

## Psychodynamic Therapy IS an Empirically Validated Treatment

### Summer Session '10

There's little evidence that psychodynamic psychotherapy is effective, right? Psychodynamic clinicians should be mightily embarrassed at utilizing outmoded techniques, rooted in false science, right? Wrong. And Wrong. There is accumulating hard evidence that psychodynamic psychotherapy is as or more effective than those routinely labeled "empirically validated," and its benefits increase over time.

"Listening to Dr. Shedler's approach was very refreshing and it inspired me to continue to work in the way that I believe to be most effective. It is important to engage in the process of exploring what the patient needs to accomplish and not to pressure the patient too quickly to know what his or her goals for therapy are..."

Patricia Valequez  
Fielding student

Strengthening the doctor-patient relationship and the future of "talk therapy" is a central focus of the Alonso Center. So we devote a large part of this newsletter to exploring our contemporary understanding of what makes psychotherapy effective.

Dr. Jonathon Shedler is both a skilled clinician and a trained

methodologist, interested in uniting science with clinical work. In a day-long seminar and evening talk open to the entire Fielding community and general public, both sponsored by the Alonso Center, Dr. Shedler discussed his work in evaluating the efficacy of psychodynamic psychotherapy, and of psychotherapy in general. He is on the faculty of the University of Denver School of Medicine and, most recently, the author of a major review paper on the efficacy of psychodynamic psychotherapy in the *American Psychologist*.<sup>1</sup>

Dr. Shedler began his evening presentation by pointing out that most psychotherapy in America is based on psychodynamic principles such as the formation of a treatment alliance, careful listening, etc, whether the practitioner knows it or not. We know this from careful research examining hundreds of hours of audio and videotapes of actual

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Summer Session, Kansas City

## Teaching Psychodynamic Psychotherapy in China

Dr. Ruthellen Josselson

I was invited by the China Institute for Psychology to come to Beijing to teach “the Yalom approach to group psychotherapy” and to design a training and certification program for them through the Yalom Institute for Psychotherapy. As I am always ready for new adventures, I accepted. Preparing to go to Beijing for the first time in the fall of 2008, I realized I had no knowledge of what psychology is in China, what background psychologists there have, what they think of as psychotherapy or how they conceive of psychopathology. And there was no one to clarify these matters. The people I was talking to at the China Institute were administrators; none of the psychologists I would be working with spoke English. Although I tried to send some questions for them to answer, their responses were not illuminating to me. All I could gather is that they were psychologists (whatever that meant) and had read and were fascinated by the writings of Irv Yalom who they venerated.

As I arrived in Beijing, I felt rather like I was jumping off a cliff. I had designed an 8-day workshop that included 3 days of lectures

and 5 days of process groups that would be observed by their “senior” people. I had been to China once before (but not Beijing) when my daughter served in the Peace Corps there, teaching English. We traveled as tourists and my impression was that China was the most different and inscrutable place I had ever been. I had read all I could about China in 3 months and still had little idea about what sort of place this was. Most of what I read had been written from a Western point of view, but I knew I would be required to understand the Chinese people I would be working with from their own perspective.

My daughter had warned me that Western people who come to China are often treated as “pandas”—taken around and photographed, asked to perform or to take part in various ceremonies. Indeed, this was my initial experience. It was disconcerting not to be able to talk to anyone except for Wan—a delightful young woman whose only job for the 10 days of my visit was to look after me and translate. It took time for me to be

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We'd like to hear from you!

What would you like to see in the newsletter? What articles do you like? What are your questions about the Alonso Center at Fielding Graduate University? What would you like to know about individual or group psychotherapy, parenting, social issues, teaching or the School of Psychology?

Send us your questions and the faculty will provide answers in a subsequent newsletter (please specify if you would prefer an answer by personal e-mail or if you authorize publication of the question and answer in the newsletter).

Please send all questions to [sosherson@fielding.edu](mailto:sosherson@fielding.edu)

### The Alonso Center at The School of Psychology Fielding Graduate University

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therapy sessions.<sup>2</sup> While many therapists of all orientations say they adhere to many of these principles, psychodynamically-oriented therapists hew to them more consistently and deeply.<sup>3</sup>

## Seven Features of Psychodynamic Psychotherapy

1. Focus on affect and expression of emotions
2. Exploration of attempts to avoid distressing thoughts and feelings
3. Identification of recurring themes and patterns
4. Discussion of past experiences (developmental focus)
5. Focus on interpersonal relations
6. Focus on the therapy relationship
7. Exploration of fantasy life

(From Shedler, 2010, p. 99)

Shedler identified seven distinctive features that characterize psychodynamic psychotherapy. A refreshing aspect of Shedler's presentation is that he discusses these seven features in simple, descriptive language that stays close to human experience. All too often, he pointed out, presentations of psychodynamic theory and therapy are wrapped in arcane theories and confusing language (what is a "selfobject" anyway?).

