

Why Freud Isn't Dead

by John Horgan, *senior writer*

The anxiety is palpable. Fifty or so psychoanalysts have gathered in a ballroom at New York City's Waldorf-Astoria Hotel to discuss what one of them calls "the survival issue," meaning their rapidly declining status in the mental-health field and in the culture at large. One analyst complains that his daughter's college catalogue does not list a single course on Sigmund Freud, who founded psychoanalysis a century ago. Another expresses amazement that psychoanalysis "has managed to get so many people so angry and to get itself so marginalized in such a short period of time." "Maybe it's time for me to retire," sighs a therapist from southern California having trouble enlisting new patients.

Some paranoiacs, the old joke goes, really do have enemies. Freud's ideas have been challenged since their inception, but in the 1990s the criticism has reached a crescendo. Every year yields more books, such as *Why Freud Was Wrong* and *Freudian Fraud*. Last year the Library of Congress postponed an exhibit on Freud until at least 1998 after protesters—including Freud's own granddaughter—complained that it was too hagiographic.

Market forces are also threatening psychoanalysis. Of the roughly 15 million people in therapy in the U.S., few have the time or money for a treatment that typically lasts years and calls for as many as five one-hour, \$100 sessions a week. Many patients—and all health insurers—favor short-term psychotherapies that target specific problems rather than delving deeply into a patient's past. Two popular approaches are cognitive-behavioral therapy, which seeks to alter unwanted habits of thought and behavior, and interpersonal therapy, which focuses on patients' current relationships with others.

Meanwhile psychiatrists and other M.D.'s are increasingly prescribing medication rather than "talk therapy"—a

term that embraces both analysis and all other psychotherapies—for such common ailments as depression and anxiety. Sales of the antidepressant fluoxetine hydrochloride, whose brand name is Prozac, have more than doubled in the past two years, and more than 20 million people worldwide are now taking the drug, according to its manufacturer, Eli Lilly.

Given all these trends, it seems fair to ask, as *Time* magazine did on its cover three years ago, "Is Freud Dead?" Not quite. The meeting at the Waldorf-Astoria provided evidence of that. Some 400 members of the American Psychological Association's psychoanalysis division assembled this past April to trade insights about incest, alcoholism, obesity, obsessive-compulsive disorder and other afflictions. Relatively few of the 75,000 social workers, 60,000 psychologists and 40,000 psychiatrists in the U.S. call themselves psychoanalysts. Still, membership of the American Psychoanalytic Association, which is based in New York City and is the largest society for analysts, has remained surprisingly steady over the past decade at about 3,000. Moreover, the vehement attacks on Freud—which are met with equally vigorous defenses—demonstrate the astonishing vitality of the Viennese neurologist's ideas.

The Phlogiston Era

So the real question is this: Why is Freudian theory still alive? One explanation may be that his oeuvre, in spite of its flaws, still represents a compelling framework within which to ponder our mysterious selves. Freud's view of human nature "hasn't been matched by any other theory," asserts Peter Gay of Yale University, author of the admiring biography *Freud: A Life for Our Time* (W. W. Norton, 1988). Even such prominent critics as Adolf Grünbaum, a philosopher at the University of Pittsburgh,

acknowledge the continuing allure of Freud's ideas. "I wouldn't work hard on a critique of psychoanalysis if I didn't think there was anything in it," he says.

To be sure, specific Freudian hypotheses, such as the Oedipal complex and female penis envy, have fallen out of favor even among psychoanalysts. "There are very few analysts who follow all of Freud's formulations," notes Morris Eagle, president of the psychoanalysis division of the American Psychological Association and a professor at Adelphi University in Garden City, N.Y. Nevertheless, psychotherapists of all stripes still tend to share two of Freud's core beliefs: One is that our behavior, thoughts and emotions stem from unconscious fears and desires, often rooted in childhood experiences. The other is that with the help of a trained therapist, we can understand the source of our troubles and thereby obtain some relief.

