

# The Impending Death of Psychoanalysis

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Although psychoanalysis once dominated psychology, evidence now points to the waning influence of psychoanalytic theory in psychological science, psychiatric diagnosis, undergraduate instruction, and graduate training. In this article I describe 7 self-destructive behaviors exhibited by psychoanalysts that contributed to the precipitous decline of psychoanalytic theory in recent years. I then outline three strategies for retaining those features of psychoanalysis that are scientifically and clinically useful while jettisoning those that are dated and inaccurate. These strategies might enable scientific psychologists and research-minded practitioners to reinvigorate psychoanalytic theory during the 21st century.

Psychoanalysis is dying, and maybe it should. Although few psychologists would be so rude as to gloat openly over the Freudian corpse or dance merrily upon its grave, there are many within the discipline who would be pleased to see psychoanalysis go. After all, psychoanalytic theory has long been denigrated and disparaged—oftentimes in vehement or even hostile tones—by many psychological scientists. Although psychoanalysis has fared somewhat better among practicing clinicians than among academics, psychoanalytic treatment techniques have also weathered numerous attacks by researchers and nonpsychoanalytic practitioners. Even in the clinical setting—the birthplace and modern-day haven of psychoanaly-

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sis—the influence of psychoanalytic theory has declined substantially in recent years.

The diminished status of psychoanalysis today stands in marked contrast to its exalted position during the first half of the 20th century. As Hilgard (1987) and others (e.g., Fisher & Greenberg, 1996; Gay, 1988) noted, following Freud's 1909 Clark University lectures, psychoanalysis became immensely influential in North America. Between World Wars I and II, the impact of psychoanalytic theory within and outside academia was pervasive. During these years psychoanalytic ideas dominated the cultural landscape, influencing not only psychology and the other mental health professions, but also art, literature, law, politics, education, anthropology, and myriad other fields (Holland, 1984; Torrey, 1992). Many psychoanalytic terms and concepts became so widely known that they evolved into colloquialisms, recognized even by persons with little or no formal exposure to psychology (e.g., "Freudian slip," "Oedipus complex," "phallic symbol," "repressed wish").

Then, without warning, it all fell apart. As the behavioral, biological, and cognitive perspectives grew during the 1960s and 70s, the influence of psychoanalysis waned. In part, the decline of psychoanalytic theory reflected the explanatory and heuristic value of these other competing models. However, the sheer magnitude of this decline—and the anathema with which many psychologists now view Freud's ideas—suggests that other causes beyond the natural growth of alternative theoretical models may be responsible for the diminished influence of psychoanalysis today.

What factors account for the decline of psychoanalysis in contemporary psychology? How could a theory that once dominated the psychological landscape have fallen so far in so short a time? Is continued decline inevitable, or might psychoanalysis somehow be saved? If psychoanalysis can be saved, should it be?

To address these questions, I first review evidence of the waning influence of psychoanalysis in four key domains of contemporary psychology. Next, I describe seven self-destructive behaviors exhibited by psychoanalysts that have exacerbated the theory's decline.<sup>1</sup> Finally, I offer

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<sup>1</sup> In this paper, the term *psychoanalysts* refers to practitioners of various backgrounds, usually affiliated with one or more analytic training institutes, who maintain that the validity of psychoanalytic theory and the efficacy of psychoanalytic treatment are self-evident and do not warrant close critical scrutiny or controlled empirical testing using nomothetic procedures. *Psychoanalytic psychologists* are those practitioners and academics who view psychoanalysis as a theory and set of clinical techniques

three possible scenarios for the future of psychoanalysis and discuss the implications of these scenarios for the science and practice of psychology.

### The Waning Influence of Psychoanalysis

Evidence points to the diminished influence of psychoanalysis in psychological science, psychiatric diagnosis, undergraduate instruction, and graduate training.

#### *Psychoanalysis and Scientific Psychology*

Psychoanalytic research had a brief heyday during the 1940s and 50s, during which time numerous psychoanalytically informed studies appeared in psychology's most selective journals (see Hilgard, 1952; Kline, 1972; Shakow & Rapaport, 1964). Since that time, psychoanalysis has increasingly diverged from mainstream psychological science, whereas the influence of other research paradigms has increased (Friman, Allen, Kerwin, & Larzelere, 1993). Psychoanalysis is now on the fringe of scientific psychology, accepted by few and ignored by many.

