that, for example, followed the fates of single patients over a longer period of time. (Bachrach, Galatzer-Levy, Skolnikoff and Waldron, 1991; Kantrowitz, 1986; Kantrowitz et al. 1989; Kantrowitz, Katz and Paolitto, 1990a, 1990b, 1990c; Kantrowitz, Katz, Paolitto, Sashin and Salomon, 1987a, 1987b.; Kantrowitz, Paolitto and Sashin, 1986, 1989). An example of this 3rd Generation of psychoanalytic psychotherapy research is exemplified by the Psychotherapy Research Project of the Menninger Foundation that led to a wealth of insights on the results of psychoanalytic and supportive psychoanalytic therapies and on details concerning treatment techniques. Impressive is, for example, the careful longitudinal study of 42 patients over the course of several decades that Wallerstein published with the moving title „Forty-two Lives in Treatment“ (Wallerstein, 1986, 1988; Wallerstein, Robbins, Sargent and Luborsky, 1956).

**4. The current 4. Generation (1970...)** combines not only research of results and therapeutic processes but, thanks to new techniques (video/audio recordings), links microanalysis of therapeutic processes with research on results (beginning with early analysis of tape recordings by Earl Zinn, see Cramichael, 1956; Wallerstein and Sampson, 1971; Dahl, Kachele and Thoma, 1988; Strupp, Schacht and Henry, 1988; Beenen, 1997; Leuzinger-Bohleber, 1987, 1989; Neudert and Varvin, 1997; Krause, 2005; Grande, Rudolf and Oberbracht, 1997; Huber, Klug and von Rad, 1997; Huber et al., in print; Sandell, 1997; Leuzinger-Bohleber, Ruger, Stuhr and Beutel, 2002, 2003; Busch et al., 2001; Busch, Milrod and Sandberg, 2005; compare also Open Door

Reviews by Fonagy, 2002, or his excellent overview, 2009a; as well as new studies of long-term therapies compiled by Leichsenring and Rabung, 2008).

Perhaps it is too little known therefore, above all, by clinicians of the IPA how many psychoanalytic research groups are currently involved in extra-clinical studies. Fonagy (2009b) spoke in a comprehensive survey of the worldwide “psychotherapy bee-keepers” that have verified with their industrious bee colonies the effectiveness of psychoanalytic short-term therapies (compare further overviews, e.g. Emde and Fonagy (1997); Fonagy, 2001; Galatzer-Levy, 1997; Hauser, 2002; Holt, 2003; Jones, 1993; Kächele, 2009; Kernberg, 2006; Leichsenring and Rabung, 2008; Perron, 2006; Safran, 2001; Schachter and Lubrosky, 1998; Schlessinger, 2008; Stern, 2008; Wallerstein, 2002). The new Research Board of the IPA (Chair Peter Fonagy) and the Committee for Empirical Research (Chair: Robert Waldinger) as well as the new Research Subcommittee for Education in Training (Chair: Horst Kächele) have undertaken the task to comprehensively document not only the already completed but also the current studies.

Careful extra-clinical research requires enormous expenditures that can only be carried out in a research network that is correspondingly endowed and supported by a constant process of reflection of the accompanying dependencies – also among the generations of involved researchers. May the LAC study serve as illustration. In this multi-centric study we are reacting to the threat, that in Germany the health insurance companies may cancel their existing, generous support of psychoanalysis and of long-term psychoanalytic treatment if it is not possible in corresponding studies to verify its effectiveness as measured by the criteria of the current healthcare system. We have therefore developed a design that on the one hand meets these criteria and have currently recruited 290 chronically depressed patients, a group of patients that has societal relevance since the large quota of recidivism resulting from all forms of short-term therapies can only attain lasting therapeutic change in long-term treatment (compare also Kopta et al., 1999; Puschner et al., 2007, Fongy, 2009, pp. 4ff.). On the other hand we attempt simultaneously to further clinical and conceptual research of psychoanalysis and thus to represent, in a self-critical but authentic manner, psychoanalysis as an independent, specific research method in the actual discourse concerning the politics of healthcare (see graph 2 below)

Zentrum Mitteldeutschland

- *Sigmund-Freud-Institut, Frankfurt a.M.*  
Prof. Dr. M. Leuzinger-Bohleber  
Dr. med. habil. H. Deserno  
Dr. med. U. Bahrke  
Dipl.-Psych. N. Pfenning  
Dipl.-Psych. H. Prestele  
Dipl.-Psych. A. Negele  
Dr. phil. H. Westenberger-Breuer  
Dipl.-Psych. A. Ramshorn-Privitera  
Dipl.-Psych. R. Maccarone-Erhardt  
Dipl.-Psych. C. Sturmfels  
Dipl.-Psych. I. Göbel-Ahnert  
3 stud. Hilfskräfte
- *Universität Mainz*  
Prof. Dr. M.E. Beutel  
J. Edinger,  
Dr. rer. nat. A. Haselbacher  
Prof. Dr. W. Hiller
- *Universität Tübingen*  
Prof. Dr. Martin Hautzinger u.a.

Zentrum Norddeutschland

- Universitätsklinik Eppendorf Hamburg*  
Prof. Dr. U. Stuhr  
Dipl.-Psych. G. Fiedler  
PD Dr. R. Lindner u.a.

- Universitätsklinik Benjamin Franklin und  
Kliniken im Theodor-Wentzel-Werk, Berlin*  
Dr. med. Wolfram Keller  
Dr. S. Staehle  
Dipl.-Psych. R. Dilg u.a.

- Unabhängiges Methodenzentrum:  
Universität München*  
Prof. Dr. Bernhard Rieger  
Dipl.-Psych. A. Will u.a.