But there is an even more important reason for the persistence of Freud's legacy, and psychoanalysis in particular. Freudians cannot point to unambiguous evidence that psychoanalysis works, but neither can proponents of more modern treatments, whether Jungian analysis, cognitive-behavioral therapy or even medications. Indeed, claims about the "wonder drug" Prozac notwithstanding, numerous independent studies have found that drugs are not significantly more effective than "talking cures" at treating the most common ailments for which people seek treatment, including depression, obsessive-compulsive disorder and panic attacks.

The anti-Freudians argue, in effect, that psychoanalysis has no more scientific standing than phlogiston, the ethereal substance that 18th-century scien-

THE FATHER OF PSYCHOANALYSIS endures in spite of challenges from purveyors of alternative therapies.

Skeptics continue to challenge Sigmund Freud's ideas about the mind. Yet no unquestionably superior theory or therapy has rendered psychoanalysis completely obsolete



COMPUTER COMPOSITION BY SLIM FILMS; CORBIS-BETTSMANN (photograph)

Treatments for the Mind: A Lack-of-Progress Report



STEPHEN FERRY Gamma Liaison

PSYCHOANALYSIS, which delves into childhood experiences, generally requires three or more sessions a week. No controlled studies of its effectiveness have been conducted.

COGNITIVE-BEHAVIORAL therapy seeks to alleviate specific disorders, such as phobias, through modification of thought and behavior. Although it is increasingly popular, controlled studies have not conclusively demonstrated its superiority to other treatments.



SHAHN KERMANI Gamma Liaison

tists thought gave rise to heat and fire. But the reason scientists do not still debate the phlogiston hypothesis is that advances in chemistry and thermodynamics have rendered it utterly obsolete. A century's worth of research in psychology, neuroscience, pharmacology and other mind-related fields has not yielded a medical paradigm powerful enough to obviate Freud once and for all.

Will scientists ever get past the phlogiston era and create a truly effective treatment for the mind? Jerome D. Frank has his doubts. In his seminal 1961 book *Persuasion and Healing*, the psychiatrist contended that the theoretical framework within which therapists work has little or nothing to do with their ability to "heal" patients. That power stems, rather, from the therapist's ability to make patients believe they will improve. In other words, Frank explains, the placebo effect is the primary active ingredient underlying all psychotherapies and even most drug treatments.

"I do think my views have been borne out," says Frank, now a professor emeritus at the Johns Hopkins University School of Medicine. Frank questions whether science can demonstrate the efficacy—or lack thereof—of psychotherapy, because science cannot pinpoint or measure the qualities that enable a particular therapist to induce the placebo effect in a particular patient. He is therefore bemused by the persistence of the attacks on Freud. "People have been attacking Freud because he wasn't a scientist, but that misses the point. He was a great mythmaker."

Freud-bashing is hardly a novel pastime. The eminent philosopher Karl Popper carped more than 60 years ago that psychoanalysis—derided by one wag as "the treatment of the id by the odd"—was unfalsifiable and therefore unscientific. But Freud was such a dominant figure during the first half of this century, not only within the mental-health community but throughout Western culture, that he and his followers could shrug off such complaints. "Freud turned his back on the whole problem" of empirical testing, says Frederick Crews, a professor emeritus of English at the University of California at Berkeley who has excoriated Freud and his modern descendants in a series of articles in the *New York Review of Books*.

All Must Have Prizes

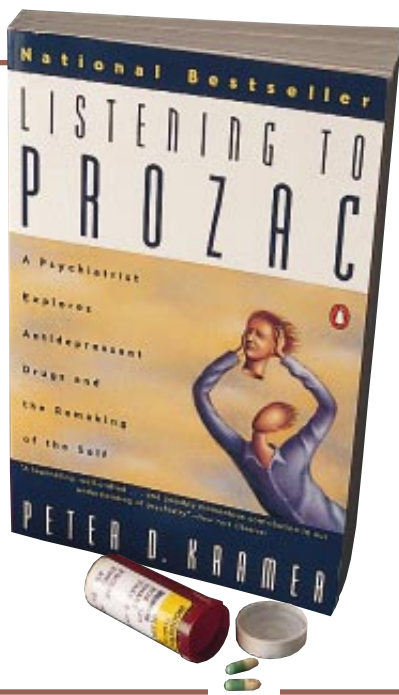
Only in the 1950s did half a dozen prominent psychoanalytic institutes in New York, Chicago, Boston and elsewhere begin gathering data on patient outcomes. The results, which involved more than 600 patients, were reviewed in an article in the 1991 *Journal of the American Psychoanalytic Association* (Vol. 39, No. 4) by a group led by Henry Bachrach, a clinical professor of psychiatry at the New York Medical College at Saint Vincents Hospital.