Compelling evidence for the minimal impact of psychoanalysis on contemporary psychological science came from a recent archival investigation by Robins, Gosling, and Craik (1999). According to this analysis, less than 2% of articles published in psychology's flagship journals contain keywords related to psychoanalysis. Articles published in the four leading psychoanalytic specialty journals average essentially zero citations per year in psychology's flagship journals (see Robins et al., 1999, Figure 3). These prevalence rates have held steady for the past several decades and show no signs of changing.<sup>2</sup>

#### *Psychoanalysis and the DSM*

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* has, with each successive revision, distanced itself further from its psychoanalytic roots. Although psychoanalytic terms and constructs pervaded the *DSM-I* (American Psychiatric Association [APA], 1952), evidence of

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amenable to empirical testing and to modification based on ideas and findings from other competing models. According to these definitions, most psychoanalytic devotees during the past century have been psychoanalysts, not psychoanalytic psychologists.

<sup>2</sup> These figures contrast with those for neuroscience (2% of keywords in flagship journals, 40 citations per year), behavioral research (3% of keywords, 120 citations per year), and cognitive research (18% of keywords, 500 citations per year).

waning psychoanalytic influence in psychiatric diagnosis was already apparent in the *DSM-II* (APA, 1968). By the time the *DSM-III* was published 12 years later (APA, 1980), virtually all psychoanalytic terminology had been excised from the diagnostic nomenclature. This situation has been maintained through the most recent revisions of the manual (see APA, 1987, 1994). Thus, in the span of a few decades, the official psychiatric diagnostic system shifted from being predominantly psychoanalytic to being determinedly atheoretical and nonanalytic.<sup>3</sup>

#### *Psychoanalysis in Undergraduate Textbooks*

In most introductory, personality, developmental, and abnormal psychology texts, psychoanalysis is described in negative terms (Bornstein, 1988; Hogan, 1994). In other domains of psychology (e.g., cognitive, biological, industrial-organizational), psychoanalysis is rarely mentioned at all. Cloninger's (1996, p. 28) assessment of psychoanalysis is characteristic of many current personality texts: "Rather than directing observation or providing a tentative theory that can be modified on the basis of observation, psychoanalytic metapsychology seems immune to change, and it serves as a theoretical justification for beliefs not empirically derived."

Cloninger's (1996) comments are echoed by textbook authors in other areas. Thus, in describing the place of psychoanalysis within contemporary abnormal psychology, Barlow and Durand (1999, p. 21) noted the following: "A major criticism of psychoanalysis is that it is basically unscientific. . . . There is no way to prove or disprove the basic hypotheses of psychoanalysis." Berk (1991, p. 14) was even more succinct: "Currently, psychoanalytic theory is no longer in the mainstream of child development research."

#### *Psychoanalysis in Graduate School*

Surveys of faculty members in North American psychology departments confirm that psychoanalytic assessment and treatment techniques comprise a comparatively small portion of the current graduate curriculum

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<sup>3</sup> To be sure, this shift reflects a broader effort on the part of the *DSM* authors to construct a diagnostic system that is not tied to any particular theoretical framework. Still, the fact remains that a diagnostic nomenclature that was once dominated by psychoanalytic thinking is now only minimally influenced by it. Psychoanalytic concepts emerge only rarely in the *DSM-IV*, primarily in the symptom criteria of certain Axis II personality disorders (e.g., borderline, histrionic, narcissistic; Bornstein, 1998).

(Piotrowski & Zalewski, 1993). In a recent edition of the American Psychological Association's *Graduate Study in Psychology* (APA, 1998), only seven accredited doctoral programs explicitly described themselves as offering training in psychoanalysis or psychodynamic psychotherapy.<sup>4</sup> Not surprisingly, few graduate students and beginning psychologists identify themselves as having a primarily psychoanalytic orientation (Norcross, Karg, & Prochaska, 1997). Less than 1% of doctoral dissertations in psychology during the past 30 years contained keywords related to psychoanalytic theory (Robins et al., 1999).

