

Psychoanalysis and the Deviant Jungians: The Medical Model and Our Divisive History

By Soren R. Ekstrom, Ph.D.

Abstract

The article addresses a recently emerging dialogue between Freudians and Jungians, in particular the attempts to understand how the two schools of analysis developed along different trajectories. Two catalysts for the schism are discussed: the physician requirement at Freudian training institutes in the US and the claim of scientific validation of Freudian theory. The article argues that the attempted medicalization of psychoanalysis was a major reason for Jungian analysts feeling alienated from psychoanalysis since Jung never placed such restrictions on admission to training. And the claim that Freud's metapsychology met scientific standards seems to have had as one of its purposes to dismiss Jung's theories, with their much less technical bend. Now that the medical degree requirement is gone and theoretical for-

mulations have proliferated on the basis of narrative explanations, the author proposes a serious reassessment by both analytic schools, including dealing with the internal problems plaguing many training institutes. As a solution to these problems the article argues for establishment of non-sectarian standards of accreditation, with reciprocity and freedom of candidates to transfer from one institute to another.

Keywords: psychoanalysis, Freudian, Jungian, history, medicalization, training institutes, accreditation, non-sectarian standards.

A promising dialogue between Freudians and Jungians is now taking place, at what seems an accelerating pace. In 1996, *Psychoanalytic Review* (Vol.83), guest-edited by the English analytical psychologist Andrew Samuels, opened the way by devoting most of an issue to "Symposium: Post-Jungian Thought." In 2000, *Psychoanalytic Dialogues* (Vol.10) followed suit with James Fosshage and Jody Davies introducing seven Jungian interpretations of clinical case material from Stephen Mitchell. And in 2001, *Psychoanalytic Psychology* (Vol. 18), the official publication of the American Psychological Association's Division of Psychoanalysis (Div. 39), introduced Jungian thinking by featuring an article by John Beebe, Thomas Kirsch, and Joseph Cambrey on "What Freudians Can Learn From Jung."

Four conferences organized by the *Journal of Analytical Psychology*, the

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English publication which until recently has been the only Jungian clinical journal, have occurred parallel with these articles. Speakers representing different analytic orientations within the Freudian and Jungian movements contributed to these conferences, and most papers were subsequently published by the organizing journal. The first conference, titled "Jung at the Crossroads," dealt with current theory (see *Journal of Analytical Psychology*, 42, pp. 1-166), while the second, titled "Family Matters," explored the common history (*Journal of Analytical Psychology*, 43, pp. 1-180.). For the third meeting, in Merida, Mexico, the title was "Contemporary Perspectives on Unconscious Processes and Analytic Methods" (*Journal of Analytical Psychology*, 45, pp. 1-121), followed by this year's "Diversity and Its Limits," in Prague, Czech Republic (*Journal of Analytical Psychology*, 46, pp. 431-454.).

Two major historical accounts of the development of a Jungian tradition have added to the rich conference material. The first is Thomas Kirsch's (2000) insider history, *The Jungians*, in which he covers over 80 years of development within analytical psychology on five continents. Born into a family of pioneering Jungian analysts (James and Hilde Kirsch were Tom's parents) and having been the president of IAAP as well as a prominent member of the San Francisco institute, no one could have been more suitable for such a major undertaking than Kirsch. His book for the first time pieces together how Jungian training spread from Zurich to all corners of the world.

The other account, published in a recent issue of the *Journal of Analytical Psychology* (Vol. 46, pp. 335-353), is a more concise account by

Kenneth Eisold, a Freudian analyst and fellow of the William Alanson White Institute in New York. What he offers, perhaps for the first time, is a fairly unbiased description of the schism and the development of two different schools of analysis: their beginnings and their developments. Well-researched and respectful in its tone, it is both insightful and critical.

In this article, I am going to address several of issues which Kirsch and Eisold bring up. In particular, I am going to add to their discussion recent aspects of the history between Freudians and Jungians, aspects which are not mentioned in their interpretation of our divisive history.

Sins of the fathers

Kirsch's (2000) perspective, stated in his chapter on analytical psychology in northern California, is colored by the unique circumstances there, which meant that the first Jungian professional group, the Medical Society for Analytical Psychology, was quite exclusive and only accepted medical doctors with Jungian training. This meant that several psychologists who also arrived after being trained in Zurich had to start their own organization, the Guild for Psychological Studies (p. 76). Only after the threat of a split were accommodations eventually made to include other licensed mental health professionals. Kirsch writes:

In 1948 four psychologists, who had their analyses with medical analysts, were accepted as trainees within the professional group. The four immediately formed the Association of Clinical Analytical Psychologists as a counterpart to the medical group....However, both groups quickly realized that analysis should not be

restricted to a single discipline. Jung had always emphasized the value of mythology, anthropology, religion and other disciplines in the practice of analysis and the newly formed Jung Institute in Zurich accepted graduate students from diverse fields. (Kirsch, 2000, pp. 76-77)

This perspective remains an important thread throughout the book. While demonstrating the Jungian openness to training candidates with many backgrounds, he often makes a distinction between what he calls “clinical” and “non-clinical” analysts, i.e., licensed or not, stressing tension between these two groups (Kirsch, 2000).