The authors concluded that from 60 to 90 percent of the patients studied had showed "significant" improvement as a result of psychoanalysis. Bachrach and his colleagues acknowledged that the studies were not ideal: investigators ad-

mitted only those patients thought likely to benefit from psychoanalysis, a common practice; the assessments of patients' responses were made by their therapists, who might be inclined toward reporting positive outcomes; and there was no control group. But these weaknesses "were no greater than in comparable research about other forms of psychotherapy," Bachrach's team asserted at the 1992 meeting of the American Association for the Advancement of Science.

Indeed, most "outcome" studies supporting alternative talk therapies have also been flawed, according to Robyn M. Dawes, a psychologist at Carnegie Mellon University. In his 1994 book *House of Cards: Psychology and Psychotherapy Built on Myth* (Free Press), Dawes presents a scathing critique not just of psychoanalysis but of all talk therapies. The methods that therapists employ for diagnosing patients and assessing their progress are highly subjective and variable, Dawes charges. He also maintains that therapists' training and mode of therapy have no correlation with patients' outcomes.

Dawes still thinks psychotherapy can work, especially when directed toward specific problems. For example, some reports have indicated that cognitive-behavioral therapy is the best available treatment for panic disorder, a condition marked by extreme, unwarranted fear. But this claim is not corroborated by a rigorous, controlled study carried out recently by M. Katherine Shear, a psychiatrist at the University of Pittsburgh, and three colleagues.



MEDICATIONS such as Prozac have become the most common treatment for depression and other emotional disorders, but they have not been shown to be more effective than talk therapies.

ELECTROCONVULSIVE therapy is increasingly prescribed for intractable depression, although it can cause memory loss. Moreover, relapse rates reportedly run as high as 85 percent.



W&D/MCINTYRE Photo Researchers

For one group of patients, Shear's team provided 12 sessions of standard cognitive-behavioral therapy, which called for physical and mental exercises designed to help patients control their panic. In the sessions of the control patients, therapists provided only "reflective listening." Both sets of patients responded equally well. These data, Shear and her colleagues concluded in the May 1994 *Archives of General Psychiatry*, "raise questions about the specificity of cognitive-behavioral treatment."

The investigations of Shear, Dawes and others corroborate the so-called Dodo hypothesis, first set forth in a classic 1975 paper by the psychologist Lester B. Luborsky and two colleagues. The status of all psychotherapies, Luborsky and his co-authors proposed in the *Archives of General Psychiatry*, could be summed up by the proclamation of the Dodo overseeing a footrace in *Alice's Adventures in Wonderland*: "Everyone has won, and all must have prizes!"

Luborsky, a professor of psychiatry at the University of Pennsylvania, says he has just completed a review of more recent efficacy studies, and he is more convinced than ever that the Dodo hypothesis is correct. "There is a huge amount of evidence that psychotherapy works," he emphasizes, but no evidence "across a broad range of samples" that any one mode is superior. Luborsky has also found evidence for what he calls the "allegiance effect," the tendency of researchers to find evidence favoring the therapy that they practice.

Of course, another interpretation of

the Dodo hypothesis is that everyone has *lost*, and *none* must have prizes. That is the conclusion of E. Fuller Torrey, a psychiatrist associated with the National Institute of Mental Health in Washington, D.C. In *Freudian Fraud* (Harper-Collins, 1992), Torrey blasted psychoanalysis and all other talk therapies as pseudoscience. Freud's ideas took hold not because of their scientific merits, he contends, but because they meshed with the notion—popular among many left-leaning intellectuals—that human nature is highly malleable.

Torrey disputes the underlying assumption of all talk therapies—that the human psyche is shaped by childhood experiences and can be reshaped through psychotherapy. The evidence is overwhelming, he says, that an individual's personality is determined primarily by genes and other physiological factors. Torrey is confident that sooner or later, drugs, gene therapy and other biological remedies will render talking cures obsolete. In the meantime, he argues, psychotherapy should be excluded from health care coverage.