Graph 3. Design of the LAC Study

Erhebungsdesign

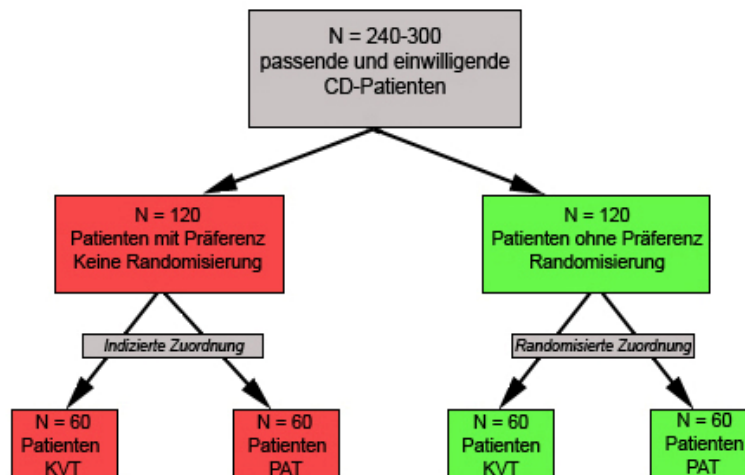


Illustration 4: Measurement instruments of the LAC Study<sup>6</sup>

<sup>6</sup> With this design we would like to formulate an empirically founded criticism on the idealization of the randomized controlled design, a theme that has often been critically discussed in the last years (compare Leuzinger-Bohleber, Dreher and Canestri, 2003; Rawlins, 2008; Fonagy, 2009).

## *Interviewverfahren*

### *Psychoanalytische Interviewverfahren:*

Psychoanalytisches Erstinterview

OPD-II (Interviews mit AAI Fragen, Self reflective Scales, Heidelberger Umstrukturierungsskalen SRS/HSCS)

*Psychiatrisch/verhaltenstherapeutische Interviewverfahren*

SKID I/II

LIFE

*International anerkannte Fragebögen, die sowohl von Verhaltenstherapeuten als auch von Psychoanalytikern entwickelt wurden.*

1. BDI-II (Beck Depression Inventory)
2. DEQ (Depressive Experience Questionnaire)
3. SOFAS (Social Functioning Assessment Scale)
4. DAS (Dysfunctional Attitudes)
5. CTQ (Childhood Trauma Questionnaire)
6. QIDS/C/S (Quick Inventory of Depressive Symptoms)
7. IIP (Inventory Interpersonal Problems)
8. SCL-90-R (Symptom Check List)
9. HAQ (Helping Alliance Questionnaire)
10. Weekly protocols by therapists

## ***B. Experimental psychoanalytic Studies***

It is self-evident that it is impossible to test psychoanalytic processes directly in an experimental design. However, over the last decades different research groups are successfully working on an examination also experimentally of single psychoanalytic concepts, for example, on the preconscious and the unconscious processing of information in memory and in dreams (to mention just a few of them: the workgroup of Howard Shevrin and his group (see e.g. Shevrin, 2000, 2002); Steven Ellman and his group in NY (see e.g. Ellman and Antrobus, 1991; Ellman and Weinstein, 1991; Ellman, 2010), by Wolfgang Leuschner, Stephan, Hau and Tamara Fischmann at the SFI (Hau, 2008) to the concept of embodied memory from Pfeifer and his research group in Zürich (Leuzinger-Bohleber and Pfeifer, 2003; Pfeifer, 2007) as well as other studies of facial interaction with the help of the FACs from Rainer Krause in Saarbrücken (e.g. Krause, 2008; for early studies see Fischer and Greenberg, 1976, 1978; Mashling, 1973; Sarnoff, 1971, Kline, 1972).

In the last years, as is well known, the dialogue with the neuroscientists has opened new

---

Moreover it was important to us for the mentioned scientific, theoretical considerations, to use not only school independent but also school-specific instruments of measurement. This combination demands a reflection of methodology and a criticism of science, that must be critically discussed since convergency but also divergency are to be expected from the results that are won through the different instruments. For this reason it is indispensable to choose a pluralistic methodological procedure. For example, it will be important for the evaluation of the therapy results of our patients, not only to consider the reduction of the symptoms of depression, as it is measured in some of the questionnaires, but just as exactly, the changes in the world of the inner objects, as they manifest themselves in the psychoanalytic catamnestic interviews, or also in the OPD or in the AAI. If we did not have methodological pluralism, as well as the combination of clinical and extra-clinical research, a subjugation of psychoanalysis under a foreign understanding of science and research would have been almost unavoidable.

doors for psychoanalysis, probably a reason, why for example, in the Society for Neuro-psychoanalysis newly founded by Mark Solms and in other institutions, currently a wealth of experimental fMRI und EEG studies involving psychoanalytic questions have been carried out, to only mention a few: studies at the Anna Freud Center, (Peter Fonagy), at Yale University (Linda Mayer among others) at Columbia University (Brad Peterson, Andrew Gerber, Steven Roose or in Germany at the University of Mainz (Manfred Beutel et al., 2005), dem Wissenschafts Hanse Kollege (Horst Kächele, Anna Buchheim, Manfred Cierpka, Gerhard Roth, Jürgen Bruns among others), the Psychiatric University Clinic in Zürich (Heinz Böker and Georg Northof) and also from us at the SFI, Lethonen in Kuopio and many other groups (compare publications in Neuro-Psychoanalysis; Pincus, 2000; or e.g. Mancina, 2006).

Here Graph of the FRED Study

### ***C. Interdisciplinary Research (compare graph 1)***

I would like to finally at least mention that the interdisciplinary dialogue with the neurosciences in these experimental studies is not only decisive for the acceptance of psychoanalysis in the modern world of science, but also the creative exchange for example, with attachment research, empirical developmental research and the embodied cognitive science. Just as important is the interdisciplinary research in cooperation with literature and cultural studies, with social psychology, philosophy, the media- and communication sciences as well as ethno psychoanalysis.