As to Jung’s share in why the Jungian movement became smaller than the Freudian, Kirsch points out that Jung only reluctantly, in 1948, put his name to the Zurich institute and that he seemed to have been equally ambivalent as to the formation of an international organization—the IAAP was formed first in 1955 (p. 17). Instead he started the Zurich Psychological Club in 1916, shortly after his break with Freud, as a place to meet informally for those who had had an analysis and where he could freely develop his own ideas.

Kirsch, in large measure, blames Freud for the many splits which have occurred, stating that “Freud not only established himself as the founder of psychoanalysis, he also claimed ownership” (pp. 248-249). To Kirsch, Jung’s vision for the profession was quite different from Freud’s and in his initial efforts he worked for a non-sectarian understanding by trying to establish a common basis for all psychotherapy. Kirsch (2000) writes:

During the 1930s Jung did not seem very interested in forming his own school of psy-

chology and psychotherapy. As president of the International General Medical Society for Psychotherapy, he was more interested in finding points of commonality among the different schools of psychotherapy....In Switzerland he became president of the Swiss Society for Practical Psychology, where he was again attempting to form a common, non-sectarian basis for psychotherapy. (p. 5)

This reading of Jung is missing in Eisold’s article. His aim is to establish how the two movements came to differ in their professional structures, and he does not point the finger at Freud for the splits. Eisold (2001) is struck by the fact that the Jungians for the longest time only developed their clubs, while the Freudians established training institutes in many places as early as the 1920s and 1930s (p. 339). He sees this as the result of Jung’s ambivalence towards organizations and his deep wounds from the break-up with Freud. The Jungians became marginalized by this weakness in their founder and they inherited a fear of organization. He summarizes:

We have seen the tension between the clubs and professional institutes, reflecting this split between the two sides of Jung’s professional identity. These splits were sustained and energized, of course, by the divergent and competing interests of the groups involved. Thus while the splits may have originated in the division in Jung’s identity, they came to have a life of their own as professional psychotherapists struggled with the club members and spiritual followers over Jung’s legacy. (Eisold, 2001, p. 346)

The overall lesson in this tale, according to Eisold, is that Jung should have been challenged to set standards by his early disciples; due to his resis-

tance to institutional structure, he allowed informal arrangement to dominate. Only when his disciples insisted otherwise, as did Michael Fordham in London, were they able to build a sound professional base (Eisold, 2001, p. 340).

Eisold is no less critical of the Freudians. To him, many of Freud's immediate disciples were mean-spirited and bureaucratic operators, needing to be reined in. Freud should have put his foot down but did not. The split with Jung was to a major extent the work of those in the inner circle who saw Jung's lack of enthusiasm for organizational tasks and resented his special status. They eventually managed to convince Freud to form his infamous Secret Committee as Jung's replacement (p. 337).

This interpretation of history certainly gives reconciliation a chance in that it blames the early followers instead of, as too often in psychoanalytic history writing, Freud and Jung personally. But is Eisold's version of events believable also when it comes to describing more recent history? At least two crucial catalysts for the long-standing schism are not mentioned in the otherwise commendable descriptions: the physician requirement in the U.S. and the claim of scientific validation of Freudian theory.

Sources and perspectives

The sources for both Kirsch's and Eisold's interpretation of the schism are strikingly similar. Eisold (2001) openly admits that he relied on interviews with Kirsch and a few Jungian analysts in London and California (p. 353). This also means that most of his argument rests on historic circumstances in these places and, as a result, on the formation

of the earliest professional group of Jungian analysts, SAP in London under the leadership of Michael Fordham, and the C. G. Jung Institute in San Francisco under Joseph Wheelwright (Kirsch, 2000, pp. 74-82).

To these groups, professionalism was more or less synonymous with a medical degree, a fact that both Kirsch and Eisold never fully discuss. For instance, while noticing that Jungian training institutes emerged first after World War II, Eisold (2001), very much like Kirsch, concludes:

On the one hand, it [Jungian training] started out predominantly and defiantly non-professional. On the other, it could be said that the psychoanalytic "shadow" of analytical psychology nonetheless persisted in the form of analysts who longed for training and the legitimacy of credentials. (p. 339)

While capturing conflicts which may have existed when these two institutes were formed, the juxtaposition between "professional" and "non-professional" was the result of actions by the Freudian community in the U.S. at that time: only to train those with medical degrees (later also several years of psychiatry residency). This policy lasted until the late 1980s, when the threat of a court order finally ended it (Shorter, 1997, p. 310). SAP in London and the San Francisco institute never went as far, but they did emphasize the practice of a medically oriented model (Kirsch, 1995). A non-professional was usually someone without a medical degree.

Assessing the effects on analysis, in all its forms, of the physician requirement-and its implicit medical model-is central to the understanding of its history. While the early benefits are easy to point to in terms of the

wider acceptance of analytic treatment, it is equally clear that the exclusionary practice has had a damaging effect on long-term developments by stifling critical assessments and innovation (Bornstein, 2001). It also started the inevitable fragmentation into various professional licenses in mental health. With licenses issued on the basis of academic education rather than non-sectarian standards of training, these groups of mental health providers all vie for control of the right to treat.

