

Psychoanalytic Education of Behavioral and
Social Scientists for Research *

David Shakow, Ph.D. **

Introduction

When I was about 15 I was a member of a nature study-hiking group at a settlement on the lower East Side of New York. This group was a favorite of the headworker; he would meet regularly with us to discuss a broad range of topics, as well as to guide us in the major area for which the group had been organized. At one of the meetings he told us about a revolution in ways of thinking about man which had resulted from the work of "Yungenfreud." I was much intrigued, and after the meeting made a beeline for the Seward Park Public Library to get some books by this author. But a search in the card catalogue under "Y" yielded nothing. I was finally, with some loss of pride, reduced to asking the librarian whether they had any books by Yungenfreud. Luckily for me she was -- to use old-fashioned terms from introspective psychology, somewhat appropriate in the present context -- of an analytic rather than synthetic type. She was thus able to disentangle the "Freud" from the gestalt and refer me to the proper shelf. In some way, I don't quite know how, Jung sort of got lost in the shuffle. This is perhaps not surprising since "Dreams," "Psychopathology" and "Wit" were enough to occupy any youngster!

* Essentially as presented at the meeting of the Academy of Psychoanalysts, December 9, 1961, New York City. Published in Science and Psychoanalysis. Vol. V, Ed. J. H. Masserman. N.Y.: Basic Books, 1962, pp. 146-161.

** Laboratory of Psychology, National Institute of Mental Health, National Institutes of Health, Public Health Service, U.S. Department of Health, Education, and Welfare.

From that time on, even though William James soon became my permanent hero, I have had a deep interest in Freudian theory. This was true in college and in the year immediately after college which I spent at Worcester. There in the middle 20's I had long and searching discussions about psychoanalysis with an initially negative Lewis Hill, who was then Assistant Superintendent. Through Raymond Willoughby, the only analytically active person in Worcester at the time, Hill became increasingly involved in psychoanalysis, undergoing his first analysis with Willoughby. After graduate work I returned to Worcester, and it was during this period that I had a personal analysis with Zinn, and later a control analysis with Roheim. During these periods at Worcester, and later in Chicago and Washington, I have retained close contact with psychoanalysis, though I have never had any institute training.

I have been little more than an onlooker so far as the formal organizational aspects of psychoanalysis are concerned. I have, however, been much involved with psychoanalytic theory, its relationship to general psychological theory, and its application to personality. In the last several years before his death I was associated with David Rapaport in the writing of a monograph on the impact of Freud on psychology. Through the years I have tried to keep abreast of the psychoanalytic idea and the advances and natural changes that any idea must undergo.

I have spoken personally because I want to be able to talk frankly -- and I shall. I will attempt to be tactful, but I will not be "politic." If I were, I might better stop now. I take for granted that this group is accustomed to listen to heterodox opinions. I am concerned, however, about the different way in which such opinions are

usually examined by groups, as contrasted with the way they are examined by individuals. All I ask is that insofar as you can, you divest yourselves of your group membership on this occasion and listen to this only temporarily one-sided personal conversation. I assume that you understand that I speak for myself alone -- neither for my colleagues nor for the institution with which I am associated.

Where is psychoanalysis going? A good deal of what I shall have to say, both explicitly and implicitly, relates in some way to the future of psychoanalysis. One of my recent great disappointments came from reading "Psychoanalytic Education in the United States,"⁽⁸⁾ where I had expected to find some thoughtful opinions about this question. I was most sorry to find that Lewin and Ross had apparently deliberately limited the definition of their task so as to exclude a critical overview of psychoanalysis, and education for psychoanalysis. This is a pity since they could have contributed so much to the discussion of these important questions. Although I may not go along with all of the strictures contained in Paul Bergman's review of the volume in Contemporary Psychology,⁽³⁾ I find myself reluctantly agreeing with him.