At the same time the political and public awareness of science demands from such specialized research projects, as from the above mentioned example of the study on the effectiveness of psychotherapy for chronic depression, that the new found insights, for example, of the lasting therapeutic change, be carried out in an interdisciplinary dialogue involving culture critique of the societal roots of the illness. According to the prognosis of the World Health Organization depression will be the second most widespread disease worldwide in 2020. I am convinced that psychoanalysis as a specific treatment and research method must take on other themes again and again that are of societal relevance in order to communicate the indispensable nature of its research results to the world of the media. I think, for example, of the field of early prevention, ADHS, of migration, youth violence, right-wing radicalism, nationalism and anti-semitism, and the return of fundamentalism, religion and violence, as well as the short-



and long-term influence of new media and technologies on processes of psychic development and of modern conflicts in the realms of sexuality and object relations. Finally also today our candidates in training are won through the fascination of the “Stachel Freuds” (Alfred Lorenzer), through authentic encounters with psychoanalysts in the media, the universities and in the public, through films, plays and novels, that often, as in the works of Siri Hustvedt, have the touch of a declaration of love to psychoanalysis. Similar public esteem is also experienced by psychoanalysis from leading natural scientists, only to mention a few, like Oliver Sachs, Gerald D. Edelman, Antonio Damasio, Stephen Soumi or Eric Kandel.

## ***6. Summary***

I would like to summarize:

- a) Already Freud hoped, that psychoanalysis by means of “objective research results” could win the acceptance in the scientific community of medicine and natural sciences. On the other hand it was only through the insistence on its own autonomy and specificity - as a method and institution - that psychoanalysis as a scientific discipline could secure its survival and its productive unfolding in the last 100 years.
- b) In the first century of its history psychoanalysis developed a differentiated, specific method of research for the examination of its own specific research object, of unconscious fantasies and conflicts, that it connected in diverse studies with a variety of forms of extra-clinical research.
- c) Contemporary psychoanalytic research takes place in an extreme field of tension. On the one pole exists the danger of retreating to the psychoanalytic ivory tower and refuting the dialogue with the nonpsychoanalytic community - on the other pole the over-adaptation to a, for psychoanalysis inadequate understanding of science and therefore a loss of identity and independence. This field of tension cannot be resolved but can only be critically reflected upon and productively shaped again and again in an interdisciplinary and intergenerational dialogue. This critical reflection may also be seen as a safeguard against submission to the dominating “Zeitgeist”. As it is well known: the gold of contemporary science may well be the iron of the future.

d) The future of psychoanalysis will be dependent upon which innovative and creative insights can be found in its rich spectrum of different fields of research in the clinical, conceptual, empirical, experimental and interdisciplinary research and be transferred into the scientific and non-scientific community.

e) In today's political, economical and media- influenced "knowledge-society" in which scientific experts compete at all levels for authenticity and credibility, it has in a new way become a question of survival for psychoanalysis - if it can assert itself as an specific, irreplaceable, effective and productive clinical method of treatment and as a theory of culture. Only when it becomes publicly visible that psychoanalysis still, through its specific research method, has developed unique and effective forms of short-term and long-term treatments and has interesting and innovative explanations to offer for the complex phenomenon of society then it will time and again exert its attractiveness as a "specific science of the unconscious".

## Literature

- Ahumada, J.L., Doria-Medina, R. (2009). Über Forschung. Ein kontrapunktischer Dialog. In: Leuzinger-Bohleber, M., Canestri, J., Target, M. (eds.). *Frühe Entwicklungen und ihre Störungen*. Frankfurt a.M.: Brandes & Apsel, 204–218.
- Alexander, F. (1937). The neurotic personality of our time, by Karen Horney. New York, 1937. *Psychoanalytic Quarterly*, 6:536–540.
- Argelander, H. (1967). *Das Erstinterview in der Psychotherapie*. 3., unveränd. Aufl. Darmstadt: Wissenschaftliche Buchgesellschaft, 1987.
- Bachrach, H.M., Galatzer-Levy, R., Skolnikoff, A. (1991). On the efficacy of psychoanalysis. *Journal of the American Psychoanalytic Association*, 39:871–916.
- Bachrach, H.M., Weber, J.J., Solomon, M. (1985). Factors associated with the outcome of psychoanalysis (Clinical and methodological considerations): Report of the Columbia Psychoanalytic Center Research Project. *International Review of Psycho-Analysis*, 12:379–389.
- Beenen, F. (1997). Die Amsterdamer PEP-Studie. In: Leuzinger-Bohleber, M., Stuhr, U. (eds.). *Psychoanalysen im Rückblick*. Gießen: Psychosozial-Verlag, 336–347.
- Bernardi, R. (2003): What kind of evidence makes the analyst change his or her theoretical and technical ideas? In: Leuzinger-Bohleber, M., Dreher, A.U., Canestri, J. (eds.) (2003). *Pluralism and unity? Methods of research in psychoanalysis*. London. International Psychoanalytical Association, 125-137.
- Beutel, M.E., Stern, E., Silbersweig, D.A. (2003). The emerging dialogue between psychoanalysis and neuroscience: Neuroimaging perspectives. *Journal of the American Psychoanalytic Association*, 51:773–801.
- Bleichmar, H. (2010). Erneutes Nachdenken über krankhaftes Trauern – multiple Typen und therapeutische Annäherungen. In: Leuzinger-Bohleber, M., Röckerath, K., Viviana Strauss, L. (eds.). *Depression und Neuroplastizität*. Psychoanalytische Klinik und Forschung. Frankfurt a. M.: Brandes & Apsel.
- Boesky, D. (2002). Why don't our institutes teach the methodology of clinical psychoanalytic evidence? *Psychoanalytic Quarterly*, 71:445–475.
- Boesky, D. (2005). Psychoanalytic controversies contextualized. *Journal of the American Psychoanalytic Association*, 53:835–863.
- Bohleber, W. (2010). Die Entwicklung der Psychoanalyse in Deutschland nach 1945. Vortrag auf der Tagung der DPG und DPV: 100 Jahre Internationale Psychoanalytische Vereinigung (IPV) – 100 Jahre institutionalisierte Psychoanalyse in Deutschland, Berlin, 7.3.2010.
- Braun, C. von (2010): Haben Institutionen ein Unbewusstes? Vortrag auf der Tagung der DPG und DPV: 100 Jahre Internationale Psychoanalytische Vereinigung (IPV) – 100 Jahre institutionalisierte Psychoanalyse in Deutschland, Berlin, 5.3.2010.
- Britton, R. (2009). Mentalisierung und Symbolisierung. Unveröffentlichter Vortrag.
- Busch, F.N., Milrod, B.L., Rudden, M., Shapiro, T., Roiphe, J., Singer, M., Aronson, A. (2001). How treating psychoanalysts respond to psychotherapy research constraints. *Journal of the American Psychoanalytic Association*, 49:961–983.
- Busch, F.N., Milrod, B.L., Sandberg, L.S. (2009). A study demonstrating efficacy of a psychoanalytic psychotherapy for panic disorder: Implications for psychoanalytic research, theory, and practice. *Journal of the American Psychoanalytic Association*, 57:131–148.
- Chiesa, M. (2005). Can psychoanalytic research integrate and improve knowledge for clinical practice? Some reflections and an example. *Scandinavian Psychoanalytic Review*, 28:31–39.
- Clippinger, J.H. (1977). *Meaning and discourse: A computer model of psychoanalytic speech and cognition*. Baltimore: Johns Hopkins Univ.
- Colby, K.M. (1975). *Artificial paranoia: Computer simulation of paranoid processes*. New York: Pergamon Press.