With its physician requirement, mainstream American psychoanalysis became narrow and exclusive for no other reason than the status of a small group of mainly men—a monopoly, in other words (Sayers, 1991; Schwartz, 1999). It certainly alienated many otherwise qualified analytical practitioners, including the majority of Jungians who did not have the medical background and who never embraced a medical-model credo (Costello & Costello, 1992, pp. 52-55). Among these Jungians, the monopoly gave further credence to a deep-seated mistrust of larger professional organizations, this especially since medically trained analytical psychologists always were a small minority, nationally as well as internationally (Kirsch, 2000).

Although Freud himself initially resisted the idea of training only persons with a medical degree, he eventually caved in to arguments that conditions in the U.S. were fundamentally different than in those Europe (Freud, 1927). As Jonathan Schwartz (1999) points out, the conditions referred to were a notorious anti-Semitic quota system at American medical schools, a system which most European analysts found appalling (pp. 167-175). The later split between the American

Psychoanalytic Association (APA) and its international umbrella organization, the International Psychoanalytic Association (IPA), unfortunately only solidified the American practice, which now became the guiding one. If Freud at any time should have put his foot down, the physician requirement is perhaps the most poignant example (Grosskurth, 1991; Schwartz, 1999).

The scientific claims

The physician requirement also—and this is in today's perspective the most important concern-set psychoanalysis back by resisting any critical assessment of its theories. As the historian Edward Shorter (1997) describes it, psychoanalysis succeeded in dominating American psychiatry for a very short period of time, as “a pause in the evolution of biological approaches to brain and mind rather than as the culminating event in the history of psychiatry” (p. 145).

In its failed efforts to revolutionize American psychiatry, a blind faith in Freud's theories had to be kept even when it came to major mental illness. In his book about psychoanalytic excesses in the 1960s and 1970s, Edward Dolnick (1998) documents the results when it came to in-patient treatment. He summarizes as follows:

The saga of psychoanalysis in the twentieth century is a tale of rise and fall. When it came to treating madness, the fall was sharpest of all. The story of therapists in collision with madness was a tale that abounded in grief needlessly inflicted. Still, it was a tragedy and not a scandal. With the possible exceptions of Bruno Bettelheim and John Rosen, the psychiatrist who brutalized his hapless schizophrenic patients, it was a tale almost without villains.

Indeed, the central irony of the whole story is that the therapists had only the best intentions. (Dolnick, 1998, p. 278)

What he calls “blaming the victim”—being certain that autism, schizophrenia, and obsessive-compulsive disorder were caused by the mother, the parents, or the whole families of these patients—was one of the horrifying consequences of trying to merge psychoanalysis and psychiatry (Dolnick, 1998, p. 218-227). Instead of considering medical data which contradicted Freudian hypotheses, these highly regarded analysts ended up falsifying records, even abusing their patients.

Disdain for the traditional diagnostic nomenclature played an important part in this hubris. “In the heyday of psychoanalysis many psychiatrists were simply indifferent to diagnosis,” instead believing that “ascertaining the presumed psychodynamic cause was more important than classifying the presenting symptoms” (Shorter, 1997, pp. 296-297). Diagnostic labels were certainly used rather loosely and mostly for the purpose of describing if a patient seemed able to develop a certain kind of relationship to the analyst. As Giovacchini (1987) points out, this use of diagnoses had already been practiced by Freud (pp. 239-242). While appearing in lockstep with the medical model, the focus was on the feasibility of psychoanalytic treatment, what he termed *the transference neurosis* (Freud, 1914).

The psychoanalytic approach to diagnosis had its first major setback in the preparation and publication of an entirely new and systematic diagnostic manual, *DSM-III* (1980), by the American Psychiatric Association. Psychoanalysts were now faced with a

dilemma (Bornstein, 2001). On the one hand, there was the established attitude of uninterest in the extensive classifications which the *DSM-III* offered, since, as one representative textbook of the Freudian practice states, “Surface traits and constellations of behavior are not our principal interest, because we focus on intrapsychic processes and defects in the psychic structure” (Giovacchini, 1987, p. 182). On the other hand, insisting on such an understanding went against other clinical protocols, such as for medication and in-patient evaluation, and would thus undermine the standing of psychoanalysis in the psychiatric community.

In prefacing her recent book on psychoanalytic diagnosis, Nancy McWilliams formulates one answer to this problem: adding psychoanalytic ideas to portions of the *DSM* framework. She justifies this effort by stating:

The change away from an inherently structural nosology to one that seeks to be simply descriptive has offered many benefits to psychotherapists, now that several powerful alternative ways of conceptualizing psychological problems have developed. But I have found that those of my students who want to understand individual differences according to a psychoanalytic model now have no text that explains the concepts by which analytically oriented therapists understand and treat their clients. (McWilliams, 1994, p. vii)

Others were less sanguine about the steadily diminishing role in shaping the official diagnostic manual (Luborsky, Crits-Christoph, Mintz, & Auerbach, 1988, p. 251). One important justification for the medicalization of psychoanalysis certainly was gone: claiming that psychoanalysis was an effective treatment for specific psychiatric conditions. As Shorter (1997)

points out, the lack of empirical data on the efficacy of psychoanalytic treatment made such claims impossible, and the diagnosing of mental disorders inevitably became geared towards chemical treatments (p. 311).

