

Conveying 'black boxes': the transference of psychotherapeutic practices. An Introduction.

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The twentieth century witnessed the emergence and geographical expansion of psychotherapy throughout the world. It also witnessed waves of mass migrations. The papers that follow explore the linkages between these two phenomena. They take up the following questions: In what ways was the geographical expansion of psychotherapy facilitated by mass migration? And what does this say of how psychotherapeutic practices and conceptions spread?

Over recent decades, historians of science have focused attention on, as Jim Secord put it, knowledge in transit: looking at the spread of scientific knowledge, and identifying vectors of transmission.¹ Work has been done along these lines in the history of psychology.² These papers look specifically at the case of those theoretico-practica hybrids called psychotherapies. In other words, how do psychotherapeutic practices travel? In particular, they focus on ways in which the trade routes of psychotherapies cannot simply be studied by applying models from the history of science and the history of psychology.

By way of introduction, I will situate these issues in the shift between two eras: that of Hyppolite Bernheim on the one hand and that of Freud and Jung on the other. In the 1880s, many individuals took up the practice of hypnotism and suggestion through watching stage hypnotists and reading texts. For many, formal instruction took the form of a short visit to

¹ Jim Secord, "Knowledge in transit," *Isis* 95:4, 2004 (pp. 654-672).

² See Annette Mulberger ed, "Mental testing after 1905: uses in different local contexts," special issue, *History of Psychology* 17:3, 2014.

Nancy. For example, In 1886, Auguste Forel, then director of the Burghölzli asylum in Switzerland, visited Nancy in the company of Otto Stoll after reading Bernheim. As he recalled, “There, in his ward, Bernheim initiated us in the most amiable fashion into all the phenomena of hypnotism or suggestion... and even made many experiments with us on his patients.”³ His account of his ‘training’ in hypnotism is mirrored by many others during the same period (including Freud).⁴ Forel in turn introduced physicians at the Burghölzli to hypnotic treatment.⁵

Practices of hypnosis and suggestion functioned via an open model of instruction. The ease by which individuals could set up as hypnotists contributed greatly to the rapid spread of hypnotic and suggestive therapies. In his preface to his 1891 *Hypnotism, Suggestion, Psychotherapy: New Studies*, he wrote:

Those of my colleagues who retain some doubts, either because they have not seen my case or because they know about them only incompletely, display a wise and scientific skepticism. But if they are willing to visit my clinic, they will find here the

³ Forel, *Out of my Life and Work*, tr. B. Miall, (London, George Allen & Unwin, 1937), p. 167.

⁴ See Freud, “An autobiographical study” (1925), *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, 20, p. 15. Ed. James Strachey in collaboration with Anna Freud assisted by Alix Strachey and Alan Tyson, tr. J. Strachey, 24 vols., (London, The Hogarth Press and the Institute of Psycho-analysis, 1953-1974) (hereafter, *SE*).

⁵ See Mirjam Bugmann, *Hypnosepolitik: Der Psychiater August Forel, das Gehirn und die Gesellschaft (1870-1920)*, (Cologne: Böhlau Verlag, 2015).

continuing demonstration of the facts that I report.⁶

It was with the introduction of psychoanalysis into the Burghölzli by Eugen Bleuler and the rise of the Zurich school under Jung that the internationalisation of psychoanalysis could be said to have begun. Freud subsequently recalled: “The only opportunity of learning the new art and working at in practice lay there. Most of my followers and co-workers at the present time came to me by way of Zurich.”⁷ The ease with which individuals could gain instruction in psychoanalytic techniques in the Burghölzli was similar to Bernheim’s clinic in Nancy, and led greatly to their dissemination.⁸ The Burghölzli was as a University Clinic: thus courses took place under the auspices of the University of Zürich. Jung’s 1909 summer semester lectures were titled “Course on Psychotherapy with demonstrations.”⁹ Indeed, for psychiatrists interested in psychoanalysis, Zürich, and not Vienna, was initially the instruction centre of choice. As Ernst Falzeder notes, a large proportion of significant figures

⁶ Hippolyte Bernheim, *Bernheim’s New Studies in Hypnotism*, tr. R. Sandor (New York, International Universities Press, 1980), p. ix.

⁷ Freud, “On the history of the psycho-analytic movement,” *SE* 14, p. 27. On the rise of the psychoanalytic movement, see Mikkel Borch-Jacobsen and Sonu Shamdasani, *The Freud Files: An Inquiry into the History of Psychoanalysis*, (Cambridge: Cambridge University Press, 2012).

