

about a downturn in suicide rates. There is no certainty in this however. If, however, in Ireland, we clearly delineate the baseline using reliable criteria of suicide and if we continue to improve our data collection in the manner described, then we will be in a good position to confidently assess the efficacy of any national programme put in place.

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## LETTERS TO THE EDITOR

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### Training in psychodynamic psychotherapy: the psychiatric trainee's perspective & Commentary: a reply

Sir – Following on Trigwell *et al*'s paper on *Training in psychodynamic psychotherapy: the psychiatric trainee's perspective* and Prof Clare's comments,<sup>1,2</sup> I feel that a degree of clarification is required regarding the nature of psychoanalysis (and by implication, psychodynamic psychotherapy) as a science, and that the status of knowledge in psychoanalysis has implications for the way it is taught.

The authors, of both paper and commentary, are critical of the claims of psychoanalysis to be a science. Prof Clare regards such claims to be the product of fundamentalism. However, even modern day physics has challenged some of the tenets of the Popperian notion of science and as a result the definition of "science" has broadened. Clearly, psychoanalysis does not obey the demands of Popper's definition. We might posit psychoanalysis as the science of the particular of the human subject, with neuroscience, for example, as typifying the science of the general, of categories and groups. Psychoanalysis proceeds from a clearly outlined ethical position on the part of the analyst which removes analysis from the domain of art or magic. A pure opposition of science and psychoanalysis is no longer tenable and we should be aware of the scepticism necessary in considering any apparently "scientifically proven" data, even in the field of neuroscience.

The writings of Jacques Lacan are invaluable in this debate. Although he has been discarded by many as being obscure and unreadable, Lacan has, in fact, removed much of the confusion within the body of psychoanalytic theory due to the ego psychology school through his return to the Freudian text.<sup>3</sup> Based on the obvious primacy of speech and language in analysis, he has provided a logical exposition of the ethical position of the analyst and has given a very clear direction for the progression of an analysis. His comments on science and psychoanalysis are instructive in the light of the above discussion. Lacan's project encourages a move from the question "Is psychoanalysis a science?" to "What is a science that includes psychoanalysis?"<sup>4</sup> Both psychoanalysis and science, he says, arise from the same basis; this basis is what Lacan calls the real (that which ultimately escapes language but which the human subject seeks to master through language).<sup>4</sup> Science is one way of trying to tie down this real - psychoanalysis is just another, as is philosophy. The real means that there can never be a *Weltanschauung*, a unified theory of the human subject. This common origin of science and psychoanalysis would suggest that dialogue between the two can be

more than a mere assertion of the ultimate correctness of one or another viewpoint. European analysts in particular have been keen to foster such dialogue. It is heartening that a recent congress in Ghent University, Belgium on "Freud's Pre-Analytic Writings" opened with a plenary lecture by Adolf Grunbaum, one of the most serious and dispassionate critics of psychoanalysis.

The authors of the paper are unimpressed by the uncritical way in which psychoanalytic theory is taught as indisputable fact, and of course they are right to be unimpressed. Lacan's theory of the four discourses is essential in the context of the teaching of psychoanalysis and its supervision. A brief exposition of this theory is as follows; two of the "discourses" are the master discourse and the university discourse. The master discourse is that adopted by much of medical science, wherein the doctor is the "master" of indisputable knowledge. The university discourse (the discourse of quotation and citation) is the logical sequela of this where a master is erected as the one who knows and who is quoted, thus absolving he who quotes from any responsibility for what is said.<sup>5</sup> There is a danger in any kind of teaching that such a university discourse will be employed; this encourages either ideology or absolute rejection of what is taught. Clearly any science which addresses subjectivity has to be taught in a more open way than this.

That is why Lacan insisted that in learning psychoanalysis, as in the praxis of psychoanalysis, the text above all must be privileged. He returned to the Freudian text, not some distillation of the Freudian oeuvre from someone else's pen. In reading Freud we each read something different; our own subjectivity is always involved. A supervisor must take cognisance of this in listening to the opinions of trainees. The supervisor is in a similar position to the analyst. In analysis, the analyst must refuse the position of "le sujet suppose savoir" ("The subject presumed to know" by the analysand).<sup>6</sup> He must maintain a 'docta ignorantia' about theory in the analytic session. Analysis is not about the analyst unilaterally imposing his interpretation on the analysand, or about the blind application of a preordained theory; interpretation should more in the form of a questioning of the emergence of the unconscious out of the discourse of the analysand. Similarly, the trainee will not learn much if the supervisor is dogmatic, bound by his view of Freud (or for that matter, of Lacan) as a master figure. The status of knowledge in psychoanalysis is not as objective, absolute truth, but as the truth of the subject's own unconscious. Therefore it is difficult to advocate psychotherapy training which does not include the trainee's own therapy.

Many of the psychiatric disorders with which we are confronted defy methods of treatment based on pure biological science – eg. somatoform disorders, or personality disorders. Most patients will not want psychoanalysis, but psychodynamic issues such as transference and countertransference will be unavoidable in any therapeutic relationship. These concepts might not be easily adapted to an MCQ answer but a good understanding of them may help avoid therapeutic disasters. From a broader viewpoint, psychoanalysis, particularly Lacanian analysis, has had an immeasurable impact on philosophy, literary theory, feminism, and political theory, and if we lose psychoanalysis we may also lose the richness that these disciplines add to our study of human subjectivity. Clearly, methods of teaching psychodynamic theory must be subjected to rigorous discussion. However, for psychiatry to abandon psychoanalysis could lead to a stagnation in our approach to knowledge and science.