- Colby, K.M., Gilbert, J.P. (1964). Programming a computer model of neurosis. *Journal of Mathematical Psychology*, 1:405–417.
- Colombo, D., Michels, R. (2007). Can (should) case reports be written for research use? *Psychoanalytic Inquiry*, 27:640–649.
- Coriat, I. (1917). Some statistical results of the psychoanalytic treatment of the psychoneuroses. *Psychoanalytic Review*, 4: 209–216.
- Carmichael, H. T. (1956). Sound film recording of psychoanalytic therapy: A therapist's experiences and reactions. In: Gottschalk, L.A., Auerbach, A.H. (eds.). *Methods of research in psychotherapy*. New York: Appleton-Century-Crofts, 50–59.
- Dahl, H., Kächele, H., Thomä, H. (eds.) (1988). *Psychoanalytic process research strategies*. Berlin: Springer.
- De Mijolla, A. (2003): Freud and psychoanalytic research: A brief historical overview. In: Leuzinger-Bohleber, M., Dreher, A.U., Canestri, J. (eds.) (2003). *Pluralism and unity? Methods of research in psychoanalysis*. London: International Psychoanalytical Association, 81–97.
- Duarte Guimaraes Filho, P. (2009). Klinisch-konzeptuelle Forschung im Bereich des Aufbaus heutigen psychoanalytischen Wissens. In: Leuzinger-Bohleber, M., Canestri, J., Target, M. (eds.). *Frühe Entwicklungen und ihre Störungen*. Frankfurt a.M.: Brandes & Apsel, 237–252.
- Eagle, M. (1994). *Psychoanalysis and the sciences*, by André Haynal. London: Karnac Books. 1993. *International Journal of Psycho-Analysis*, 75:1286–1289.
- Ellman, S. (2010): *When Theories Touch. A Historical and Theoretical Integration of Psychoanalytic Thought*. London: Karnac.
- Ellman, S., Antrobus, J. (1991): *The Mind in Sleep. Psychology and Psychophysiology*. New York: Wiley.
- Ellman, S., Weinstein, L. (1991): REM sleep and dream formation: a theoretical integration. In: Ellman, S., Antrobus, J. :*The Mind in Sleep: Psychology and Psychophysiology*. New York and London: Wiley
- Emde, R.N., Fonagy, P. (1997). An emerging culture for psychoanalytic research? *International Journal of Psycho-Analysis*, 78:643–651.
- Erle, J.B. (1979). An approach to the study of analyzability and analyses: The course of forty consecutive cases selected for supervised analysis. *Psychoanalytic Quarterly*, 48:198–228.
- Erle, J.B., Goldberg, D.A. (1984). Observations on assessment of analyzability by experienced analysts. *Journal of the American Psychoanalytic Association*, 32:715–737.
- Falzeder, E. (2010). Die Gründungsgeschichte der IPV und der Berliner Ortsgruppe. Vortrag auf der Tagung der DPG und DPV: 100 Jahre Internationale Psychoanalytische Vereinigung (IPV) – 100 Jahre institutionalisierte Psychoanalyse in Deutschland, Berlin, 6.3.2010.
- Feldman, F. (1968). Results of psychoanalysis in clinic case assignments. *Journal of the American Psychoanalytic Association*, 16:274–300.
- Fenichel, O. (1930). Statistischer Bericht über die therapeutische Tätigkeit 1920-1930. In: *Zehn Jahre Berliner Psychoanalytisches Institut*. Wien: Verlag Internationale Psychoanalyse, 13–19.
- Fonagy, P. (2001). The talking cure in the cross fire of empiricism -The struggle for the hearts and minds of psychoanalytic clinicians: Commentary on papers by Lester Luborsky and Hans H. Strupp. *Psychoanalytic Dialogues*, 11:647–658.
- Fonagy, P. (ed.) (2002). *An open door review of outcome studies in psychoanalysis*. 2nd rev. ed. London: International Psychoanalytical Association.
- Fonagy, P. (2009a): Wo Es war, soll Ich werden. Die Bedeutung des Bewußtsein für die psychoanalytische Arbeit. Unveröffentlichter Vortrag in Stuttgart, Bosch Stiftung.
- Fonagy, P. (2009b): Veränderungen der klinischen Praxis: wissenschaftlich oder pragmatisch begründet? Vortrag auf der Tagung der DGPT: Die Psychoanalyse im Pluralismus der Wissenschaften, Berlin, 2.10.2009.
- Fonagy, P., Target, M. (1997). Voraussagen über die Ergebnisse von Kinderanalysen: Eine retrospektive Studie von 763 Behandlungen am Anna Freud Centre. In: Leuzinger-Bohleber, M., Stuhr, U. (eds.). *Psychoanalysen im Rückblick*. Gießen: Psychosozial-Verlag, 366–406.
- Freud, S. (1926). The question of lay analysis. *SE* 20: 183–250.
- Galatzer-Levy, R. (1997). Psychoanalytic research: An investment in the future. *Journal of the American Psychoanalytic Association*, 45:9–12.
- Gill, M.M., Holzman, P.S. (eds.) (1976). *Psychology versus metapsychology: Psychoanalytic essays in memory of George Klein*. New York: IUP.
- Grande, T., Rudolf, G., Oberbracht, C. (1997). Die Praxisstudie Analytische Langzeittherapie. In: Leuzinger-Bohleber, M., Stuhr, U. (eds.). *Psychoanalysen im Rückblick*. Gießen: Psychosozial-Verlag, 415–431.
- Grawe, K., Meyer, A.E. (1994). *Vergleichende Therapieforschung*. Dortmund: Video-Cooperative-Ruhr.
- Green, A. (2003). The pluralism of sciences and psychoanalytic thinking. In: Leuzinger-Bohleber, M., Dreher, A.U., Canestri, J. (eds.) (2003). *Pluralism and unity? Methods of research in psychoanalysis*. London. International Psychoanalytical Association, 26–45.
- Greenberg, R. Pearlman, C. (1975): A psychoanalytic dream continuum. The source and function of dreams. *Int. Rev. Psychoanal.*, 2, 441-448.
- Grubrich-Simitis, I. (2009): Die psychoanalytische Methode als Quelle von Freuds Traumdeutung. In: Leuzinger-Bohleber, M., Canestri, J., Target, M. (eds.). *Frühe Entwicklungen und ihre Störungen*. Frankfurt a.M.: Brandes & Apsel, 285–301.
- Habermas, J. (1968). *Erkenntnis und Interesse*. Frankfurt a.M.: Suhrkamp.
- Hamburg, D.A., Bibring, G.L., Fisher, C., Stanton, A.H., Wallerstein, R.S., Weinstock, H.I., Haggard, E. (1967). Report of ad hoc committee on central fact-gathering data of the American Psychoanalytic Association. *Journal of the American Psychoanalytic Association*, 15:841–861.
- Hampe, M. (2003). Pluralism of sciences and the unity of reason. In: Leuzinger-Bohleber, M., Dreher, A.U., Canestri, J. (eds.) (2003). *Pluralism or unity? Methods of research in psychoanalysis*. London: International Psychoanalytical Association, 45–63.
- Hampe, M. (2004). Pluralität der Wissenschaften und Einheit der Vernunft – Einige philosophische Anmerkungen zur Psychoanalyse. In: Leuzinger-Bohleber, M., Deserno, H., Hau, S. (eds.). *Psychoanalyse als Profession und Wissenschaft*. Stuttgart: Kohlhammer, 17–32.
- Hampe, M. (2008). Diskussion des Vortrags von M. Leuzinger-Bohleber: Klinische Psychoanalyse in der heutigen Wissensgesellschaft im Interdisziplinären Forum. Universität Zürich, 9.4.2009, unveröff.
- Hau, S. (2008): unsichtbares sichtbar machen. Forschungsprobleme in der Psychoanalyse. Göttingen: Vandenhoeck u. Ruprecht.
- Hauser, S.T. (2002). The future of psychoanalytic research: Turning points and new opportunities. *Journal of the American Psychoanalytic Association*, 50:395–405.
- Haynal, A. (1993). *Psychoanalysis and the sciences: Epistemology – history*. Berkeley: The University of California Press.
- Holt, R.R. (2003). New directions for basic psychoanalytic research: Implications from the work of Benjamin Rubinstein. *Psychoanalytic Psychology*, 20:195–213.