Well into the 1980s, however, the Freudian establishment continued to pay lip service to having empirically verified methods and insisted that psychoanalysis should be viewed a science because its members framed it in biomedical terms. In this context, Jung was easily seen as hopelessly unscientific and dismissed as at odds with Freud's medically acceptable metapsychology (Levy, 1980; Kernberg, 1980). That some of these accusations were based also on his known willingness to train non-medical candidates is now a reasonable deduction.

The medical model

The second blow to the justification of regarding psychoanalysis as a medical subspecialty came from research which was supposed to verify analytic treatments (Shorter, 1997, pp. 311-312). The common approach for these projects was a variation on the medical model that says that specific ingredients, as presented in treatment manuals or psychodynamic formulations, are responsible for good outcomes. In a recent meta-analysis of such component studies, Hyun-nie Ahn and Bruce Wampold (2001), of the University of Wisconsin, find such research futile. Their analysis instead supports what they call "the common factors model". They write:

The research evidence supports the notion that the benefits of counseling or psychotherapy are derived from common factors. For example, it has been shown that

the therapeutic alliance, measured at an early stage, accounts for a significant portion of the variability in treatment outcomes. (Ahn & Wampol 2001, p. 255)

Similar views are expressed by Edward Teyber and Faith McClure (2001), two psychotherapy researchers from California State University, San Bernardino, in the most recent *Handbook of Psychological Change*. They write:

It is time to drop the uniformity myth and better address the contribution of the individual therapist to treatment outcome. Comparative studies of psychotherapy outcome consistently find that therapy modalities are relatively equivalent in effecting client change. In contrast, there is considerable support for the view that the individual therapist's attributes, attitudes, and actions (e.g., interpersonal skills, countertransference propensities, and personality) match or override the effect of particular techniques. (Teyber & McClure, 2001, p. 80)

These conclusions come after many years of trying to find the one approach which is most effective (Wallerstein, 2001). Fanciful theoretical formulations, as well as recommended techniques, may imply certain attitudes. They do not capture what happens in a successful treatment, or an unsuccessful one, for that matter (Ekstrom, in press).

In presenting a contextual model of psychotherapy, Wampol, Ahn, Hardin, & Coleman (2001) compare it with the traditional medical model. They find that the latter is based on the notion that effective treatment must follow on a correct diagnosis. The medical model also assumes that a psychological explanation for the disorder exists, which is sufficient to posit that, when the analyst

administers ingredients derived from it, change will occur (p. 268).

The contextual model, in comparison, does not presume that a particular explanation exists and does not require a distinct diagnosis. Rather it requires that a charged and confiding relationship with a healing context can be established. Within this relationship, and with the active participation of both parties, a therapeutic process transpires, as long as a rationale is present which gives a plausible explanation for the patient's symptoms and is consistent with his or her worldview (p.228).

As a result of this shift, Wampol et al. (2001) assert that treatment protocols and other devices lack research evidence. They may "appear scientific and may be required for experimental control in the research context," but in their findings, they could also "cause ruptures in the alliance, and consequently, poor outcome" (p. 255).

Jung as the spoiler

Much of this discussion, if at all known by practicing Jungian analysts, would appear strangely unnecessary. Already during the 1920s and 1930s, while trying to form a non-sectarian base for psychotherapy, Jung argued against particular systems of treatment and rejected the medical model as untenable. His views, as expressed in his 1924 lectures at the International Congress of Education in London, are non-conformist, iconoclastic. Criticizing Alder and Freud (even those trying to use his own theories) for developing doctrinal systems in which technical rules and pet emotive ideas dominate, he concludes:

Still under the spell of the old pathology which unconsciously regarded diseases as distinct "entia" in the Paracelsian sense,

each of them thought it possible to describe a neurosis as if it presented a specific and clearly defined picture. In the same way doctors still hoped to capture the essence of the neurosis with doctrinaire classifications and to express it in simplistic formulae. Such an endeavour was rewarding up to a point, but it only thrust all the unessential feature of the neurosis to the forefront, and thus covered up the one aspect which is essential, namely the fact that this illness is always an intensely individual phenomenon. (Jung, 1924, para. 203)

In his rejection of technical rules, Jung may have foreshadowed some of the conclusions from the recent outcome studies. For most Jungian-trained analysts his views presented a dilemma. By emphasizing that each therapy relationship is its own unique combination, Jung encouraged creative improvisation within treatments, but he did not support Jungian views *per se*. Especially for Jung's early followers, an aversion to therapeutic reconstruction and doubt about dealing directly with the patient's problems emerged. Working with dream images seemed the most direct way to access a patient's unconscious. And when presenting their work, cultural rather than clinical material would often dominate (Henderson, 1982; Stein, 1987).