A second aspect of Shedler's work is his meticulous review of the existing research literature. He points out that psychoanalysts have a long tradition of not carrying out careful empirical research and of getting lost in abstract, hard-to-understand language.

Psychodynamically-oriented psychologists need to do a much better job of educating people about what they do. In Shedler's words, we need to write in a more "consumer-friendly" way.<sup>4</sup>

Empirical studies indicate that psychotherapy in general is remarkably effective. Using the statistical notion of "effect size," psychotherapy is more effective than a variety of commonly accepted medical interventions for a variety of conditions. Various major meta-analyses have found effect size in the 0.70 - 0.85 range for psychotherapy. That is very robust. Compare this with the effect size of common medical interventions; for example, low dose aspirin as a preventative to heart attacks shows an effect size of 0.07. A major study of tricyclic antidepressants showed an effect size of 0.17.<sup>5</sup>

Effect sizes between such different interventions are not directly comparable, but do provide a useful point of reference.

The question remains: how effective is psychodynamic psychotherapy? Dr. Shedler focused in his talk on one of the best studies, the Cochran Library meta-analysis of 23 studies involving 1431 patients, which indicates that psychodynamic psychotherapy has an effect size of 0.97.<sup>6</sup> Again, this is a very robust finding. This finding is consistent across many other meta-analyses.

So, how does psychodynamic psychotherapy stack up when assessed in relation to other therapies that are ordinarily considered as "empirically-validated?" CBT is often described as an "empirically-validated treatment." Psychodynamic psychotherapy has an equal—or often, greater—effect size, according to a variety of studies presented by Dr. Shedler. Medications alone have an average effect size of 0.31, much lower than psychodynamic psychotherapy.<sup>7</sup>

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"I came to realize that there is a great risk that the practice of therapy may continue to shift from aiming to treat the person, towards aiming in a narrow fashion to diagnose and treat the disorders that the person has been identified with... such an approach results in a case formulation that is overly mechanical, a kind of process that has diagnosis as a frontrunner, with the person functioning merely as a source from which needed information is extracted."

Blerim Rexhaj  
Fielding student

### Empirically validated... (continued from page 3)

A key issue is how well the patient does over time after leaving their therapy. What shape someone is in on the last day of treatment is less important than their status months and years later. Shedler reviewed abundant follow-up data that indicates that the treatment effects grow after psychodynamic treatment ends. In his *American Psychologist* article, Shedler commented: "Especially noteworthy is the recurring finding that the benefits of psychodynamic therapy not only endure but increase over time, a finding that has now emerged from at least five independent meta-analyses."<sup>8</sup> It appears that psychodynamic psychotherapy sets in motion processes that lead to ongoing change in the person.

The bottom line: psychodynamic psychotherapy is at least as effective as other therapies aggressively promoted as "empirically validated." Shedler pointed out at his Fielding talk that salubrious effects of psychodynamic treatments increase with time whereas for many of the other therapies, the effect size decays over time for the most common mental disorders.

Digging deeper, Shedler posed to us the question: what are the operative elements in effective psychotherapy? The search for

For a summary in *Scientific American* of recent research on psychodynamic psychotherapy by Dr. Stuart Ablon, go to:

<http://www.scientificamerican.com/article.cfm?id=talk-therapy-off-couch-into-lab&page=2>

"common factors" underlying different therapy approaches has been a focus of our field for several decades. Ablon and Jones (1998) used videotapes of actual sessions to study the difference between how therapists *describe* what they do and what actually happens in real sessions across a variety of therapeutic orientations, particularly comparing psychodynamic approaches and CBT.<sup>9</sup> Regardless of stated orientation, adherence to a psychodynamic prototype predicted successful outcomes in both CBT and dynamic therapy. Adherence to CBT prototypes was not related to successful outcomes. In this research most CBT therapists departed from the CBT protocol in their actual work. So, the "active ingredients" are not always what we think they are. Bottom line: the active ingredient in therapy looks to be psychodynamic processes of listening and interacting.

If this is true, how come it's not more widely known? Shedler pointed to the difficulty that more academically-oriented

researchers have in understanding psychotherapy process, and their resistance to psychodynamic principles, perhaps stemming

"Many psychodynamic clinicians and educators seem ill-prepared to respond to challenges from evidence-oriented colleagues, students, utilization reviewer, or policymakers, despite the accumulation of high-quality empirical evidence supporting psychodynamic concepts and treatments (p.107)"

from the confusion of "psychodynamic" with outdated notions about "Freudian psychology." There is also the resistance from the psychopharmaceutical industry. This is a ten billion dollar industry with enormous power to shape public opinion even though the efficacy of their products may be less than other available treatments. Some psychiatrists are beginning to speak out about this situation (see sidebar, next page).