Torrey's outlook is merely an extreme version of what has become the dominant paradigm within the mental-health community. That was apparent at the annual conference of the American Psychiatric Association held this past May. The contrast between this gathering and the relatively tiny psychoanalysis meeting held at the Waldorf-Astoria Hotel was dramatic: more than 15,000 psychiatrists and other mental-health workers assembled in New York City's gigan-

tic Jacob K. Javits Convention Center.

By far the best-attended sessions were breakfasts and dinners sponsored by the drug companies, during which hundreds of psychiatrists heard talks about the benefits of Prozac for obsessive-compulsive disorder and of Zoloft, another so-called selective serotonin reuptake inhibitor, for depression. Sessions on talk therapy were, in comparison, sparsely attended. One entitled "The Future of Psychotherapy" drew only about 20 people. "At this point, I don't think the future of psychotherapy is very good," lamented Gene L. Usdin, a psychiatrist from the Ochsner Clinic in New Orleans.

Drug Trials on Trial

But in an indication that drugs are not the panacea they are sometimes perceived to be, several sessions of the psychiatry meeting were also dedicated to electroconvulsive "shock" therapy. The practice declined in popularity over the past few decades, especially after being depicted as a form of torture in the 1975 movie *One Flew over the Cuckoo's Nest*. But technical improvements have reportedly reduced its major side effect—severe memory loss—and it is now quietly making a comeback as a treatment for patients who suffer from severe depression, schizophrenia and other disorders and who do not respond to drugs.

Indeed, some researchers have challenged the notion that medications represent a great step forward in the treatment of mental illness. The only drug treatments "unambiguously" proved to

be superior to talk therapy, contends Martin E. P. Seligman of the University of Pennsylvania, president-elect of the American Psychological Association and an authority on efficacy research, are lithium for manic-depression and tranquilizers such as clozapine for schizophrenia. There is "simply no evidence," he remarks, that Prozac and other drugs are superior to talk therapies for more common disorders, such as depression and obsessive-compulsive disorder.

Seligman's view has been corroborated by three other psychologists, David O. Antonuccio and William G. Danton of the University of Nevada School of Medicine and Garland Y. DeNelsky of the Cleveland Clinic Foundation. In the December 1995 issue of *Professional Psychology*, they presented the results of a meta-analysis of dozens of studies of drugs and psychotherapy. The group concluded that "psychological interventions, particularly cognitive-behavioral therapy, are at least as effective as medication in the treatment of depression, even if severe."

Two vociferous critics of the growing use of antidepressants are Seymour Fisher and Roger P. Greenberg, both psychologists at the State University of New York Health Science Center at Syracuse. Fisher and Greenberg have written extensively on Freud's theories, most recently in *Freud Scientifically Reappraised*, published this year by John Wiley & Sons. But they are best known for contending in their 1989 book *The Limits of Biological Treatments for Psychological Distress* (Lawrence Erlbaum) and

in numerous articles that antidepressants are not nearly as effective as advertised.

After analyzing studies of antidepressants conducted over the past 30 years, they concluded that two thirds of the patients placed on medication either showed no improvement or responded equally well to a placebo as to the antidepressant; drugs produced significantly superior outcomes in only one third of patients. The studies also showed that the effects of medication wane for many patients after the first several months, and those who discontinue treatment have high relapse rates.

Depressing Results

The most serious claim Fisher and Greenberg make is that many ostensibly controlled, double-blind studies of antidepressants are actually biased in favor of showing positive effects. Such studies usually provide the control group with an inert placebo. But because all antidepressants usually cause side effects—such as dry mouth, sweating, constipation and sexual dysfunction—both patients and physicians can often determine who has received the drug, thus triggering an expectation of improvement that becomes self-fulfilling.

To avoid this problem, some drug trials have employed placebos that produce side effects resembling those of the antidepressant, such as dry mouth or sweating. (Atropine, which is often prescribed for motion sickness, is a common substitute.) These studies generally find much less difference between the

antidepressant and the placebo than do studies in which the placebo is inert, Fisher and Greenberg note.