⁸ Ernst Jones recalls a visit to Paris in 1908: “I had greatly hoped to be able to work under Janet at the Salpêtrière, but although he received me kindly he explained that he always worked alone and had no student assistants.” *Free Associations: Memoirs of a Psychoanalyst*, (London, Hogarth Press, 1959) p. 175.

⁹ Verzeichnis der Vorlesungen an der Hochschule Zürich, Staatsarchiv, Zürich.

in dynamic psychiatry and psychoanalysis either worked or visited the Burghölzli:

Karl Abraham, Roberto Greco Assagioli, Ludwig Binswanger, Abraham Arden Brill, Trigant Burrow, Imre Décsi, Max Eitingon, Sándor Ferenczi, Otto Gross, August Hoch, Johann Jakob Honegger, Smith Ely Jelliffe, Ernest Jones, Alphonse Maeder, Hans Meier, Hermann Nunberg, Johan H. W. von Ophuijsen, Nikolai J. Ossipow, Frederick Peterson, Franz Riklin, Hermann Rorschach, Tatiana Rosenthal, Leonhard Seif, Eugénie Soloknicka, Sabina Spielrein, Fülöp Stein, Wolf Stockmayer, Johannes Irgens Stromme, Jaroslaw Stuchlíck and G. Alexander Young – and this list is certainly by no means complete.¹⁰

However, this open model of instruction quickly came into collision with the closed feudal structure which was Freud was erecting. Already in 1905, Freud wrote in an essay “On psychotherapy”:

I am now and then astonished to hear that in this or that department of a hospital a young assistant has received an order from his chief to undertake a ‘psycho-analysis’ of a hysterical patient. I am sure he would not be allowed to examine an extirpated tumour unless he had convinced his chiefs that he was conversant with histological

¹⁰ Ernst Falzeder, “The threads of psychoanalytic filiations or psychoanalysis taking effect,” *Psychoanalytic Filiation: Mapping the Psychoanalytic Movement* (London: Karnac, 2015), p. 000. On the development of the psychoanalytic profession, see Falzeder, “Profession - psychoanalyst: A historical view,” in the same volume.

technique.¹¹

However, unlike surgery, there were no psychoanalytic schools or even courses. As Freud had not written on the practice of analysis, direct apprenticeship was the only mode of instruction available.

During this period, psychoanalysis attracted increasing interest among doctors and psychiatrists. Instances where individuals partially corroborated psychoanalysis proved extremely problematic for Freud. Psychiatrists such as Ludwig Frank and Dumeng Bezzola (both students of Forel) supported Freud and Breuer's cathartic treatment against Freud's subsequent development of psychoanalysis. In 1910, Freud published a paper entitled "Wild' psycho-analysis" which addressed this situation. He began by recounting an anecdote concerning a middle aged divorced woman suffering from anxiety who had consulted a physician unknown to Freud, who had told her that her anxiety was due to the lack of sexual satisfaction, and suggested avenues by which she could procure this. The physician attributed this advice to the theories of psychoanalysis. For his part, Freud repudiated the physician's advice as having nothing to do with psychoanalysis. Ironically, as Martin Bergmann points out, Freud had himself made the same recommendation a few years earlier in his paper "Civilized sexual morality and nervous illness."¹² This suggests that what was more critical was not the specific practice in question, but the fact that the physician was completely independent of Freud. Freud contended that psychoanalytic technique could as yet not be learnt from books, but only from someone already proficient in it. He went on to state:

¹¹ Freud, "On psychotherapy," *SE* 7, p. 260.

¹² Martin Bergmann, "The historical roots of psychoanalytic orthodoxy,"

Neither I myself nor my friends and co-workers find it agreeable to claim a monopoly in this way in the use of a medical technique. But in face of the dangers to patients and to the cause of psycho-analysis which are inherent in the practice that is to be foreseen of a 'wild' psycho-analysis, we have had no other choice. In the spring of 1910 we founded an International Psycho-Analytical Association, to which its members declare their adherence by the publication of their names, in order to be able to repudiate responsibility for what is done by those who do not belong to us and yet call their medical procedure 'psycho-analysis.' For as a matter of fact 'wild' analysts of this kind do more harm to the cause of psycho-analysis than to individual patients.¹³

