

The Problem with Psychoanalytic Psychotherapy, by Kirsty Hall, Nicola Godwin and Iain Snell (2010) (pp 75) London: Karnacs.

This book is well timed as it adds grist to the current counselling and psychotherapy regulation debate. It is part of a series of publications, with the aim to investigate inherent theoretical and practical problems of the three main branches of psychotherapy: psychoanalytic, humanistic and cognitive-behavioural therapies.

In Chapter one the authors highlight some of Freud's main concepts such as the topographical and structural map of the mind, the Oedipus Complex and love-transference. Freud's paper 'The Question of Lay Analysis', which was written in defence of Theodor Reik, who practiced as a non-medical psychoanalyst, outlines Freudian psychoanalysis. The success of Reik's trial opened the gate to viewing psychoanalysis as a psychological treatment, thus introducing a whole range of regulatory problems, as practitioners did not have to be registered doctors anymore, at least in Europe.

Another problem, amongst the many highlighted, was that psychoanalysis was by some seen as a form of confession - 'Foucault criticised therapies for using the format of confession as this could be used as a way of imposing power and control of people's sexual lives' (p.6).

The use of interpretation and taking words at face value exemplify another set of serious problems between the followers and dissenters of psychoanalysis. Psychoanalysis is a 'talking cure'. Freud's advice is to read between the lines i.e. listen to the repressed content. The authors point out that 'such a practice is notably absent from manualised therapies and from the ever-expanding guidelines produced by NICE and others' (pp16-17).

Chapter two, three, and four are a fast-track course on the movement that grew out of Freudian Psychoanalysis: Analytic Psychology, British Object Relations, Ego-Psychology and the Lacanian School. For example Klein followed Freud but shifted the focus to early infant development, which Bion expanded on and drew parallels to working with adults who lacked sufficient containment in infancy. An inherent problem with all Object Relations, the authors argue, is that their theories responded to a pre-and post war Britain and need to be adapted to cultural values and problems

of today. Here the authors could have mentioned that adaptations do exist - see for example Val Richards who updated Winnicott's theory. With regards to Kleinian theory, the authors raise the point about Klein's focus on young children which led to an overemphasis on searching for client's problems in early life at the expense of attending to more current problems. Then there is the big question of whether psychoanalysis is scientific as it lacks rigorous research components. Bowlby fairs well in the scientific community as he introduced the tools and concepts of empirical research. In contrast, Jung's theories 'have a more humanistic and spiritual quality' (p.21). The therapeutic focus is on unifying rather than seeing human nature as being divided. His detailed observations are descriptive thus not strictly scientific. The philosopher Paul Feyerabend argues that there is a tendency to overvalue science - science is not as rational and progressive as previous generations of philosophers have claimed.

Paradoxically for Freud, but more so for his American followers, lay analysts posed a serious problem, namely that psychoanalysis lost its scientific face. For this reason, the American Psychoanalytic Society (APA) maintained a closed shop policy, which caused a rapid decline in psychoanalysis. Only in 1988, after three decades of highly charged battles and a court case, did the APA allow non-medics to train in psychoanalysis. The exclusion of lay analysts was not only to maintain psychoanalysis as a natural science - which is never the real reason - but a way to protect incomes. The authors note that 'Advances in medical science and the use of drugs to treat mental illness, added fuel to the debate about the scientific validity of Freud's thinking' (p.41).

The US analyst Robert Wallerstein called 'for systematic psychoanalytic research that would require cooperation with other scientific disciplines' (p.42). The authors question the validity of empirical research in mental health which relies on proscribed language, the main argument being that mental health problems are often rooted in a disorder of language and thinking. This is one of the reasons why Lacanian psychoanalysis is not suited for empirical research because it uses language to uncover the unconscious 'in the interest of the widest possible expression' (p.48).

Freudian thinking was not only challenged by scientists or creators of health policies but also came under attack by Feminists from within and without the psychoanalytic movement including Nancy Chodorow, Virginia Golder, Adrienne Harris and Judith Butler. One outcome of these debates was that Gender studies became a subject in its own right.

In chapter five the authors explore the pros and cons of manualising psychoanalytic therapy. On the pro side Roth and Fonagy (2005) argue that psychotherapeutic interventions that relieve mental suffering, regardless of theoretical orientation, need to be tested by means of replication - thus paving the way towards reaching a kind of scientific truth. Roth and Fonagy believe that ultimately therapy could become manualised. The general message of those who subscribe to Freud's advice to read between the lines and listen to the repressed are hard to win over. As clinical experience over the last hundred year has shown, it can take years to undo the resistance against unbearable truths.

The authors make the point that there is a widespread perception that science can do everything. Evidenced-based psychotherapies such as CBT and interpersonal therapy are the chosen favourites in the NHS. The authors point out that '(...) current treatments are moving in the direction of increasing manualisation, and self-administered computerised CBT programmes' (p.56).

Evidence has shown that short-term CBT only works for 50% of people.

The conclusions are full of meaty arguments - weighing up the advantages and disadvantages of psychoanalysis. History has shown that Freud has come under fire since the beginning of 1900, and this is not set to change. CBT produces quicker results in the short term and is therefore more financially viable. The scientific verification of Freudian metapsychology would be a difficult task to undertake. Darian Leader (p.70) says that researchers today tend to focus on surface behaviour, dubious biochemistry and shallow psychology: 'Nowhere in the statistics and charts was the actual reported speech of patients themselves, as if listening no longer mattered' (Leader, (2008, p.5).

Are Randomized Control Trials (RCT) in the field of psychoanalysis useful? Is it the right method that could for example test the hypotheses: should transference-love be encouraged or discouraged in clinical practice?

This is a well-researched book and brings to light a wide spectrum of inherent problems that require serious reflection. I would recommend this book to every counselling and psychotherapy student / practitioner as well as all the people involved in writing health policies.

Brigitta Mowat is married and has two grown-up children. She is a UKCP registered integrative psychotherapist in private practice and lecturer on the MA/PgD programme in Contemporary Therapeutic Counselling at the University of Hertfordshire.