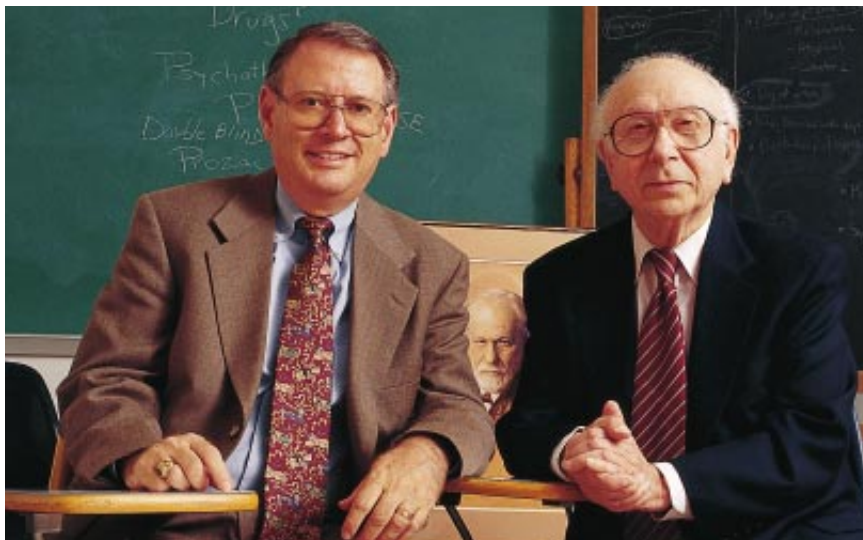
Other effects may also skew results, the authors argue. For example, during the course of a study many patients drop out because of unpleasant side effects, an unwillingness to conform to the protocol of the study or other problems. Moreover, investigators seeking subjects for a study often exclude those who seem too inarticulate or disorganized or whose depression is accompanied by other physical or mental ailments. In an overview of their findings in the September/October 1995 issue of *Psychology Today*, Fisher and Greenberg concluded that "most past studies of the efficacy of psychotropic drugs are, to unknown degrees, scientifically untrustworthy."

The findings of Fisher and Greenberg have been roundly faulted by psychiatrists, who contend that as psychologists—who cannot prescribe drugs—they are biased in favor of psychotherapy and against medication. But the assertion that the placebo effect might explain much of the effectiveness of medications for emotional disorders has been supported by Walter A. Brown, a psychiatrist at Brown University and an authority on the placebo effect.

It is a tenet of medical lore, Brown elaborates, that patients respond better to new drugs than to older, more established ones. The phenomenon is summed up in a doctor's dictum that dates back to the last century: "Use new drugs quickly, while they still work." The introduction of a novel drug, Brown explains, often generates high hopes among both patients and physicians and thus induces a strong placebo effect; over time, as the drug's novelty fades and its side effects and limitations become more apparent, it becomes less effective.

Unfortunately, neither psychotherapy nor antidepressants are terribly effective at treating depression, according to an ambitious study initiated by the National Institute of Mental Health almost 20 years ago. Called the Treatment of Depression Collaborative Research Program, it involved 239 depressed patients treated at three different hospitals with one of four different methods: cognitive-behavioral therapy; interpersonal therapy; the antidepressant imipramine plus "clinical management," a brief weekly consultation with the drug-dispensing physician; and clinical management with a placebo pill.

The study, the results of which were



DRUG CRITICS Seymour Fisher (right) and Roger P. Greenberg of the State University of New York Health Science Center at Syracuse charge that antidepressant drug trials may be biased toward producing positive results in patients.

released in 1989, has been subjected to second-guessing almost since its inception. Earlier this year, in the *Journal of Consulting and Clinical Psychology* (Vol. 64, No. 1), the psychologist Irene Elkin of the University of Chicago and three colleagues reviewed the data in “Science Is Not a Trial (But It Can Sometimes Be a Tribulation).” The findings were not encouraging, the researchers admitted.

Some severely depressed patients, especially those who were functionally impaired, responded better to imipramine than to the psychotherapies. But for the majority of patients, there was little or no significant difference between any of the treatments, including the placebo-plus-clinical-management approach. Only 24 percent of the patients were judged to have recovered and not relapsed for a sustained period. “Although many people improved,” Elkin says, “if you look at the total picture, at the number of people who got significantly better and stayed well, that number is low.”