The rules offered by Jung are in fact very few and consist of observational aids rather than relational descriptions. He states:

I myself have long discarded any uniform theory of neurosis, except for a few quite general points like dissociation, conflict, complex, regression, abaissement du niveau mental, which belong as it were to the stock-trade of neurosis....A general theory of neurosis is therefore a premature undertaking, because our grasp of the facts is

still far from complete. Comparative research into the unconscious has only begun. (Jung, 1924, paras. 204-205)

In his intuitive appreciation of treatments, characterized in his later writings on transference/countertransference as a *mixtum compositum* (chemical combination), Jung (1946, para. 358) seems to leave out what the analyst needs to bring to the equation, such tasks, for instance, as forming a therapeutic alliance with the patient. When he describes treatments, they are usually intrapsychic snapshots of his patients, but so focused on unconscious processes that the relationship with the analyst has to be teased out from under his amplification of the alchemical symbols and anthropological parallels.

Early generations of Freudians found themselves on much firmer ground. The claim to a unique scientific status for Freudian analysis went beyond recommendations. Freud's clinical theory was equated with a research situation, his metapsychology regarded as solid biology. There was therefore little doubt about how treatments were supposed to progress and the analyst's role in it. Jung and the Jungians were not only committing heresy, they were the spoilers.

Between a rock and a hard place

This perspective is missing in both Kirsch's and Eisold's interpretation of history and without it, the particular way Jungian institutions developed cannot be fully understood. Aside from who is to blame for Freudian analysts' persistent claims to exclusive rights, there is no doubt that these claims have caused most of the splits in psychoanalysis as a whole and contributed to the eventual fragmentation of the psychotherapy field.

Confusion about the validity of the medical model implied in these claims also played a central role in forming Jungian attitudes, probably more so than Jung's aversion to organizational structure and his sense of being burned by the treatment of Freud and his group of contemporaries. That Jung's ideas initially were spread through various clubs is today far less relevant. In fact, these clubs no longer have any significant influence on developments in analytical psychology (Samuels, 1994; Shamdasani, 1998). Once a professional society under the IAAP umbrella is established in a given geographic location, it usually becomes the dominant structure. The clubs are significant for their historical role in helping professional societies form (Kirsch, 2000).

Many of the problems in Jungian communities become clearer when the Freudian medicalization of training is taken into consideration. As members of a small, deviant and-we should not be afraid to say-outcast group, the issue was not how to be true to Jung's experiment with lay groups and clubs, but how to become professionally accredited, well published, and represented in the academic world, while also maintaining autonomy and coherence. Those communities which placed great emphasis on the desirability of such acceptance tended, often in vain, to become more conciliatory towards Freudians in their outlook. Those who have been turned off by the Freudian structures-structures which ruled the turf for quite some time-tended to emphasize internal values and personal qualifications, in part as a defiance of standards that appear arbitrary and misguided.

In either case, and for the longest time, Jungians were caught in an impossible dilemma which, even today,

leads to splits and disagreements (Kirsch, 1998). However, without acknowledging the origin of these disagreements, and the seriousness by which professional training has been conducted by Jungians in spite of them, no understanding of the establishment of Jung institutes and the spread of Jung's ideas is possible.

The Zurich connection

This sense of being excluded is also the main reason for Zurich's continued influence over Jungian developments in the U.S., in fact, over the overall professional developments in analytical psychology. In contrast with the Freudian movement, Jungian analysts were fortunate to be able to maintain their informal international structure in spite of the Second World War (Kirsch, 1998). This cemented the influence of Zurich on most matters and the Anglo-Saxon perspective never fully prevailed (Kirsch, 2000, pp. 17-21). And while the SAP group in London and some American institutes limited access to training, Zurich has remained open to admitting almost anyone with a certain minimum of academic education (Kirsch, 2000, pp. 17-18).

In so doing, the Zurich institute guaranteed a constant influx, especially to the U.S., of new members trained outside and overseas. Their incorporation did not always happen without friction, but on the positive side, Zurich graduates have contributed to the cohesion of the Jungian movement as a whole. They were also most instrumental in its growth (Kirsch, 1995).

But the cross-Atlantic fertilization has meant that Zurich mistrust of everything Freudian continued. The slow willingness for a dialogue, at least

from the Jungian side, is, to a large extent, the result of the alienation experienced by many Americans returning home after having completed training in Zurich. Still idealizing the Swiss way and their analytic experience in Zurich, they often struggled to adjust to the American mental health system, with its licenses, differing education philosophy and, until recently, its orientation toward psychiatry. For them, Freudian analysis became the villain and their approach to training remained more or less European (Kirsch, 1995).

Mutual denials

What is most convincing in the Kirsch and Eisold description of the divisive history between Freudian and Jungians is how an uneasy, often unacknowledged interdependence existed all along between the two camps. Hopefully, this is a message that contemporary Freudians and Jungians can hear loud and clear.