- Huber, D., Klug, G., von Rad, M. (1997). Münchener Psychotherapie-Studie (MPS). In: Leuzinger-Bohleber, M., Stuhr, U. (eds.). *Psychoanalysen im Rückblick. Methoden, Ergebnisse und Perspektiven der neueren Katamnese-Forschung*. Gießen: Psychosozial-Verlag.
- Huber, D., Denscherz, C., Gastner, J., Henrich, G. & Klug, G. (submitted): Psychodynamic long-term psychotherapies and cognitive-behavior therapy in comparison.
- Hustveth, S. (2010). *Die zitternde Frau. Eine Geschichte meiner Nerven*. Berlin: Rowohlt.
- Illouz, E. (2006). Gefühle in Zeiten des Kapitalismus. Adorno-Vorlesungen 2004. Frankfurt a.M.: Suhrkamp.
- Jones, E. (1936). The future of psychoanalysis. *International Journal of Psycho-Analysis*, 17:269–277.
- Jones, E.E. (1993). How will psychoanalysis study itself? *Journal of the American Psychoanalytic Association*, 41, Suppl.:91–108.
- Kächele, H., Leuzinger-Bohleber, M., Buchheim A., Thomä, H. (2006). Amelie X - ein deutscher Musterfall. In: Thomä, H., Kächele, H. *Psychoanalytische Therapie. Forschung*. Berlin: Springer, 2006, 121–174.
- Kantrowitz, J.L. (1986). The role of the patient-analyst "match" in the outcome of psychoanalysis. *Annual of Psychoanalysis*, 14:273–297.
- Kantrowitz, J.L., Katz, A.L., Greenman, D.A., Morris, H., Paolitto, F., Sashin, J., Solomon, L. (1989). The patient-analyst match and the outcome of psychoanalysis: A pilot study. *Journal of the American Psychoanalytic Association*, 37:893–919.
- Kantrowitz, J.L., Katz, A.L., Paolitto, F. (1990a). Followup of psychoanalysis five to ten years after termination: I. Stability of change. *Journal of the American Psychoanalytic Association*, 38:471–496.
- Kantrowitz, J.L., Katz, A.L., Paolitto, F. (1990b). Followup of psychoanalysis five to ten years after termination: III. The relation between the resolution of the transference and the patient-analyst match. *Journal of the American Psychoanalytic Association*, 38:655–678.
- Kantrowitz, J.L., Katz, A.L., Paolitto, F. (1990c). Followup of psychoanalysis five to ten years after termination: II. Development of the self-analytic function. *Journal of the American Psychoanalytic Association*, 38:637–654.
- Kantrowitz, J.L., Paolitto, F., Sashin, J., Solomon, L., Katz, A.L. (1986). Affect availability, tolerance, complexity, and modulation in psychoanalysis: Followup of a longitudinal, prospective study. *Journal of the American Psychoanalytic Association*, 34:529–559.
- Kantrowitz, J.L., Katz, A.L., Paolitto, F., Sashin, J., Solomon, L. (1987a). Changes in the level and quality of object relations in psychoanalysis: Followup of a longitudinal, prospective study. *Journal of the American Psychoanalytic Association*, 35:23–46.
- Kantrowitz, J.L., Katz, A.L., Paolitto, F., Sashin, J., Solomon, L. (1987b). The role of reality testing in psychoanalysis: Followup of 22 cases. *Journal of the American Psychoanalytic Association*, 35:367–385.
- Kantrowitz, J.L., Katz, A.L., Greenman, D.A., Morris, H., Paolitto, F., Sashin, J., Solomon, L. (1989). The patient-analyst match and the outcome of psychoanalysis: A pilot study. *Journal of the American Psychoanalytic Association*, 37:893–919.
- Kernberg, O.F. (2006). The pressing need to increase research in and on psychoanalysis. *International Journal of Psychoanalysis*, 87:919–926.
- Kline, P. (1972). *Fact and fantasy in Freudian theory*. London: Methuen.
- Knapp, P.H., Levin, S., McCarter, R.H., Wermer, H., Zetzel, E. (1960). Suitability for psychoanalysis: A review of one hundred supervised analytic cases. *Psychoanalytic Quarterly*, 29:459–477.
- Knekt, P., Lindfors, O., Karkanen, T., Valikoski, M., Virtala, E., Laaksonen, M.A., et al. (2008). Randomized trial on the effectiveness of long- and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms a 3-year follow-up. *Psychological Medicine*, 38: 689–703.