From the heated discussion at Dr. Shedler's talk, it's clear that the issue of the efficacy of psychodynamic psychotherapy is no longer an abstract academic debate. Shedler's work has been criticized for not paying enough attention to specific illness states and he discussed the need for further research in particular areas. We need to take the responsibility of encouraging those in positions of

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"...effect sizes for psychodynamic therapies are as large as those reported for other treatments that have been actively promoted as 'empirically supported'"

## Mind Over Meds?

Earlier in this decade, TR Luhrman explored the growing split in psychiatry between “brain” (pharmacological) interventions versus “mind” (talk therapy) approaches (Luhrman, 2002). She described the decreasing emphasis in psychiatric medical training on talking to patients. That split has grown worse since her book. One recent study revealed a sharp decline in visits to psychiatrists that include psychotherapy and a declining number of psychiatrists who routinely provide psychotherapy to their patients (Mojtabai and Olfson).

Dr. Daniel Carlat has been documenting this trend through his monthly publication, the Carlat Psychiatry Report. In a recent NY Times Op-Ed piece, Carlat summarized the current situation this way:

“...psychiatry has been transformed from a profession in which we talk to people and help them understand their problems into one in which we diagnose disorders and medicate them....

“While it is tempting to blame only the biologically oriented psychiatrists for this shift, that would be simplistic... Insurance companies typically encourage short medication visits by paying nearly as much for a 20-minute medication visit as for 50 minutes of therapy. And patients themselves vote with their feet by frequently choosing to see psychopharmacologists rather than therapists....

“But over the past few years, research students have shown that therapy is just as effective as medications for many conditions and that medications themselves often work through the power of placebos...” (“Mind Over Meds,” NY Times, 2010/04/25).

Luhrman, T.M. *The Growing Disorder in American Psychiatry* New York, Alfred A. Knopf, 2002

Mojtabai, R and Olfson, M, “National Trends in Psychotherapy by Office-Based Psychiatrists,” *Arch Gen Psychiatry*. 2008. 65(8):962-970.

## Empirically validated... (continued from page 4)

power within the mental health system needs to pay greater attention to psychodynamic principles and the availability of dynamic treatment. Consumers need to demand the most effective treatment. And psychologists have an ethical responsibility to inform the public about what research really tells us about the efficacy of psychodynamic psychotherapy. A

## Footnotes

- <sup>1</sup> Shedler, J. “The Efficacy of Psychodynamic Psychotherapy,” *American Psychologist*, Feb-March, 2010
- <sup>2</sup> Ablon, J. S., & Jones, E. E. (1998). How expert clinicians’ prototypes of an ideal treatment correlate with outcome in psychodynamic and cognitive-behavioral therapy. *Psychotherapy Research*, 8, 71–83. doi: 10.1080/10503309812331332207
- <sup>3</sup> The concepts of the “therapeutic alliance,” for example, comes directly from the work of psychoanalyst Ralph Greenson (*The technique and practice of psychoanalysis*. New York, NY: International Universities Press., 1967).
- <sup>4</sup> Shedler, 2010, p. 107
- <sup>5</sup> Moncrieff, J., Wessely, S., & Hardy, R. (2004). Active placebos versus antidepressants for depression. *Cochrane Database of Systematic Reviews*, Issue 1, Article No. CD003012. doi:10.1002/14651858.
- <sup>6</sup> Abbass, A., Kisely, S., & Kroenke, K. (2009). Short-term psychodynamic psychotherapy for somatic disorders: Systematic review and metaanalysis of clinical trials. *Psychotherapy and Psychosomatics*, 78, 265–274. doi:10.1159/000228247
- <sup>7</sup> Shedler, J., p. 100.
- <sup>8</sup> Shedler, J., pp. 101-102.
- <sup>9</sup> Ablon and Jones, 1998. A

## Leaving the CBT Manual Behind

Laura Luna

Despite my anxiety around completing my comprehensive exams, I was able to overcome the many obstacles and complete it. Looking back, I realized a few things. First, my fear about being discovered as “an impostor” in the field is not uncommon. Second, I’m a *student* of psychology, and as such, don’t have all the answers. Lastly, and most importantly, the time I spent completing the exam gave me multiple opportunities to reflect on my strengths and weaknesses as a scientist and practitioner. One of the greatest areas of learning for me was in the therapy portion of the exam. Ironically, most of my learning in this area was not new, it was in remembering the reason why I wanted to become a psychologist and the “humanness” that is imperative in that role. All this from a 10-year-old and a CBT manual.