Basically, the Jungian community needs to fully acknowledge the dependence on psychoanalysis and the fact that, willy nilly, as analytic practitioners, we are part of it. As long as the Freudians were successful in claiming the right to treat and finding a market for their services, we were also in good shape-as the alternative. When someone wished to have an analysis, but was turned off by how some Freudian colleagues appeared to carry it out-a stiff psychiatrist persona, the couch, an obsession with sexual functioning, and silent hiding behind a desk-they usually picked a Jungian.

What the Freudians denied was that here was this group-small but seemingly vital-which traced its claims back to Freud and psychoanalysis, but

which could never be mentioned by name. Jung and the Jungians had to be read in the closet, so to speak, and they were no doubt read-and then quickly denied (Gallant, 1996). But in a professional environment which stifled all new ideas not fitting the belief that Freudian analysis had all the answers and should be done by only those with a medical degree, Jung remained a tempting alternative and the iconoclastic nature of his writings made him a source of radically different ideas (Beebe, Cambray & Kirsch, 2001).

In the short run, the Freudians may have made the most mileage from this arrangement. They could use the Jungians as examples of bad practice, belief in mysticism, hocus-pocus, etc. However, the market for strictly Freudian psychoanalysis has shrunk considerably in recent years, and the kind of flexibility that the Jungians had to learn as the result of living in the shadow of their Freudian colleagues for years is now required by all analytic practitioners.

Developments within psychoanalysis, which initially may have been seen as a threat to its cohesiveness, have also helped bridge the gap between Freudian and Jungian theoretical perspectives. In the U.S. in particular, the formulations by Heinz Kohut, with their somewhat European accent, have had considerable resonance within the Jungian community and often served to bridge traditional archetypal formulations with broadly psychoanalytic relational perspectives (Jacoby, 1985). Similar developments, as Eisold notices, have occurred in England, with the formulations by Winnicott and Bion being embraced by many Jungians (Samuels, 1995; Kirsch, 1998).

Institutes and their structure

The physician requirement in the U.S. is now history. The psychiatrists, who once were supposed to be the banner carriers for psychoanalysis have, in large measure, moved to greener pastures, i.e., psychopharmacology (Shorter, 1997). Jonathan Schwartz (1999), arguing that psychoanalysis never should have been thought of as a medical specialty, writes:

Abraham Brill's vision of psychoanalysis as a medical specialty had been brilliantly achieved in the United States. By the 1960s, it was not possible to become chair of a department of psychiatry in US medical schools unless one was a psychoanalyst. Twenty years later, it was not possible to become the chair of a department in psychiatry in US medical schools if one were a psychoanalyst. (p. 278)

Adolf Grunbaum, philosophy of science professor at the University of Pittsburgh, places the blame for this development on inflated claims. He writes:

If psychoanalysis is to have a future as a scientific enterprise, it very probably does not lie with the clinical case history method, but with other testing designs....Yet to this day the case study method has been the source of evidence adduced by the vast majority of analysts who claim support for their theory of psychopathology, dream theory, theory of slips, and theory of psychosexual development. (Grunbaum, 1993, p. 162)

In the wake of this radical change, psychoanalysis is on the defensive, and for those who practice it, there is now a common financial concern: managed care threatening to make us extinct or limited to treating only the well-to-do. However, these factors alone are not

going to further any deeper cooperation between Freudians and Jungians. Only when the search for common ground results in efforts to develop standards of training and professional certification will a true reconciliation take place. The conditions for this to occur are there, even though the differing institutional histories and the composition of overall membership will make it a complex undertaking that may take many years.

Aside from certain admissions criteria and curriculum features—which vary greatly also at Jungian institutes—nowhere are the similarities more apparent than in the procedures for training. The free-standing training to become an analytic practitioner, Freudian, Jungian, Kleinian or otherwise, is no doubt what has sustained psychoanalysis even during a period of intense competition from various academic quarters.

The experience over the years of developing this unique educational process should not lead to complacency, however. From interviews with 150 American psychoanalysts for his book *Unfree Association*, Douglas Kirsner (2000) concludes that the communality which is supposed to be fostered in institute training has been destroyed.

Both Kirsch and Eisold recognize these problems. Kirsch (2000) addresses them as far as they caused splits within institutes (pp. 248-251). Eisold (2001), in turn, tries to explain them as the inevitable result of the intensely personal aspect of training:

Training institutes, at best, are vulnerable organizations. They depend on voluntary donations of time, effort and money. Moreover, they contain powerful lineages and pairings between analysts and supervi-

sors, on the one hand, and trainees, on the other, that elicit loyalties and passions far more powerful than those elicited by the institution as a whole; as a result, it is easy for institute members to minimize the importance of the institutes to themselves and to split off or withdraw from active participation. (pp. 348-349)

Sadly, this description could be about an institute anywhere, of any professed orientation. Incestuous promotions among faculty, abuse of power by those with a special status, alliances tainted by remnants from therapeutic relationships, and withdrawal by analyst members feeling unfairly excluded—all are signs of organizations under great duress and closed off from each other (Allphin, 1999). No doubt something ought to be done and this is where we are today.