### The Seven Deadly Sins of Psychoanalysis

Psychoanalysis is not suffering because other perspectives grew. On the contrary, there is room in psychology for a multiplicity of models, and some theoreticians and researchers have argued persuasively that psychoanalytic concepts can be integrated with those from behavioral (Wachtel, 1977), biological (Winson, 1985), and cognitive psychology (Epstein, 1994).

Psychoanalysis is suffering primarily because it has been mismanaged by its adherents for too many years. Rather than looking forward (to the evolving demands of science and practice) and outward (to ideas and findings in other areas of psychology and medicine), most psychoanalysts have chosen to look backward (at the seminal but dated contributions of early psychoanalytic practitioners) and inward (at their like-minded colleagues' own analytic writings). In this section I describe the "Seven Deadly Sins of Psychoanalysis"—seven self-destructive behaviors exhibited by psychoanalysts that contributed to the precipitous decline of the theory during the past several decades.

#### *Insularity*

Psychoanalysts interact almost exclusively with each other (Malcolm, 1982, 1984; Masling & Cohen, 1987). By doing so, they deprive themselves of exposure to competing viewpoints and alternative perspectives that might enrich the psychoanalytic model. Consequently, the maturation of their theoretical propositions has been retarded, and the refinement of

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<sup>4</sup> In contrast, 35 graduate programs described themselves as offering training in behavior therapy or behavioral analysis, and 102 programs described themselves as primarily cognitive in orientation (APA, 1998).

their therapeutic techniques has not proceeded apace. There has been so little advancement in the core constructs of psychoanalytic theory during the past 100 years that, as Bornstein and Masling (1998, pp. xviii–xix) noted, “A geneticist of 1900 could not sustain a conversation with a contemporary geneticist, but Freud would have no trouble recognizing the psychoanalysis of 1997 or reading a modern psychoanalytic journal.”

It is hardly a sin to interact with like-minded colleagues most of the time, but if one interacts with like-minded colleagues all the time, then what appear on the surface to be open discussions and scholarly debates turn out, in the end, to be nothing more than self-congratulatory public performances that reify the status quo. Numerous investigations have documented the powerful inhibitory effects of “groupthink” on productive discourse and problem solving (Esser & Lindoerfer, 1989; Plous, 1993). Psychoanalysis has fallen victim to a disciplinewide case of groupthink.

### *Inaccuracy*

Torrey’s (1992, p. 211) assertion that psychoanalytic theory “is on precisely the same scientific plane as the Loch Ness monster” might be a tad overstated. Nonetheless, there are at least a few grains of truth in Torrey’s statement. Many concepts in Freudian theory have been contradicted repeatedly by the results of controlled empirical studies, yet these concepts continue to be discussed by psychoanalysts as if they were valid (Bornstein & Masling, 1998; Spence, 1994). Perusal of papers in contemporary psychoanalytic journals reveals that such constructs as castration anxiety, penis envy, cathexis, and repression (in the traditional Freudian sense) are still treated as heuristic and useful, when in fact they are not. The same is true of contemporary psychoanalytic conferences and meetings. Consider one recent symposium sponsored by a well-known psychoanalytic training institute, which devoted a full day to the study of “Six Theoretical Perspectives on the Demon Lover Complex” (Object Relations Institute for Psychotherapy and Psychoanalysis, 1999, p. 35).

Continued consideration of such topics by analytic journals and training institutes illustrates why psychoanalysis is no longer taken seriously by scientific psychologists and research-minded practitioners. Within the psychoanalytic canon, concepts contradicted by empirical findings are intermingled with those that have been supported, and no systematic effort has been made to distinguish between the two.

It is no sin for a theory to be inaccurate in certain respects, especially a theory as ambitious and sweeping as this one. It is, however, a grievous

sin when adherents fail to correct demonstrable wrongs within that theory, choosing instead to treat those wrongs as if they were truths.

### *Indifference*

Contemporary psychoanalysis is inaccurate because within the psychoanalytic community there are few contingencies that reward accuracy and punish inaccuracy in scholarly discourse. In part, the indifference of many psychoanalysts to external evidence stems from Freud's own writings on this topic (Gay, 1988; Grunbaum, 1984; Masling & Schwartz, 1979). In addition, psychoanalysts' indifference to others' ideas and findings is propagated by the large number of highly specialized psychoanalytic journals that are edited and read almost exclusively by adherents to the prevailing theoretical views. An isolated "psychoanalytic universe of ideas" has inadvertently been created by those within the discipline, and for the most part this universe is detached from empirical data and the influence of competing theoretical concepts.