I chose Cognitive Behavior Therapy (CBT) as the treatment modality with a 10-year-old client. With my client Pedro, I ‘remembered’ that it’s important to relate to people as people, not as objects or projects to be fixed. Pedro was brought to therapy by his mother because of behavioral and emotional problems. I chose CBT because it is an empirically supported treatment which can be used to provide short term therapy. I had a treatment protocol to follow, and did my best to follow

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Teaching in China ...  
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able to distinguish faces and to recognize people I had *already* been introduced to. In fact, in the introductory celebration of my visit, in a big crowd, I became worried that I wouldn't be able to find Wan again when she momentarily went off to do something else, leaving me alone. I was not only illiterate in this culture, but completely helpless.

The three days of lectures went well. I had a wonderful interpreter, a woman who had translated my book, *The Space Between Us*, into Mandarin, so she was familiar with my thinking and language. The 50 students raised thoughtful questions and seemed to be "getting" my presentation on the theory and technique of group psychotherapy. Many volunteered that they were running therapy groups, but I still wasn't sure that what they meant by therapy was anything like what I meant. They were enthusiastic about whatever I said or did, but was that because the ideas were meaningful or because it was such a novelty to have a Western teacher? I had already come to understand that the Chinese revere authority and teachers are always to be respected and obeyed. That no one challenged me or brought other ideas, then, perhaps said more about their culture than about the reception of my ideas. And I couldn't be sure just what they were hearing. Often people asked questions that took several minutes of speech while my interpreter spoke only a few sentences. What was I missing? How could I engage the subtleties that are so important in communication?

Doing the lectures was straightforward. I talked, they listened. I did, however, become aware of the borders of culture a number of times. Vignettes I had in my talk that concerned siblings, for example, made little sense in a country where only one child is permitted by law. But these gaps we could traverse. Approaching doing the process group

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*Teaching in China... (continued from page 6)*

was another matter. I had no idea what I would encounter trying to work deeply with real people, people whose experiences had been so different from my own. How would I deal with what might come up? I had decided to do 15-minute interviews with each of the participants, interpreter of course by my side, just to get some basic idea of who the people were who I would be working with, what their backgrounds were, what their families were like, etc. As I began, I felt extremely anxious as I confronted what seemed like an impossible task.

Xiao Jin entered for her individual session and I asked her what kinds of changes she thought she might like to work towards in this process group, a standard preparatory session question. She looked at me searchingly and began telling me about her life, about often feeling disconnected from people, and then she began to cry. This moment was a turning point for me in the whole experience. When I saw her tears, something in me clicked into place. I remembered that I am a therapist and a person who knows how to connect with the pain of being human. I was able to respond to Xiao Jin with feeling and empathy and in so doing, took up my role.

Since that moment, I have conducted many process groups in Beijing and supervised 5 ongoing psychotherapy groups using Skype. I have become accustomed to working through an interpreter and I have witnessed the progress of my students as they grow more expert in working in the here and now with their patients (and themselves). They have become better therapists, in my view and in their own.

Psychotherapy is relatively new to China. Only in the past 15 years or so have they set about trying to learn Western approaches, and they have been doing this by translating and reading books. But there is only so much about psychotherapy one can learn from reading and they recognized their need for a teacher. What I have offered them is an opportunity to experience expressing their feelings and responding to others' feelings and experience. Their approach to psychotherapy had been largely exhortative: telling others (kindly) how to solve their problems.

I have brought to them the possibility of opening in others internal pathways to growth through providing a holding environment in psychotherapy, containing experience and conflict, recognizing and reworking ingrained patterns from the past and the healing power of corrective emotional experience.



I still can't say that I understand how mental health services are structured in Beijing. Most of my students work in clinics attached to hospitals; some work in counseling centers of Universities. The problems they work with seem familiar to me: depression, relational conflicts, crippling anxieties. They struggle, as we all do, with how to balance their own needs and the needs of others. I have been most aware of cultural differences in regard to the obligation to care for parents, a paramount necessity of being a respectable person in China, and care and obedience often blend, making for a lot of internal (and often external) conflict.

I have found the Chinese to be exceptionally expressive about feeling. They locate feeling in the heart and relish the chance to speak "from the heart." They can be quite aggressive and critical of others and are also very loving. In one very moving group session, Lin said that the previous night, she had looked in the mirror to see herself, feeling that she didn't know who she was.