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#### Training in psychodynamic psychotherapy: Quo Vadis?

*Sir* – The article by Trigwell *et al.*,<sup>1</sup> and the subsequent separate commentary by Clare<sup>2</sup> should stimulate further debate on training in psychodynamic psychotherapy for psychiatric registrars. Trigwell *et al.* highlighted their “subjective difficulties” in adjusting to such training. What follows is another subjective impression, but this time from the “other side of the fence”.

Trigwell *et al.* began by noting that in the US there has been a dramatic reduction in the time “devoted to the learning and practice of psychoanalytic psychotherapy” – from 50% in the decades following World War II, to as little as 2.5% nowadays. (However, these figures are somewhat confusing as the authors confound psychoanalytic with psychodynamic psychotherapy). What Trigwell *et al.* did not mention was that in the US the practice of psychoanalysis was exclusively restricted to medical doctors up to about a decade ago. In recent times American clinical psychologists have begun to take over the provision of a broad range of psychotherapies. Concurrently, psychiatric training in the US has become more biological and technological in orientation.

Fortunately, on the continent of Europe, this split between the biological and the psychological approaches has rarely been as striking as in the US. Nevertheless, psychiatry in Ireland has been increasingly leaning towards the ‘American model’. This may be due, in part, to the fact that Irish doctors, for historic, cultural and linguistic reasons, tend to go to the US for postgraduate experience and training – to a degree rarely found in other European countries.

Within American psychiatry, concurrent with the move from psychodynamic psychotherapy to a more bio-technological approach, there has been a sharp decrease in the duration of inpatient hospital stay.<sup>3</sup> The ‘time is money’ attitude has put considerable pressure on traditional forms of psychodynamic psychotherapy, where it has always been argued that it takes time to achieve something worthwhile – such as substantial emotional and behavioural transformation.

This brings us back to psychotherapy training. Broader and more inclusive training from the beginning may help to deal with the inter-disciplinary problems to which Trigwell *et al.* referred.

Trigwell *et al.*, also complained that psychodynamic theories were presented as dogmatic ‘truths’, ‘certainties’, and ‘discoveries’. I agree that it is more helpful to present psychodynamic theories as hypotheses and psychological constructs.<sup>4</sup> But psychodynamic theories are not the only ones which have been charged with the accusation of dogmatic presentation. Psychiatry too has at times been taught from the position of positivist factual certitude and is often examined by multiple choice questions which assume, with realist confidence, that *the* answer is beyond debate. A century from now shall we be as critical of current psychiatry for being relatively ‘unscientific’, in the fuller sense of the word, as we are today of Freud’s writings of a century or so ago? Should, or can, psychotherapy really follow the steady drift away from the ‘Art of Medicine’ towards the (biological) ‘Science of Medicine’, ie. towards medical materialism?

It may well be that an exclusively biological grounding makes the acquisition of a psychodynamic perspective difficult. I can empathise with the complaints of the three psychiatric registrars undergoing training in psychodynamic psychotherapy. With my own original background in genetics I had similar initial difficulties in comprehending and feeling comfortable with the more elusive psychological constructs. The problem here is that one is addressing different domains – with biology focussing on the external and objective, and psychodynamics being primarily concerned with describing the process of construction of internal subjective reality. Both must be considered in dealing with the human condition.

Some serious attempts have been made to teach, and conduct research into cognitive behavioural psychotherapy along objective scientific lines.<sup>5</sup> However, whilst this is welcomed and promising, research into the dynamic psychotherapies is most unlikely to attract anything like the same level of funding as pharmacotherapy, or to attain such levels of scientific rigor as to assuage its critics. This is because, as already alluded to, psychodynamic psychotherapies mainly address the internal world of convert experience, which includes our memories, emotions and defences. Neither this subjective domain, nor the “inputs” of psychotherapists are as readily quantifiable as the fixed dosages of pharmacotherapy. Thus the insights emergent from the practice of dynamic psychotherapy are fragile in two directions – namely they are difficult either to prove or refute!

This lack of scientific scrutiny makes psychotherapy open to the charge of being ‘like a religion’,<sup>6</sup> an accusation with which I am not entirely uncomfortable.<sup>6</sup> Who has not heard patients make claims of beneficial emotional transformations based on their personal experiences with faith and spirituality? Such anecdotal claims have received empirical support.<sup>7</sup> Nevertheless, I should be unhappy at the thought of psychotherapy being taught as an orthodox dogma in the spirit of medieval fundamentalism!; but have little difficulty with the notion that a developing rich inner life, through rendering meaning, may be beneficially transmutative and adaptive in terms of our relationships with self and others.

Psychodynamic psychotherapy has also been perceived as adding no more than ‘good literature’. Those familiar with the history of literature will know that it, like philosophy (including Oriental philosophy) has yielded extremely incisive insights into the human condition. This is not to argue that psychotherapy should be thought like literature. However, it must be acknowledged that a good literary style allows for more sophisticated portrayals of experience, yielding a counterweight to the reductionistic tendency in much scientific writing.

Since cognitive-behavioural therapies tend to focus on conscious behaviour and experience, there is less of an obstacle here to teaching them in the mode of the empirical sciences. Studying handbooks on behavioural therapy rarely poses serious problems for students. Problems do arise, however, when trying to teach those forms of therapy whose main focus is beyond the level of appearances; for example, on the inter-psyche ‘space’ (as in systemic family therapy), or at the lower levels of cogni-