Roughly 15 years ago, Cooper (1984) recognized the risks inherent in this situation, and he gave a warning:

Our exciting debates will become arid if they are not sprinkled with new data. Even if we do not feel impelled by our scientific and theoretical curiosity, we might respond to the demands of a society that will not forever allow us to practice clinical psychoanalysis without evidence of its efficacy. (p. 259)

Fisher and Greenberg (1996, p. 13) echoed Cooper's view, noting that "the future power of Freud's psychoanalytic formulations will depend on how permeable they are to new empirical input."

It is no sin to acknowledge the importance of internal reality in theory-building and insight-oriented treatment. However, it is sinful to emphasize internal reality to the utter exclusion of external reality. A useful theory cannot be indifferent to events occurring outside itself.

### *Irrelevance*

Because of the insularity and indifference of members of the psychoanalytic community, psychoanalysis has become irrelevant in contemporary psychology. This irrelevance has pervaded the laboratory, classroom, and clinic to the point that the next generation of psychologists will have little exposure to psychoanalytic theory's key concepts during their undergraduate and graduate training. What little exposure these young psychologists get is likely to come from textbooks and from academicians opposed to psychoanalysis. Much of this information will be biased and inaccurate

(Bornstein, 1995; Hogan, 1994; Westen, 1998). Practicing psychoanalysts seem unconcerned (or perhaps unaware) of this situation, exacerbating the problem.

Irrelevance within the scientific community is no sin, but an unwillingness to acknowledge one's irrelevance in the face of overwhelming evidence certainly is. The insularity of the psychoanalytic community has enabled its members to ignore the marginalized status of psychoanalysis in contemporary psychology rather than confronting this issue in a productive way.

### *Inefficiency*

Virtually every undergraduate and graduate textbook that mentions psychoanalysis decries the theory's lack of parsimony and the length and expense of psychoanalytic therapy. These criticisms are justified. Classical psychoanalytic theory, object-relations theory, ego psychology, and self psychology are all burdened by excess theoretical baggage—constructs and concepts that are not critical to the central propositions of psychoanalysis but linger at the periphery simply because they have been associated with the theory for so many years. A parallel argument can be made regarding the inefficiency of psychoanalytic therapy: Numerous long-standing psychoanalytic treatment techniques are of questionable value (e.g., free association, dream analysis), yet they continue to be taught in analytic training institutes primarily because they always have been (Bornstein, 1993; Holt, 1992; Spence, 1994). Aside from some recently developed short-term dynamic therapies (e.g., Crits-Christoph & Barber, 1991), psychoanalytic treatment is lengthy beyond what can be justified by its results.

It is no sin for a theory to be complex or for a therapy to be time-consuming. However, it is a sin when theorists do not avail themselves of opportunities to make a complicated theory less complicated by jettisoning its useless components. Similarly, it is no sin to engage in a lengthy course of treatment when lengthy treatment is warranted. However, it is sinful when practitioners choose to do in many sessions what studies suggest can be accomplished just as well in only a few.

### *Indeterminacy*

Many of the key concepts in psychoanalytic theory lack precise operational definitions (Grunbaum, 1984). Likewise, many therapeutic strategies central to psychoanalytic practice are only vaguely defined, and the mechanisms underlying their presumed effects are unknown (Bornstein,



1993; Holt, 1992; Masling & Cohen, 1987). Indeterminacy in science is an unforgivable sin, because it renders a theory incapable of rigorous empirical testing and precludes theoretical advance based on newly gathered data. Indeterminacy with respect to the processes that underlie a medical or psychological treatment technique is a serious sin as well because it prevents practitioner and patient alike both from understanding fully the key ingredients in therapeutic efficacy and then finding ways to implement those ingredients more effectively. Psychoanalytic theorists and practitioners have, through an unwillingness to acknowledge these issues, allowed indeterminacy to pervade and degrade their work.