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*Teaching in China...*  
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She reported a dream of going shopping and someone pressuring her to accept fakes. The group then entered an intensely revealing phase about yearning for connection and about authenticity. At this point, everyone in the group was in tears. And I was filled with the pain of feeling so close to them but unable to contact them directly. I could speak but they'd have to await the translation to know what I had said. I shared this experience with them, fighting back my own tears, and that became another turning point in my relationship with them. Beyond language, we share something deeply human.

Perhaps the most moving moment for me came in my last visit there. I was conducting another process group and the group was dealing with the need for and expression of love. The group was at a somewhat advanced stage and was exploring the ways in which they loved one another and how to deal with knowing that they loved one another differently and unequally. The next morning Chan, an older male psychiatrist from a different province in China—a man who had a lot of difficulty naming and expressing feelings—told the group that something important happened last night. He had called his wife of 25 years and for the first time told her that he loved her. If nothing more were to come of my work in China, I will always treasure this moment.

... opening internal pathways to growth ... containing experience and conflict, recognizing and re-working patterns from the past and the healing power of corrective emotional experience

What I have learned most generally, I suppose, is about the universality of human need and want. We all want and need love and connection, competence and validation. When these are lacking, psychological structure is distorted in various ways and symptoms or distress results. We always wish for more of others than we get and have to manage disappointment. Other people treat us in ways that hurt and anger us and we have to find a way to respond. We don't live up to our own ideals for ourselves. Across this vast cultural difference, we are more alike than not. I am well aware that my Western approaches will be modified by my Chinese students to fit their sense of their cultural needs and that is as it should be. I think they have learned much from me and I have learned even more from them. Most important, I have grown to love them.

AC



*Leaving the manual... (continued from page 5)*

the techniques which makes CBT an effective mode of therapy. However, I deviated from the proscribed ‘manual’ frequently, for multiple reasons.

First, I didn’t always give Pedro “homework” to reinforce what we had talked about in session. Sometimes the sessions weren’t a “lesson” or an identification of cognitive biases, all-or- nothing thinking or personalization. Sometimes the sessions were an opportunity for Pedro to sit with an adult and be heard. I know that this may not always be indicated with some children. But Pedro had a *voice*, and in the din of “you can’t do this” and “you should be this way”, it had been lost. In the time we spent together, I wanted to make sure he found a space where he wasn’t silenced because he was a child. And Pedro took this opportunity to voice his concerns and his view of the world and his difficulties. Sure, Pedro met

criteria for ADHD and Depression, and my conceptualization did indeed find that Pedro’s negative self talk and personalization made his depression worse. These *were* addressed in the

... it’s important to relate to people as people, not as objects or projects ...

sessions. However, I do believe that it was in the relationship that we developed where Pedro began to alter his sense of self. In other words, it was not enough to tell Pedro that contrary to his belief he was a ‘good boy’ it was necessary to *show* him that he was a worthy individual. Worthy of my undivided attention, and (at least for those 45 minutes) a person with many things to offer and share.

Although it was difficult in my write-up of this case to separate the highly manualized nature of CBT from my highly personalized view of therapy, it was not difficult at all in session. To me as a therapist, Pedro was a person from the outset. He was never a set of symptoms to be managed, nor a diagnosis to be checked. My rapport with Pedro was just as important as my effectiveness at applying CBT techniques, and one without the other would prove useless. It was anathema to reduce Pedro to his behavior (sorry, Skinner) or to ignore the impact that our relationship would have on his view of the world and others in general. The power in this case—and in therapy in general—is just as Wampold (2001) suggests: not in the specific technique, but in the power of the alliance. When I asked Pedro what kind of therapist he wanted after I left, he shared that he wanted the person to be “just like [me].” Pedro probably couldn’t verbalize that it was our relationship which he wanted to replicate, but I think it’s safe to say that his response means we created something together that was useful to him. Even if it wasn’t in the *AC* manual.

## References

Wampold, B. (2001) The great psychotherapy debate: Models, methods and findings. Mahwah, NJ: Erlbaum.

*Laura entered Fielding in 2006. She lives in Massachusetts with her husband and 4 month old son, Emmanuel* *AC*



## Anne Alonso and Right Turn

### An Appreciation

Rivkah Lapidus

It is very hard to recover from anything when your shame about the thing from which you are recovering is reinforced by your community, your intimates and sometimes the world of professional treatment. This is poignantly true, I have found, for people who have been dependent on substances. Addicts are seen in contradictory ways—as persons with a disease, and as persons whose poor choices, criminal leanings, or inability to handle recreation are responsible for their state. I have often been moved by the humanity and the struggles of many addicts I have worked with as they endeavor to repair their lives, in contrast with the mistrust they engender in others. I have so many colleagues, in psychology, clinical social work and psychiatry who refuse work in the addictions field because of its many difficult challenges. I often think of Erving Goffman's classic work on stigma in institutions when I look at some addictions treatment programs.