In this statement, Freud was militantly opposed to psychoanalysis freely entering general medical practice as an auxiliary psychotherapeutic procedure – not out of some concern with safeguarding the public, but with safeguarding psychoanalysis. In retrospect, Freud stated:

I considered it necessary to form an official association because I feared the abuses to which psychoanalysis would be subjected as soon as it became popular. There should be some headquarters whose business it would be to declare: 'All this nonsense has nothing to do with analysis; this is not psycho-analysis.' At the sessions of the local groups (which together constitute the international association) instruction should be given as to how psycho-analysis was to be conducted and doctors trained, whose

¹³ Freud, "'Wild' psycho-analysis," *SE* 11, pp. 226-7.

activities would then receive a kind of guarantee. Moreover, it seemed to me desirable, since official science had pronounced its solemn ban upon psychoanalysis and had declared a boycott against doctors and institutions practising it, that the adherents of psycho-analysis should come together for friendly communication with one another and mutual support.¹⁴

During this period, the question of how one could become a psychoanalyst underwent critical changes. In 1909 in reply to the question as to how one could become a psychoanalyst, Freud stated, “by studying one’s own dreams.”¹⁵ As noted above, the following year, Freud added that one also needed to be in some form of contact with someone proficient in psychoanalysis. In 1912 Jung put forward the recommendation that every prospective analyst had to undergo an analysis, arguing that success in analysis depended upon how far the analyst had been analysed himself. To be analysed was the only solution:

There are doctors who believe that they can get by with a *self-analysis*. This is Münchhausen-psychology, with which they will certainly remain stuck.¹⁶

¹⁴ Freud, “On the history of the psycho-analytic movement,” *SE* 14, pp. 43-4.

¹⁵ Freud, “Five lectures on Psycho-analysis,” *SE* 11, p. 33.

¹⁶ Jung, “Attempt at a portrayal of psychoanalytic theory,” *Collected Works* 4, § 449, tr. mod. *The Collected Works of C. G. Jung*, edited by Sir Herbert Read, Michael Fordham, Gerhard Adler; William McGuire, Executive Editor; translated by R. F. C. Hull. (New York and Princeton, *Bollingen Series XX* and London, 1953-1983), 21 vols. Ernest Jones read this passage as direct attack on the unanalysed Freud, Jones to Freud, 22 July, 1913, ed. Andrew

He compared this necessity with the formal requirements of surgical training:

Just as we demand from a surgeon, besides his specialised knowledge, a skilled hand, courage, presence of mind, and power of decision, so we must yet expect much more with psychoanalysts an extremely serious psychoanalytic training of his own personality, if we wish to entrust a patient to him.¹⁷

Jung's suggestion was quickly seconded by Freud, who counted it as one of the merits of the Zürich school.¹⁸ It was insufficient simply to be a doctor or psychiatrist to practise psychoanalysis. Whilst claiming that psychoanalysis was a medical technique, further qualification was required. In terms of current practices in psychotherapy, this was a striking departure. It would have been unthinkable to have established the hypnotic treatment of the physician as an essential training requirement. Indeed, on his return from the psychoanalytic congress at Weimar in 1911, the American neurologist James Jackson Putnam stated in a talk:

Paskauskas, *The Complete Correspondence of Sigmund Freud and Ernest Jones*, (Cambridge, Harvard University Press, 1993), p. 212.

¹⁷ *Op. cit.*, § 450, tr. mod. On the surgical metaphor, see Paul Stepansky, *Freud, Surgery and the Surgeons*, (London: Routledge, 1999).

¹⁸ Freud, "Recommendations to physicians practising psycho-analysis," (1912) *SE* 12, p. 116.

Then I learned, to my surprise and interest, that a large part of these investigators had subjected themselves, more or less systematically, to the same sort of searching character-analysis to which their patients were being subjected at their hands. It is fast getting to be felt that an initiation of this sort is an indispensable condition of good work.¹⁹

In 1925, this initiation became a formal requirement of psychoanalytic training at the psychoanalytic congress in Bad Homburg.²⁰ The first formal psychoanalytic training had been set up at the Berlin Institute in 1924, which established the triadic template of training analysis, supervision and seminars. As Siegfried Bernfeld recalled: “Many of its members felt the need for a personal analysis but hesitated to reveal their secrets to a local psychoanalyst... Consequently Hanns Sachs was invited to move from Vienna to Berlin and to specialize in the analysis of analysts.”²¹ The Berlin model became adopted throughout the psychoanalytic

¹⁹ James Jackson Putnam, “What is Psychoanalysis?” Putnam papers, Countway library of Medicine, Boston.