### *Insolence*

Psychoanalysts can be arrogant. By interacting only with each other, they become increasingly certain of the correctness of their ideas. Consequently, each challenge from outside the discipline results in an ever-tighter “circling of the wagons” and an increase in defensive denial. The insolence of the psychoanalytic community has caused psychoanalysis to become more religion than science, alienating those who might otherwise have taken the theory seriously. As Spence (1994, p. 3) noted, within the psychoanalytic community, “argument by authority stands in the way of the benefits, zealously guarded since the Renaissance, of an adversarial, critical, and dialectical tradition of investigation.” In fact, some research-minded psychologists have suggested that members of the psychoanalytic community who show too great an interest in empirical data or alternative treatment techniques risk forfeiting their status within the community (see Bornstein & Masling, 1998, for a discussion of this issue).

Insolence is a sin even at the best of times. In the resource-poor world of contemporary psychology, this sin may well be deadly.

### Saving Psychoanalysis From the Psychoanalysts

Is it too late to save psychoanalysis? Perhaps. Many scientific psychologists and research-minded practitioners contend that psychoanalysis is so critically ill it cannot possibly be saved. If asked, these colleagues might well suggest that it is time to place a *Do Not Resuscitate* order in the psychoanalytic chart and await the theory’s long-overdue demise.

Such a view is certainly defensible given the present state of the discipline. However, alternative strategies for dealing with this issue also warrant consideration because these strategies may hold some promise for

resurrecting those parts of the theory that are scientifically valid and clinically useful. In the following sections I describe three strategies aimed at saving psychoanalysis from the psychoanalysts.

*Scenario 1: Implement Heroic Measures to Save the Patient*

There are few tangible rewards in academia today for conducting empirical research on psychoanalytic concepts. Jobs for psychoanalytically oriented psychologists are scarce, and federal funding for this type of research is difficult to obtain. Despite these obstacles, a small number of scientific psychologists have developed productive research programs aimed at testing and refining the key principles of psychoanalytic theory (e.g., Blatt, 1991; Bornstein, 1996a; Masling, 1992; Weinberger, 1992; Westen, 1998) and examining the processes that underlie psychoanalytic therapy (e.g., Blatt & Ford, 1994; Crits- Christoph & Connolly, 1998; Spence & Owens, 1990; Strupp, 1998; Weiss & Sampson, 1986).

To date, the impact of these research efforts on the larger scientific community's negative view of psychoanalysis has not been great. However, it is possible that an unforeseen change in the scientific zeitgeist will enhance the visibility of these research programs at some point in the future. In any case, if heroic measures are to be implemented to save psychoanalysis, a different approach is needed—one aimed at setting the stage for a sweeping paradigm shift within the discipline. Although the aforementioned research programs have been very useful in testing and refining some key psychoanalytic concepts, none of these efforts represent the kind of broad-based reconceptualization that might revive psychoanalysis in the present challenging environment (cf. Blatt, 1991).

If psychoanalytically oriented empirical research programs are to succeed in the long run, they must be bolder and more revolutionary, reshaping the core of psychoanalytic theory rather than refurbishing its periphery. If psychoanalysis is to flourish in the 21st century, the prevailing theoretical frameworks must be discarded and replaced with a single integrative model that connects seamlessly with cutting-edge research in mainstream psychology and medicine. A new paradigm for psychoanalysis must emerge or the theory will perish.

*Scenario 2: Let Psychoanalysis Die and Then Donate Its Organs*

An alternative approach to saving psychoanalysis involves letting it die and donating its organs to other subfields of psychology. Numerous psychoanalytic concepts can exist outside the prevailing metapsychological framework (e.g., defensive self-deception, unconscious motivation,

dynamic mental representations of self and others). Thus, one way to save psychoanalysis would be to donate these concepts to other subfields that can investigate them more rigorously and productively—subfields that are in a position to weave a tighter nomological net around these constructs than psychoanalysis has been able or willing to weave.

To some extent, this process is already underway. For example, the intrapsychic and interpersonal processes involved in defensive self-deception have been explored in innovative studies by cognitive, clinical, and social psychologists (Gilovich, 1991; Shedler, Mayman, & Manis, 1993; Sjöberg & Montgomery, 1999). Similarly, unconscious motives have been examined by social and personality researchers in a methodologically rigorous way that permits findings in this area to connect more readily with empirical results in other domains (McClelland, Koestner, & Weinberger, 1989; Weinberger & McClelland, 1990). The bridge between dynamic representations of self and others and various aspects of interpersonal functioning and behavior has been explored by clinical, cognitive, and developmental psychologists (Blatt, 1991; Bornstein, 1996a; Westen, 1991).