Psychotherapists who believe in the centrality of interpersonal relationships and the role attachments play in developmental

advance and in healing are also aware of the social factors that contribute to pathologies which may support or inhibit recovery. It is my hope that more psychologists will apply their insights, critical thinking and empathy to the



Anne and Woody

world of addictions treatment and recovery.

So, I was pleased to be introduced to *Right Turn*, where the mission of respectful addictions treatment is key. It is a place where people's artistic creativity is honored and where the environment is welcoming. And, the Fielding community should know about Anne Alonso's role in supporting this small and exemplary clinic

Woody Giessmann, a drug counselor, painter, songwriter and ex-drummer for The Del Fuegos, started Right Turn in March of 2003 to provide addictions treatment especially for creative people. Motivated by his experience as a creative person with a

drug history and as a counselor, he created a unique treatment approach incorporating creative expression into addiction recovery models. Right Turn brings creative people together in a safe haven for exploring their art and preserving their creative gifts. A continuum of tailored services can be accessed in a single setting.

Woody tells us that he was introduced to Anne Alonso after her daughter, Marjie, learned of the work he had been doing with some artists and entertainers. Dr. Alonso invited Woody to lunch to talk about his approach to an abstinence-based model that could incorporate creativity in the treatment of addictions. Thereafter, the Alonso Family Foundation offered to donate funds to open an office for this program which was to be named "Right Turn." Woody tells us: "Anne said, 'let's turn on the phones and see what happens...with no expectations; let's just see what happens.'" She was insightful and encouraging. Following the inception of the Program, she sent late night emails of encouragement to me every step of the way. We all miss Anne and are very grateful for the support of the Alonso family. Right Turn - A Creative Place For Recovery is a success today because of the support of Anne Alonso."

Motivated by his experience as a creative person with a drug history and as a counselor, he created a unique treatment approach...

Rivkah Lapidus graduated from Fielding 2005. She currently lives in Somerville, Mass, with her husband, Todd, and their two daughters. She is an artist working on drawing, and a photographic memoir of family history. In addition to her private practice, Rivkah works with people transitioning from homelessness as an outreach clinician.



## Freud and “The Jewish Science”

Yisroel Loeb

There are those who’ve suggested, rather than being housed in the psychology section of libraries, books on psychoanalysis should be shelved under Judaic Studies. This idea has been proffered both to disparage psychoanalysis and to praise it (Frosh, 2005). Altogether there has been much debate about the genealogy of Freud as a Jew and how, if at all, this may have affected the course of psychoanalytic theory.

As is well known, Freud hoped Jung would become his successor as the leader of the psychoanalytic community in order to avoid branding psychoanalysis as only a “Jewish science”. Whereas Jung had stated that his theoretical differences with Freud were due to “national characteristics” (Bair, 2003), in 1913, Freud wrote a letter to Ferenczi, referring to the dissention of Jung, that “there should not be a particular Aryan or Jewish science” (Brabant, Falzeder, and Giampieri-Deutsch, 1992, p. 490-491).

Freud himself appears to have been conflicted about his Jewish identity and how that may have affected psychoanalysis. On the one hand, Bakan (1958/2004) suggests that Freud was influenced by the Jewish mystical tradition. Others such as Gay (1987) have argued that Freud was a secular Jew devoted to creating a science that was apart from his cultural heritage. Salberg (2007) argues that Freud attempted to blend these two traditions, assigning logos (logical proof) to the Greek and pathos to the Judaic (emotion, passion): “Ultimately, Freud creates a new field, psychoanalysis, which embraces science (logos) only to subvert it. He undermines his Greek rational logic with Jewish interpretative sensibility. The very process of interpretative examination both reveals and suggests the inability to ever fully know ones’ own mind, to ever be only the object or the subject of investigation.” (p. 213-214).

From his earliest writings to his last great work, *Moses and Monotheism*, Freud attempted to balance the European and Jewish influences within himself. His inability to successfully bridge these two worlds, or discard one of them, left him with a lifelong struggle. The fact that late in his life, Freud returns to the question of his own Judaism underscores the importance that it held for him. Fuks (2008) argues that these questions can

never be answered and that Freud’s very ambivalence and criticism of Judaism speaks of his commitment to Jewish ethics:

If Freud’s critique of Judaism may be taken as a sign of his deep-rooted unfaithfulness to the religion of his parents, it should be borne in mind that he nonetheless expressed an equally deep-rooted adherence to Jewish ethics,,,,, Freud is close to those who practice and conceive of Judaism as an ethics, a relation to life and the unexpected. In this sense he created conditions under which he could constantly enter and exit from the Jewish community, in a process that had a point of departure but no points of closure (p. 67).