²⁰ In his report, Max Eitingon, another ‘graduate’ of the Burghölzli, stated that this suggestion had first been made by Nunberg in 1918. “Bulletin of the international psychoanalytic association,” *International Journal of Psycho-analysis*, 1926, p. 131. Clearly, it was not deemed proper to acknowledge that it had actually been made by Jung six years earlier.

²¹ Siegfried Bernfeld, “On psychoanalytic training,” (1952) *Psychoanalytic Quarterly* 31, 1962, p. 464. Ernst Falzeder points out that during the first two years of the Berlin institute, Sachs analysed 25 candidates. “The threads of psychoanalytic filiations or psychoanalysis taking effect,” p. 000.

world, and as well as more widely within psychotherapy.

There was as yet no analogous training institute in the Jungian world. Instruction took the form of a training analysis and supervision with Jung or with one of his close associates.²² In both contexts, geographical proximity was essential to be initiated into the practice and the guild.

At a geographical level, becoming an analyst followed a model of centripetal movement: toward the main established centres, such as Berlin, London, New York, Vienna and Zurich. As most practitioners worked in private practice, the years required to build up an economically viable practice mitigated against movement, as well as the need to remain connected to the economically critical patronage networks of referrals.

In this context, forced migration was a key vector which established a contrary centrifugal movement. In the decades that followed, the main trade route for the expansion of these guilds was not primarily through textual transmission and open international meetings, but through migration, which in turn fostered the development of authorised regional training hubs and franchises.

The existence of regional franchises also served to set up a pattern of migratory routes. Individuals not directly linked to these networks with their associated patronage were regarded as barbarians, or ‘wild’ analysts, to use Freud’s phrase. For individuals, there were many reasons for migration: such as irreconcilable differences with colleagues; flight due to

²² See my “From Neurosis to a New Cure of Souls: C.G. Jung’s Remaking of the Psychotherapeutic Patient” in Mererid Pw Davies and Sonu Shamdasani eds., *Medical Humanity and Inhumanity in the German-Speaking World*, (London: UCL Press, 2020), pp. 85-113.

sexual scandals with patients, and particularly from the 1930s onwards, forced migration due to political events.

It was actually the entrenched localism that made migration such a critical factor in the geographical expansion of psychoanalysis and analytical psychology. However, migration did not mark the straightforward transfer of a fixed theoretical entity coupled with known procedures that could be manualised: rather it consisted in the transfer of local modes of practice and accompanying conceptions, much of which could not be committed to print. The implantation of these in new geographical contexts reshaped the latter. These transferences bear a closer resemblance to practices of circulation and exchange in pre-modern times than those in twentieth-century science and medicine. The papers that follow trace these in depth. Ernst Falzeder's genealogical map of psychoanalysis also captures its geographical expansion through migration, with the attendant shifts in orientation.²³ Similar mappings could be done for other psychotherapies.

These papers stem from the fifth international conference of the Transcultural Histories of Psychotherapies Project, "Is the History of Psychotherapy a History of Refugees?" organised at Tor Vergata University of Rome in 2022. I would like to thank Tor Vergata University of Rome, the UCL Global Engagement Office, and in particular, Marco Innamorati for making this possible. The Transcultural Histories of Psychotherapies Project is an international group of scholars devoted to exploring the different meanings that

²³ *Op cit.* It is important to note that alongside the migration of practitioners, the migration of patients in the same period also contributed to the dissemination of psychotherapeutic cultures, which in turn fostered the market for the newly imported practices.

psychotherapies gain when circulating in different cultures. The cross-cultural perspective arises from debates developed amid regular meetings since 2016 of a group of scholars which comprises which is composed of psychologists, psychoanalysts, historians and philosophers from countries in Latin America, Asia, Europe and the US.²⁴

²⁴ For earlier work that arisen from this project, see Sonu Shamdasani and Del Loewenthal eds., *Exploring Transcultural Histories of Psychotherapies* (London: Routledge, 2020) and Christina Facchinetti and Sonu Shamdasani eds., *Transcultural histories of psychotherapies: new narratives História, Ciências, Saúde-Manguinhos* , 29, supplement, 2022. See <http://historiesofpsychotherapies.net>.