To foster this trend, psychoanalytic psychologists must make explicit the links between their concepts and findings and those from other disciplines in psychology. In part, this task involves delineating the psychoanalytic roots of myriad contemporary psychological constructs. The task also entails updating some existing psychoanalytic concepts and unburdening them of antiquated Freudian labels that hinder their wider acceptance. Only then will psychologists in other areas be made aware of these important connections and begin to integrate psychoanalytic ideas more completely into their own clinical and empirical work.

### *Scenario 3: Bury the Corpse and Pray for Reincarnation*

The third alternative is in certain respects a variation of Scenario 2. This approach involves repudiating psychoanalysis as it is currently conceptualized, allowing the theory to die altogether, and waiting to see which psychoanalytic concepts reemerge in other domains of psychology—transformed, renamed, reframed, and renewed. Emde (1992) and others have noted how psychoanalytic concepts have had a powerful (albeit subtle and often unacknowledged) influence on contemporary developmental theory. Similar arguments have been made regarding social cognition research (Westen, 1991) and cognitive models of mental processing without awareness (Bornstein & Pittman, 1992). Certain concepts rooted in psychoanalytic thinking are so central to psychology today that they

would almost certainly reemerge in some form or other even if all existing records of psychoanalytic theory were to vanish from the earth.

Scenarios 2 and 3 share in common a shifting of psychoanalytic concepts to other related domains of psychology. However, one important difference between Scenarios 2 and 3 is that Scenario 3 allows for—and may even encourage—“unconscious plagiarism” of psychoanalytic ideas by researchers in other domains. In fact, evidence suggests that this already occurs with some frequency and is likely to continue in the future. As Bornstein (1996b) noted, in many instances,

Researchers in other areas of psychology were exposed to psychoanalytic concepts during their undergraduate and graduate training, but they no longer remember having been exposed to these concepts. Consequently, they may unintentionally “reinvent” the same concepts several—or even many—years later. (p. 2)

Jacoby, Toth, Lindsay, and Debner (1992) referred to this phenomenon as “source amnesia” and noted that it may explain many instances of unintentional plagiarism in science, music, art, and literature.

To be sure, the strategy of burying the psychoanalytic corpse and hoping that its most promising concepts are reincarnated in other psychological subfields is distasteful in certain respects (e.g., it entails foregoing credit for some important Freudian ideas). Nonetheless, this strategy must be considered as one potential method for propagating some key psychoanalytic concepts.<sup>5</sup>

### Some Possible Objections to the Present Perspective

The position taken in this article may seem overly pessimistic to some, and devotees of psychoanalytic theory will likely raise a number of objections to the criticisms outlined herein. I now list three possible objections to the present perspective, along with a brief comment regarding each objection.<sup>6</sup>

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<sup>5</sup> In this context, one potential advantage of Scenario 3 is that it allows some key psychological concepts to be reborn untainted by their prior affiliation with psychoanalysis (see Bornstein, 1996b, for a discussion of this issue).

<sup>6</sup> The objections outlined herein are based largely on the cogent and constructive comments on an earlier draft of this article by three anonymous reviewers.

*These Criticisms Reflect a Nomothetic–Positivist Bias That Does Not Capture the True Spirit of Psychoanalysis*

As one colleague pointed out upon reviewing an earlier draft of this article, many of the problems outlined herein are based on the premise that traditional nomothetic research methods are most appropriate for evaluating the heuristic value of psychoanalytic theory and the efficacy of psychoanalytic therapy. This colleague went on to argue that if psychoanalysis is seen as a method of self-understanding and self-exploration, other evaluative strategies may in fact be more appropriate, and the theory might not yet be on life support. A second colleague echoed this position, noting that Kohut's (1971, 1985) view of empathy as a way of coming to know another person constitutes a method of empirical inquiry particularly well-suited to psychoanalytic practice and theory-building.