Freud’s attitudes toward his own Judaism towards the end of his life was evident in an address he gave at the Society of B’nai

B’rith on his 70<sup>th</sup> birthday in 1926, in which he expressed gratitude to his fellow Jews for offering him welcome when he felt increasingly isolated in Vienna as a result of his “unpleasing discoveries” about human life:

“I felt as though I were despised and universally shunned. In my loneliness, I was seized with a longing to find a circle of picked men of high character who would receive me in a friendly spirit in spite of my temerity. Your society was pointed out to me as the place where such men were to be found....(T)here was a perception that it was to my Jewish nature alone that I owed two characteristics that had become indispensable to me in the difficult course of my life. Because I was a Jew, I found myself free from many prejudices which restricted others in the use of their intellect; and as a Jew, I was prepared to join the Opposition and to do

so without agreement with the ‘compact majority’!

“So it was that I became one of you, took my share in your humanitarian and national interests, gained friends among you and persuaded my own few remaining friends to join our society. There was no question whatever of my convincing you of my new theories; but at a time when no one in Europe listened to me and I still had no disciples even in Vienna, you gave me your kindly attention. You were my first audience.” (Freud, 1926).

Anti-Semitism played a significant role in shaping Freud’s identification with his fellow Jews. In 1926 Freud stated in an interview “My language is German. My culture, my attainments are German. I considered myself German intellectually, until I

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Freud... (continued from page 11)

noticed the growth of anti-Semitic prejudice in Germany and German Austria. Since that time, I consider myself no longer German. I prefer to call myself a Jew.” (Viereck, 1930, p. 34 qtd. in Diller, 1991, p. 116).

## Anti-Semitism played a significant role in shaping Freud’s identification with his fellow Jews

In this statement, Freud is speaking for the disillusionment of his generation of the Jews who had experienced both the emancipation of the Austrian empire in 1867 and the consequent backlash of anti-Semitism. The act of aligning himself with his fellow Jews was an act of defiance to a mainstream culture that was persecutory. This may not be Jewish in the religious sense but it is surely culturally Jewish.

Interestingly, Anna Freud, upon the founding of the Freud professorship at Hebrew University in Jerusalem, spoke about the rejection that psychoanalysis received by academia. She stated that psychoanalysis was “being criticized for its methods being imprecise, its findings not being open to proof by experiment, for being unscientific, even for being a ‘Jewish science’”. However the other derogatory comments may be evaluated, it is, I believe the last-mentioned connotation which, under present circumstances, can serve as a title of honor” (A. Freud, 1978, p. 148).

In contrast, Gay (1987) states in *A Godless Jew*,  
...”the claim for the Jewishness of psychoanalysis based on its materials or its intellectual inheritance have proven to be without foundation. The claim for an elusive Jewish quality that somehow, mysteriously, informed Freud’s work, a claim he seems to have endorsed, is too insubstantial to carry the

weight that some biographers have put upon it... Freud, I conclude, was a Jew but not a Jewish scientist” (p.147-148).

Yet there are many similarities between psychoanalysis and Judaism. A prime example of this phenomenon is a story that Freud’s father (Jacob Freud) told him when he was ten or twelve years old. This story is well known and is documented in *The Interpretation of Dreams*.

“When I was a young man I went for a walk on a Saturday in the town you were born in, wearing my best clothes and with a new fur cap on my head. Then a Christian comes along, knocks my cap in the mud with a single blow, and shouts “Jew! Get off the pavement!” — ‘And what did you do?’ — ‘I stepped into the road and picked up my cap,’ came his impassive reply. That did not seem to me very heroic of the big, strong man who was leading me by the hand. I compared this situation, which I was not happy about, with another more suited to my feelings: the scene where Hannibal’s father, Hasdrubal, makes his son swear before the domestic altar to take revenge on the Romans. From that time on, Hannibal had a place in my fantasies.” (1900/1999, p. 151).

In this excerpt we see how in the eyes of Freud, anti-Semitism and gender become entwined and thus emasculating and humiliating. Salberg (2007) states that for many writers this story is the starting point for understanding Freud’s Jewish identity and its affect on psychoanalysis. In reality the way Jacob reacted in the story was in keeping with the way Jews responded to anti-Semitic acts at the time, as was noted in Bergmann (1979): “A Jew was expected to be able to control his anger, not to be provoked; his feelings of inner dignity were

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## From his earliest writings to his last great work, Freud attempted to balance the European and Jewish influences within himself...