One increasingly popular view in mental-health circles is that psychotherapy and drugs can work best in tandem. A notable advocate of this idea is Peter D. Kramer, a psychiatrist at Brown and author of the 1993 best-seller *Listening to Prozac* (Penguin). Although the book is often described as a prodrug, antipsychotherapy tract, Kramer calls himself “a psychotherapist at heart” who thinks drugs can enhance the effects of talk therapy, and vice versa. In the future, he says, “there will be something called psychotherapy that will subsume psychotherapy as it is currently practiced and psychopharmacology.”

But the view that psychotherapy-plus-drugs can be more effective than psychotherapy alone was undermined by a survey carried out recently by *Consumer Reports*. The magazine—published by the Consumers Union, a nonprofit group based in Yonkers, N.Y.—asked readers about their experiences seeking help for emotional difficulties. The magazine released the results of its survey, to which 4,000 readers responded, in the November 1995 issue.

The survey had much to comfort talk therapists. Most readers said they had been helped by psychotherapy; in addition, the longer they remained in thera-



DODO hypothesis—that all mental-health therapies are roughly equal—alludes to the Dodo in Lewis Carroll’s *Alice’s Adventures in Wonderland*, who tells racers, “*Everyone has won, and all must have prizes!*”

py, the more they felt they had improved. Some observers worried that this finding might reflect the tendency of certain patients to become “therapy addicts.” Nevertheless, the American Psychological Association immediately began using the finding to criticize the practice of health insurers to place strict limits on the duration of talk therapy.

A Unified Science of Mind

Psychologists were also delighted that readers who received psychotherapy alone seemed to fare as well as those getting talk therapy in conjunction with drugs such as Prozac. The *Consumer Reports* survey “has provided empirical validation of the effectiveness of psychotherapy,” declared Seligman, president-elect of the psychology association, in the December 1995 issue of *American Psychologist*. He acknowledged that the survey had some methodological weaknesses. But these flaws were no more severe than those of more formal comparison studies, he asserted.

On the other hand, the survey also lent support to the Dodo hypothesis. All the therapies seemed to be equally effective—or ineffective. Respondents reported the same degree of satisfaction whether they were treated by social workers, who require only a master’s degree; psychologists, who need a doctorate; or psychiatrists, who must com-

plete medical school. Only marriage counselors scored lower than the norm. But readers reported more satisfaction with Alcoholics Anonymous than with any of the mental-health professionals or medications.

Optimists hope that in years to come, the sciences of the mind will coalesce around a new, more powerful paradigm, one that will transcend the schisms—nature versus nurture, drugs versus talk therapy—now rending the mental-health community. One proponent of such a shift is Steven Hyman, a psychiatrist and neuroscientist at Harvard University who was appointed director of the National Institute of Mental Health this past spring. “From the point of view of people who think about the brain and mental health, the traditional dichotomies are simply false,” he declares.

Research has shown that traumatic experiences can change the way the brain works, as can talk therapy, Hyman notes. As evidence, he cites an article in the February 1996 *Archives of General Psychiatry* about patients who received cognitive-behavioral therapy for obsessive-compulsive disorder; positron-emission tomography showed that their brains had undergone changes similar to those induced by medication in other obsessive-compulsive patients.

Hyman is confident that genetics, brain imaging and other fields will generate new insights into and treatments for mental illness. Yet he describes himself as an “equal opportunity skeptic,” who views not only Freudian theory but also some of the new biological explanations of mental illness as merely “good stories” still lacking empirical substantiation. “We are not going to clone the next serotonin receptor and say we understand the brain,” he remarks.

That scholars still debate Freud’s ideas, Hyman adds, suggests that science’s grasp of the mind is still rather tenuous; after all, experts on infectious diseases do not debate the validity of Louis Pasteur’s ideas. “In mature scientific fields,” he notes, “one usually doesn’t look at writings more than three or four years old.” Freud, it seems, may be with us for some time to come. SA

To obtain a poster of “Freud Endures” (page 107), please see page 36.