Educational fiefdoms

As long as the various schools of analysis are fiefdoms to themselves, the problem Kirsner (2000, p. 32) identifies as institutional suppression of creativity and criticism will no doubt persist. The faculty-supervisors, training analysts, or whatever title they are assigned—are analytic practitioners with few other choices than working within the institute in which they themselves were trained. In some perverted way, they have been branded, or have branded themselves, with the label of their place of training. The same is true for candidates: once a candidate begins training, the only choice for completion is through graduation from the same institute. Credits from one institute are not transferable to another, certainly not from one school of analysis to another.

In this perspective, only a radical departure from previous practices will

address the problem. The two main ones are:

- give the faculty other choices than complete unquestionable loyalty to one institute;
- give the candidates the choice to transfer to another institute if they feel their training needs would be better served somewhere else than where they were first accepted for training.

Collaboration, exchange among faculty, freedom to transfer—all these are solutions which would require something quite revolutionary for psychoanalytic institutes. Blaming social workers for stealing business, or Division 39 of American Psychological Association for insisting that psychologists be allowed to train, are no more than desperate attempts to find someone else to blame (Shorter, 1997).

Instead, we need to support efforts which are being made, in a highly ecumenical spirit, to develop common standards of training and certification. The National Association for the Advancement of Psychoanalysis (NAAP), of which many Jungian institutes in the U.S. have been members from its inception—as well as, more recently, the Zurich institute—have worked on such standards for over 25 years. These efforts are a blueprint towards establishing a broad set of definitions for what psychoanalysis is independent of particular philosophies (NAAP, 1998; NAAP-WAAP, 1998).

However, NAAP is not the only American umbrella organization for analytic training institutes. It is still in competition with the older and exclusive American Psychoanalytic Association (Kirsner, 2001). As long as the major Freudian institutes remain outside the efforts, common standards for training,

and clear definitions of what psychoanalysis is, cannot be established.

No stranger to NAAP (Eisold lectured to its membership a few years ago), the Jungian participation in these efforts could have been more clearly discussed in his article. While recognizing the damage from splits in psychoanalysis, Eisold notes, in an interview for the NAAP/WAAP newsletter, “We are finally waking up to the fact that we’re only hurting ourselves” (Marchesani, 1998, p. 3), Eisold also maintains that prestige should be a concern for candidates seeking training, i.e., approval by the American Psychoanalytic. In so doing, he seems unable to embrace the philosophy of non-sectarian standards and place the blame where it belongs, on exclusivity and monopolistic claims.

The continuing split as to who accredits psychoanalytic institutes is the most urgent one to address, not the feuds inside certain institutes (Kirsner, 2001). And as long as the American Psychoanalytic Association through its National Certification Committee is sectarian and ideological, the Jungian struggle with the Freudian establishment will continue. So will the efforts by NAAP, and its international arm, WAAP, to have the independent practice of psychoanalysis recognized.

This is the major fault line in the many splits. NAAP efforts have been fought by the major professional groups in American mental health: the American Psychiatric Association, the American Psychological Association, The American Psychoanalytic Association, and so on. In so doing, these groups have relied on the support of universities and academic institutions. Seeing the efforts of finding common standards for psychoanalysis as a

threat, they instead, more or less explicitly, promoted state-wide licenses for mental health professionals generally.

Training for what?

The effects of this fragmentation are now becoming clear in the admissions to analytic training. More often than in the past, even among applicants with superb academic credentials, a lack of basic psychotherapy experience places new demands on institutes. Having worked in agencies and clinics where little or no individual psychotherapy is conducted, these applicants must look forward to an already extensive time in training being lengthened. This is certainly the experience of the Jung institute in New York, with which I have been associated. At the same time, the market for sole practitioners of analysis is shrinking. What we are offering, in other words, is a training towards a profession with an uncertain future, a training which only becomes longer and longer.

Most studies of treatment outcomes suggest that the strength in our method of training is the supervised practice combined with personal analysis, something didactic offerings will never make up for (Frank & Frank, 1991). After all, the goal is to train someone to do analysis, a professional activity which remains synonymous with private practice. Making the conditions for such practice possible within the larger framework of mental health services is an ever more complicated and demanding task. To meet this challenge, strengthening our appeal and establishing a universal accreditation of training institutes is a must. So is the certification of psychoanalysts by one organization.

This also means burying some of the old squabbles, such as what frequency of sessions is needed in analysis proper. The issue has been raised at the most recent *Journal of Analytical Psychology* conferences to promote dialogue. Under the guise of debating what is analysis and what is analytic psychotherapy, analysts favoring a medical model seemed eager to reestablish some procedural differences between the two (Stone & Duckworth, 1999; Gibeault, 2001). At least from an American perspective, such efforts clearly clash with reality and what third party payers are willing to call "medical necessity".

It is also an issue that Freud, not Jung, brought into the analytic enterprise (Mattoon, 1981, p. 228). While Kirsch (2000) hardly mentions it, Eisold (2001) speaks of the frequency of sessions as if it ought to be a Jungian issue (p. 349). The fact of the matter is that treatment goals, frequency of visits, and other aspects of a given therapy, in the economic realities of today, are something which can only be negotiated between the two parties involved.