## Freud... (continued from page 12)

sustained by a belief in his own spiritual superiority which a ruffian and a “goy” can in no way touch” (p. 124)

However the reaction by Freud symbolized a change in the Jewish attitude towards anti-Semitism during the period of emancipation. Rather than viewing this incident as a normal reaction, Freud viewed the reaction of his father as cowardly, passive, and shameful.

Jacobs (1997) argues that from this story we see how anti-Semitism and the reaction by his father played a role in the formation of Freud’s theories of the Oedipus and castration complexes. This story evoked an emotion of emasculation within Freud that was due to the racialization of the male Jewish body because it is circumcised as opposed to the male Christian body. This can be linked to Freud’s theories of penis envy and castration anxiety. Jacobs (1997) quotes Freud (1911): “The castration complex is the deepest root of anti-Semitism; for even in the nursery little boys hear that a Jew has something cut off his penis—a piece of his penis, they think—and this gives them the right to despise Jews. And there is no stronger unconscious root for the sense of superiority over women” (SE 10:36 qtd. in Jacobs, 1997, p. 36).

In *Moses and Monotheism*, Freud (1939) talks at great length about anti-Semitism and places great emphasis on the connection made between circumcision and castration. Gilman (1993) states that in 19<sup>th</sup> century the slang for the clitoris was the “Jew”. Gilman (1993) point out further that the view of the deformed nose of the Jew was a unconscious “displacement upwards” of the damaged Jewish penis and link to the feminine. It is very likely that Freud, along with many Jewish men internalized anti-Semitic ideas about circumcision and thus thought of themselves as feminized and castrated (Cohen, 2005).

There are also similarities in theory and practice between Judaism and psychoanalysis. As is well known, Freud utilized biblical figures as reference points and as figures he emulated throughout his life. The most famous of these figures was Moses, who figured prominently in his book *Moses and Monotheism*. Another biblical figure that was important to Freud was Joseph, who figured prominently in *Interpretation of Dreams*. Freud seems to have drawn inspiration from this Biblical figure who interpreted his own and other’s dreams much like he did.

There is an alternative way of understanding the Biblical story of Joseph and his father Jacob. The following is largely based on the book *The Beginning of Desire* (1995) by Aviva Gottlieb Zornberg. Zornberg uses as a reference point the eleventh century scholar, Rashi whose

commentary on the Torah (Jewish Bible) still remains central to its understanding. In chapter 37 of Genesis it states: “And Jacob was settled in the land of his father’s sojourning, in the land of Canaan. These are the progeny of Jacob, Joseph being seventeen years old was feeding the flock with his brothers” (1-2). The

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## Freud... (continued from page 13)


obvious question that is asked is that usually after starting with "these are the progeny" it would list the children of that person. However in this case it appears that the existence of Joseph stymied the attempt to take stock. Rashi comments on this passage:

Jacob wanted to live at ease, but this trouble in connection with Joseph suddenly came upon him. When the righteous wish to live at ease, the Holy One, blessed be He, says of them, "Are not the righteous satisfied with what is stored up for them in the world to come that they wish to live at ease in this world too?"

We see here a very postmodern idea that "we become 'settled' only at the great price of relinquishing our awareness of our deeply unsettled nature" (Frosh, 2005, p. 183). Zornberg (1995) elaborates on the wish by Jacob to be "settled" in that many times we make the mistake that we have the ability to impose order on our lives, when in reality it is all too fragile. The fantasy of imposing order and "settledness" in the face an unconscious realization that this is impossible is a prominent theme in psychoanalysis. Freud himself after WWI suggests that the desire for calm is a "death drive" to obtain a state of being that can only come at the cost of what makes us human (Frosh, 2005).

Perhaps the most central theme in psychoanalysis is the authority given to the primary unconscious mind. It is not difficult to discern the parallels between the primary unconscious and the God of the Jews. Both are paradoxical in nature in that we cannot see them but they have untold power over our destiny. Freud

explains the unconscious in much the same way. Jesus, in explaining his devotion to the Torah and to God, says to the Scribes in the Gospel according to Saint Mark: "He is and no other is but him". We also know from the Talmud that God looked into the Torah and created the world. Thus the Torah was created long before this world was in existence. The view of God as a passionate, loving, merciful God, yet at the same time obtaining a desire for revenge, is not unlike the unconscious (Enckell, 1988).

Psychoanalysis is saturated with Judaic themes and images. Yet, beyond all the specific examples and comparisons between Judaism and psychoanalysis there is one important underlying theme: psychoanalysis, which to a great extent is about the role of the absent and invisible in one's life, draws from the Jewish tradition that of something invisible, beyond our  control directing our actions.

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