- Knight, R.P. (1941). Evaluation of the results of psychoanalytic psychotherapy. *American Journal of Psychiatry*, 98: 434–446.
- Knoblauch, S.H. (2005). What are we trying to do when we write about the psychoanalytic interaction? The relevance of theory and research to clinical responsiveness: Reply to commentaries. *Psychoanalytic Dialogues*, 15:883–896.
- Kopta, S.M., Lueger, R.J., Saunders, S.M. & Howard, K.L. (1999). Individual psychotherapy outcome and process research: Challenges leading to greater turmoil or a positive transition? *Annual Review of Psychology*, 50:441–469.
- Krause, R. (1997). *Allgemeine Psychoanalytische Krankheitslehre. Bd.1*. Stuttgart/Berlin/Köln: Kohlhammer.
- Lear, J. (1995). The shrink is in. In: Leuzinger-Bohleber, M., Stuhr, U. (eds.). *Psychoanalysen im Rückblick*. Gießen: Psychosozial-Verlag, 1997, 92–106.
- Leichsenring, F., Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *Journal of the American Medical Association* 300: 1551–1565.
- Lethonen, J. (2006). In Search of the Early Mental Organization of the Infant: Contributions from Neurophysiology of Nursing. In: Mancina, M.(ed): *Psychoanalysis and Neuroscience*. New York: Springer, 419–433.
- Leuzinger-Bohleber, M. (1987). *Veränderung kognitiver Prozesse in Psychoanalysen. Bd. 1: Eine hypothesengenerierende Einzelfallstudie*. Berlin: Springer (PSZ-Drucke).
- Leuzinger-Bohleber, M. (1989). *Veränderung kognitiver Prozesse in Psychoanalysen. Bd. 2: Fünf aggregierte Einzelfallstudien*. Berlin: Springer (PSZ-Drucke).
- Leuzinger-Bohleber, M. (2007). Forschende Grundhaltung als abgewehrter "common ground" von psychoanalytischen Praktikern und Forschern? *Psyche - Z Psychoanal*, 61:966–994.
- Leuzinger-Bohleber, M. (2009). Pluralität oder Einheit? Transgenerationelle Forschung in der Psychoanalyse heute. Vortrag, DGPT-Tagung: Die Psychoanalyse im Pluralismus der Wissenschaften, Berlin, 3.10.2009.
- Leuzinger-Bohleber, M., Pfeifer, R. (2002). Remembering a depressive primary object? Memory in dialogue between psychoanalysis and cognitive science. *International Journal of Psychoanalysis*, 83, 3–33.
- Leuzinger-Bohleber, M., Bürgin, D. (2003). Pluralism and unity in psychoanalytic research: Some introductory remarks. In: Leuzinger-Bohleber, M., Dreher, A.U., Canestri, J. (eds.) (2003). *Pluralism and unity? Methods of research in psychoanalysis*. London. International Psychoanalytical Association, 1–26.
- Leuzinger-Bohleber, M., Fischmann, T. in cooperation with the Research Subcommittee for Conceptual Research of the IPA (2006). What is conceptual research in psychoanalysis? *International Journal of Psychoanalysis*, 87: 1355–1386
- Leuzinger-Bohleber, M., Kächele, H. (2006). Veränderung kognitiver Prozesse. In: Thomä, H., Kächele, H. *Psychoanalytische Therapie. Forschung*. Heidelberg: Springer, 220–228
- Leuzinger-Bohleber, M., Pfeifer, R. (2002). Remembering a depressive primary object: Memory in the dialogue between psychoanalysis and cognitive science. *International Journal of Psycho-Analysis*, 83:3–33.
- Leuzinger-Bohleber, M., Dreher, A.U., Canestri, J. (eds.) (2003). *Pluralism and unity? Methods of research in psychoanalysis*. London. International Psychoanalytical Association.
- Leuzinger-Bohleber, M., Henningsen, P., Pfeifer, R. (2008). Die psychoanalytische Konzeptforschung zum Trauma und die Gedächtnisforschung der Embodied Cognitive Science. In: Leuzinger-Bohleber, M., Roth, G., Buchheim, A. (eds.). *Psychoanalyse, Neurobiologie, Trauma*. Stuttgart: Schattauer, 157–171.
- Leuzinger-Bohleber, M., Rüger, B., Stuhr, U., Beutel, M. (2002). „Forschen und Heilen“ in der Psychoanalyse. Ergebnisse und Berichte aus Forschung und Praxis. Stuttgart: Kohlhammer.