In a recent assessment of outcome studies, Wallerstein (2001) cites ample evidence that, already in research projects from the 1970s, treatment goals articulated by the analyst were not found particularly relevant to effectiveness. Analytic approaches may dominate certain treatments, even though they only occur once-a-week, while others, meeting three to four times, may remain primarily supportive. The analyst's expectations were one of many factors contributing to how a given therapy was conducted. Similar conclusions have been reported from projects led by Hans Strupp (Strupp & Binder, 1984, p. 274-275).

Power in numbers

When it comes to curriculum design and requirements particular to an institute's history, geography, and philosophical bent, we need not think of variations as indications of splits. Such differences, which cut across Jungian as well as non-Jungian training institutes, need not stop us from looking at ways training institutes ought to be managed and how they can develop sound procedures for doing it.

The dilemma for Jungians, even today, is that of being a very small player in the mental health industry. Due to the fragmentation in psychoanalysis as a whole, this predicament is now shared with most other schools of analysis. A rapprochement with our Freudian colleagues, as the largest of the psychoanalytic communities, would certainly be in our interest. The power to influence the market for psychotherapy is in numbers and cohesion, not in fragmentation and exclusionary politics.

The only basis upon which psychoanalysis can survive and flourish are its own standards as a particular form of psychotherapy. To maintain them, cooperation is needed in establishing what training entails, at a minimum. Agreements on institutional procedures, such as candidate rights, grievance procedures, and a code of ethics are also needed, as well as joint sponsorship of research particular to psychoanalysis. Cooperation would certainly make it easier to advocate for analytic treatments in a market place which increasingly demands power in numbers, lobbying, and marketing.

Summary

I have focused on two complicating factors in the historical relationship

between Freudians and Jungians. In particular, I have described the problems associated with the medical degree requirement at American Freudian institutes, until recently imposed on all those applying for training at their mainstream institutes. I have also touched upon problems stemming from inflated claims of scientific validation and the urgent need for a critical assessment of analytic theories based on data now available from outcome studies and cognitive psychology.

It is my contention, that the fragmentation of psychoanalysis is the result of historical differences to a far lesser extent than we assume. Theoretical disagreements, like the ones between Freud and Jung, Anna Freud and Melanie Klein, Heinz Kohut and Otto Kernberg, just to mention a few, certainly seem divisive at the time. But the more damaging events are probably those that led to outside intrusions, like the work of the various academically trained groups vying for control of the right to conduct analytic therapies. The misguided attempts to establish psychoanalysis as a medical specialty bear major responsibility in this regard, however instrumental it was in making psychoanalysis a popular form of treatment.

Prerequisite standards for admission to our institutes will remain an issue as long as the present licensing and reimbursements requirements are separate from psychoanalytic treatment. However, what we have learned in over 50 years of free-standing training is that the most important element in the successful practice of analysis is hands-on experience, eagerness to learn, and a general ability to relate authentically to self and others. These no doubt need to be augmented by teaching certain skill sets, such as

knowledge of psychoanalytic formulations and their history, research methods, psychopathology, and a host of understandings how mental health services function. As Eisold (1994) points out in an earlier article, it is also critical that we attract candidates from many backgrounds and with diverse experiences, educationally and culturally.

Analytic training is a long and arduous process and the particular skills which need to be taught may change over time. It is important, however, that these skills be taught as part of the training and not thought of as something which can be acquired in advance and somewhere else.

We also need to move away from the failed expectations of being able to have empirically verified goals and procedures. We may even have to abandon what is left of the medical model. Its main function seems to have been to provide a plausible explanation for the patient's symptoms that also was consistent with his or her worldview. Its other function no doubt has been to help analysts to determine when to make referrals for medication and hospitalization, areas, which at least in the United States, are increasingly dictated by legal and ethical stipulations (Moline, Williams, & Austin, 1998).

Analytic therapy is an open term treatment and is based on the willingness of patients to participate in setting these goals and articulating how to proceed (Kirsner, 2001). In our training we need to be able to teach clinicians to manage the anxiety of this type of an approach which, after all, is the only one we can truthfully offer.

Presently, a major reassessment of psychoanalysis in all its forms is taking place. There is certainly enough blame to go around for what happened in the past,

but an analysis of the schism between Freudians and Jungians requires more. It must assess what needs to be done today.

Even though no school of thought can feel certain that it holds all the cards, one thing is certain: psychoanalysis will never again be a medical subspecialty or a branch of academic psychology. It must stand on its own, while hopefully attracting people with backgrounds in psychiatry and psychology, as well as many other related fields, eager to become practicing analysts. It will never fit into academia, but its institutes need to learn from academic institutions that without common, non-sectarian standards and openness to new research, no discipline, no trade, can survive for very long. And if training institutes cannot find the will to do this, on a non-sectarian basis, standards will be set outside them, on the basis of criteria far less suitable, far less meaningful to its practice.

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