If psychoanalysis were merely a theoretical model or a method of gaining insight and self-awareness, many of the criticisms outlined in this article would indeed be unjustified. However, psychoanalysis is also a technique for treating psychological disorders, and it is this aspect of the theory that raises the most profound practical and ethical challenge for psychoanalysts. If we continue to offer psychoanalysis as a method for treating mental illness, we are obligated to demonstrate empirically that (a) this technique can produce reliable, quantifiable results in the clinical setting and (b) there are identifiable, measurable ameliorative processes that underlie the therapeutic effects of psychoanalysis. These dual empirical burdens hold regardless of a practitioner's prevailing worldview and regardless of that person's attitude regarding traditional nomothetic research.<sup>7</sup>

*The Lively Scholarly Debates Within the Psychoanalytic Community Stand as Evidence of Psychoanalysts' Intellectual Openness*

Even a cursory reading of contemporary psychoanalytic books and journals illustrates the numerous controversies that characterize current psychoanalytic theory and practice. However, the presence of controversy does not, in and of itself, stand as evidence of the long-term health of a theory or the open-mindedness of its participants. The difficulty lies in the fact that only certain types of controversy (e.g., metatheoretical debates, questions regarding analytic technique) make their way into mainstream

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<sup>7</sup> The American Psychological Association's (1992) Ethical Standards 1.06 and 2.01(b) are particularly germane in this context.

psychoanalysis. Extraclinical data are rarely considered in these debates, so psychodynamic conceptualizations of many issues (e.g., memory, motivation, child and adolescent development) are stunningly detached from mainstream research findings.

These difficulties led Weinberger (1996, p. 10) to liken the current state of psychoanalytic theorizing to “fiddling while Rome burns.” He was correct. Our current debates may be intellectually stimulating to those within the discipline, but they are far too limited in scope. These debates would be far more productive if they drew from the entire range of information available to inform the issue at hand, rather than from a narrow, preselected information base.

*It Is Not a Case of Theory “Mismanagement”—These Are Difficult Times for All Insight-Oriented Practitioners*

The external challenges facing insight-oriented therapists are not unique to psychoanalysis. Humanistic and existential therapists have also noted the deleterious impact of managed care constraints on their day-to-day clinical work (Ellerman, 1999). Treatment approaches that do not conform to today’s emphasis on biochemical and time-limited cognitive-behavioral interventions are no longer valued in most graduate training programs (Piotrowski & Zalewski, 1993), nor are they easily accepted by reimbursers of psychological services (Weinberger, 1996).

The fact that practitioners of other theoretical orientations face similar challenges is comforting in some respects, but it does not relieve us of our burden to demonstrate empirically the validity of our ideas and the efficacy of our treatment techniques. In this context, we have much to learn from our nomothetically savvy colleagues from other theoretical domains. Consider: Those treatment techniques that have been tested using traditional research methods (e.g., pharmacological regimens) tend to be held in high regard by members of the psychological, psychiatric, and lay communities, despite the fact that studies supporting the efficacy of these techniques often have serious methodological flaws. The irony here is that those few empirical studies of psychoanalytic outcome (e.g., Blatt & Ford, 1994) are generally better designed than the typical drug-treatment study (see Greenberg, Bornstein, Greenberg, & Fisher, 1992), yet the sheer number of published investigations in the latter domain is such that professionals and laypersons alike continue to believe that biological treatments are superior to psychological ones for most mental disorders.

An adaptive approach to theory management requires that the value

of the theory be established empirically, using methods and measures acceptable to consumers of the theory's byproducts. Cooper (1984) was correct: It is crucial to respond to the demands of a society that will not forever allow us to practice clinical psychoanalysis without evidence of its efficacy.

### Conclusion

The impending death of psychoanalysis raises important questions regarding responsibility and values—questions that members of the psychoanalytic community have ignored for too long. It is impossible to know whether psychoanalysis will survive for another 100 years, but this much is certain: If the theory's adherents continue to commit the seven deadly sins of psychoanalysis in their clinical and theoretical work, the problems that plague psychoanalytic theory will never go away.

Psychoanalysis remains a paradox—one of the 20th century's great intellectual achievements and at the same time one of its most resounding scientific failures. The failure, though, has less to do with the theory itself than with how psychoanalysts have mismanaged Freud's ideas. In the end, psychoanalysis may well be saved through the heroic efforts of psychoanalytic psychologists, or it may be reborn transformed within other fields of inquiry. If not, it will stand only as an example of a provocative, powerful theory that did not need to die.

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