- Leuzinger-Bohleber, M., Rüger, B., Stuhr, U., Beutel, M. (2003). How to study the 'quality of psychoanalytic treatments' and their long-term effects on patients' well-being: A representative, multi-perspective follow-up study. *International Journal of Psychoanalysis*, 84:263–290.
- Leuzinger-Bohleber, M., Stuhr, U., Rüger, B., and Beutel, M. (2001). Langzeitwirkungen von Psychoanalysen und Therapien. Eine multiperspektivische, repräsentative Katamnesestudie. *Psyche*, 55:193–276.
- Leuzinger-Bohleber, M., Stuhr, U., Rüger, B., Beutel, M. (2002). Psychoanalytische Forschung und die Pluralität der Wissenschaften. Einige kritische Anmerkungen illustriert am Beispiel einer repräsentativen, multiperspektivischen Katamnesestudie von Psychoanalysen und psychoanalytischen Langzeitbehandlungen. *Psychoanalyse in Europa. Bulletin (EPF-Bulletin)*, Nr. 56, 194–220.
- Leuzinger-Bohleber, M., Stuhr, U., Rüger, B., Beutel, M. (2003). How to study the 'quality of psychoanalytic treatments' and their long-term effects on patient's well-being. A representative, multi-perspective follow-up study. *The International Journal of Psychoanalysis*, 84:263–290.
- Leuzinger-Bohleber, M., Engels, Tsiantis, J. (eds): *The Janus Face of Prenatal Diagnostics. A European Study Bridging Ethics, Psychoanalysis and Medicine*. London: Karnac
- Lief, E.R. (1992). Preliminary guidelines for single-case research. *Modern Psychoanalysis*, 17:231–250.
- Mancia, M. (ed.) (2006). *Psychoanalysis and neuroscience*. Milan: Springer.
- Mayer, E.L. (1996). Subjectivity and intersubjectivity of clinical facts. *International Journal of Psycho-Analysis*, 77:709–737.
- Moser, U. (2009). *Theorie der Abwehrprozesse. Die mentale Organisation psychischer Störungen*. Frankfurt a.M.: Brandes & Apsel.
- Norman, H.F., Blacker, K.H., Oremland, J.D., Barrett, W.G. (1976). The fate of the transference neurosis after termination of a satisfactory analysis. *Journal of the American Psychoanalytic Association*, 24:471–498.
- Oremland, J.D., Blacker, K.H., Norman, H.F. (1975). Incompleteness in "successful" psychoanalyses: A follow-up study. *Journal of the American Psychoanalytic Association*, 23:819–844.
- Pfeifer, R. (2007). *The rediscovery of interelligence. 20 years of AI- in Zurich and world wide*. Zürich: Artificial Intelligence Laboratory.
- Perron, R. (2003). What are we looking for? How? In: Leuzinger-Bohleber, M. Dreher, A.U., Canestri, J. (eds.) (2003). *Pluralism and unity? Methods of research in psychoanalysis*. London. International Psychoanalytical Association, 97–109.
- Perron, R. (2006). How to do research? Reply to Otto Kernberg. *International Journal of Psychoanalysis*, 87:927–932.
- Peterfreund, E. (1971). *Information, systems, and psychoanalysis: An evolutionary biological approach to psychoanalytic theory / Emanuel Peterfreund*. New York: International Universities Press.
- Pfeffer, A.Z. (1959). A procedure for evaluating the results of psychoanalysis - A preliminary report. *Journal of the American Psychoanalytic Association*, 7:418–444.
- Pfeffer, A.Z. (1961). Research in psychoanalysis. *Journal of the American Psychoanalytic Association*, 9:562-570.
- Pfeffer, A.Z. (1963). The meaning of the analyst after analysis – A contribution to the theory of therapeutic results. *Journal of the American Psychoanalytic Association*, 11:229–244.
- Pincus, D. (2000). *Mind and brain sciences in the 21st century*, by Robert L. Solso. Cambridge, 1997. *Psychoanalytic Psychology*, 17:600–607.
- Puschner, B., Kraft, S., Kächele, H., Kordy, H.(2007). Course of improvement over 2 years in psychoanalytic and psychodynamic outpatient psychotherapy. *Psychology and Psychotherapy*, 80:51–68.
- Rawlins, M. (2008). *De testimonio: On the evidence for decisions about the use of therapeutic interventions*. London: Royal College of Physicians.
- Safran, J.D. (2001). When worlds collide: Psychoanalysis and the empirically supported treatment movement. *Psychoanalytic Dialogues*, 11:659–681.
- Sandell, R. (1997). Langzeitwirkung von Psychotherapie und Psychoanalyse. In: Leuzinger-Bohleber, M., Stuhr, U. (eds.). *Psychoanalysen im Rückblick*. Gießen: Psychosozial-Verlag, 348–365.
- Sarnoff, I. (1971). *Testing Freudian concepts: An experimental social approach*. New York: Springer.
- Sashin, J.I., Eldred, S.H., Van Amerongen, S.T. (1975). A search for predictive factors in institute supervised cases: A retrospective study of 183 cases from 1959–1966 at the Boston Psychoanalytic Society and Institute. *International Journal of Psycho-Analysis*, 56:343–359.
- Schachter, J., Luborsky, L. (1998). Who's afraid of psychoanalytic research?: Analysts' attitudes towards reading clinical versus empirical research papers. *International Journal of Psycho-Analysis*, 79:965–969.
- Schlessinger, N. (2008). *Psychoanalysis as an empirical interdisciplinary science*, ed. by Patrizia Giampieri-Deutsch. Vienna, 2005. *Psychoanalytic Quarterly*, 77:657–665.
- Schlessinger, N., Robbins, F. (1974). Assessment and follow-up in psychoanalysis. *Journal of the American Psychoanalytic Association*, 22:542–567.
- Schlessinger, N., Robbins, F.P. (1975). The psychoanalytic process: Recurrent patterns of conflict and changes in ego functions. *Journal of the American Psychoanalytic Association*, 23:761–782.
- Schneider, G. (2010) Einführung Panel: Die soziokulturelle Position der Psychoanalyse – Gegenwart und Perspektiven, Tagung der DPG und DPV: 100 Jahre Internationale Psychoanalytische Vereinigung (IPV) – 100 Jahre institutionalisierte Psychoanalyse in Deutschland, Berlin, 7.3.2010.
- Shevrin, H. (2000): The investigation of unconscious conflict, unconscious affect , and signal anxiety. In: M.Velmans (Ed): *Investigating phenomenal Consciousness: New methodologies and maps*. New York. John Benjamins.
- Stern, D.B. (2008). "One never knows, do one?": Commentary on paper by the Boston Change Process Study Group. *Psychoanalytic Dialogues*, 18:168–196.
- Strupp, H.H., Schacht, T.E., Henry, W. P. (1988). Problem – treatment – outcome congruence: A principle whose time has come. In: Dahl, H., Kächele, H., Thomä, H. (eds.). *Psychoanalytic process research strategies*. Berlin: Springer-Verlag, 1–14.
- Toulmin, S. (1977). *Kritik der kollektiven Vernunft*. Frankfurt a.M.: Suhrkamp, 1983.
- Varvin, S. (1997). Die Oslo-Studie. Eine Prozeß-Ergebnis-Studie der Psychoanalyse – Werkstattbericht. In: Leuzinger-Bohleber, M., Stuhr, U. (eds.). *Psychoanalysen im Rückblick*. Gießen: Psychosozial-Verlag, 407–414.
- Vinocur de Fischbein, S. (2009): Plädoyer für die interdisziplinäre konzeptuelle und klinische Erforschung von Traumnarrativen. In: Leuzinger-Bohleber, M., Canestri, J., Target, M. (eds.). *Frühe Entwicklungen und ihre Störungen*. Frankfurt a.M.: Brandes & Apsel, 252–285.
- Wallerstein, R. S. (1986). *Forty-two lives in treatment: A study of psychoanalysis and psychotherapy*. New York: Guilford Press.
- Wallerstein, R.S. (2001). The generations of psychotherapy research: An overview. *Psychoanalytic Psychology*, 18:243–267.
- Wallerstein, R.S. (2002). The trajectory of psychoanalysis: A prognostication. *International Journal of Psycho-Analysis*, 83:1247–1267.

- Wallerstein, R.S., Sampson, H. (1971). Issues in research in the psychoanalytic process. *International Journal of Psycho-Analysis*, 52:11–50.
- Wallerstein, R.S., Robbins, L., Sargent, H., Luborsky, L. (1956). The psychotherapy research project of the Menninger Foundation. *Bulletin of the Menninger Clinic*, 20: 221–280.
- Weber, J.J., Bachrach, H.M., Solomon, M. (1985a). Factors associated with the outcome of psychoanalysis: Report of the Columbia Psychoanalytic Center Research Project (II). *International Review of Psycho-Analysis*, 12:127–141.
- Weber, J.J., Bachrach, H.M., Solomon, M. (1985b). Factors associated with the outcome of psychoanalysis: Report of the Columbia Psychoanalytic Center Research Project (III). *International Review of Psycho-Analysis*, 12:251–262.
- Weber, J.J., Solomon, M., Bachrach, H.M. (1985). Characteristics of psychoanalytic clinic patients: Report of the Columbia Psychoanalytic Center Research Project (I). *International Review of Psycho-Analysis*, 12:13–24.
- Wegmann, C. (1977). A computer simulation of Freud's counterwill theory. *Behavioral Science*, 22:218–233.
- Weingart, P. (2002). The moment of truth for science. The consequences of the 'knowledge society' for society and science. *EMBO reports* 3: 703–706.
- Weingart, P., Carrier, M., Krohn, W. (2002). Nachrichten aus der Wissensgesellschaft. Analysen zur Veränderung der Wissenschaft. Weilerswist: Velbrück Wissenschaft.
- Weiss, J., Sampson, H. and Mount Zion Psychotherapy Group (1986). *The psychoanalytic process: Theory, clinical observation and empirical research*. New York: Guilford Press.
- Whitebook, J. (2010). Sigmund Freud – A philosophical physician. Lecture at the 11th Joseph Sandler Research Conference: Persisting shadows of early and later trauma. Frankfurt a.M., 2010.
- Widlöcher, D. (2003). Foreword. In: Leuzinger-Bohleber, M., Dreher, A.U., Canestri, J. (eds.). *Pluralism and unity? Methods of research in psychoanalysis*. London. International Psychoanalytical Association, xix–xxiv.