Some nine years ago the Chicago Psychoanalytic Institute celebrated its 20th anniversary with scientific meetings. At that time Alan Gregg talked on "The Place of Psychoanalysis in Medicine."⁽⁶⁾ Using for his text a question raised for another area by Thomas Nixon Carver, he asked pertinently: "Can psychoanalysis survive prosperity?"

At this same meeting I discussed certain aspects of the relation

of psychoanalysis to the social and behavioral sciences. I used as a text the following statement: "...psychoanalysis appears to be entering a new era of security and maturity growing out of the recognition of the significant contribution it has made to many fields. Psychoanalysis is at a point where its choice of direction for the future can be deliberate, and determined by the objective needs of the situation." You recognize in the statement, at least by implication, the same question which Dr. Gregg had asked. I welcome this opportunity to expand upon the views I then expressed about psychoanalytic education of social and behavioral scientists for research. These intervening nine years have only served to strengthen these views -- you see I don't learn readily nor give up easily. Anything I may say about psychoanalytic education in general should be considered as merely contextual.

Despite some very important theoretical advances in ego psychology and in the systematic presentation of psychoanalytic theory, both of which are prominently associated with the name of David Rapaport -- whose death is such a grievous blow to both psychology and psychoanalysis -- the present situation in psychoanalysis strikes me as calling even more for the kind of program which I suggested in 1952.

I believe it would be fair to say that there is a more widespread negative attitude about psychoanalytic therapy and practice than there was at that time, and except for ego theory, an increasing questioning of various aspects of psychoanalytic theory. In considerable part these reactions are due to the relative absence of research and scholarly activity around psychoanalysis proper. The excuses offered for this

absence during the middle period of psychoanalysis' life are now less justified and much less acceptable. Psychoanalysis has reached voting age now -- approximately 60 years old if we accept the date Jones labels as the period when Freud emerged from isolation (organization of the "Psychological Wednesday Society," 1902) -- and cannot so easily get by with excuses. We must also recognize that psychoanalysis is, with rare exceptions, attracting persons different in kind from the restless souls with questioning minds who were attracted to it in the early days. Most disturbing, perhaps, are the increasing evidences of dissatisfaction and disenchantment on the part of persons who are fundamentally sympathetic to psychoanalysis.

It is necessary for psychoanalysis to take account of this situation and to deal with justified criticisms. Isn't it time to take stock rather than to retreat into the highly vulnerable, if seemingly self-sufficient and impregnable private shelters which the institutes so frequently represent? At one time, when psychiatry departments were not so strongly analytic, there was at least this arena in which psychoanalytic ideas underwent some degree of testing. But psychoanalysis' prosperity has resulted pretty largely in the disappearance of these "slums," with the loss in exposure to the aids to vigorous development which adverse environment so frequently provides.

Before going on to my central theme, I want to say something about one subject which is not part of my topic. I feel I must, however, mention it. I refer to the training of persons from the social and behavioral sciences in psychoanalysis for psychotherapeutic or psychoanalytic practice. My reasons for not dwelling long on this subject

are two: first, because I believe that persons in these disciplines have a more important function than psychotherapy to fulfill in relation to psychoanalysis -- this despite the great manpower shortage which has been pointed out by the Joint Commission;⁽¹⁾ and second, because my own interests are not in this area.

I think it only fair to state my position on this topic straightforwardly to help clarify the issues we are really considering. My fundamental position is that training for psychotherapy -- whether psychoanalytic or other -- should not be determined by a person's discipline. Many years of observation in this area have led me to believe that so far as psychotherapy is concerned, the order of importance of the three factors which are integrally involved are: first, the personal qualities of the therapist; second, the nature of the patient and his problem; and third, the nature and adequacy of the therapist's training. I do not include professional identification in these three.

In fact, in relation to medicine as professional background for psychotherapeutic training, I have often wondered whether the conventional training in this profession does not sometimes serve as a hindrance rather than as an aid to optimal preparation for psychotherapy. The training in dealing with patients and acting as healer of physical ailments certainly has its helpful aspects, but there is some danger in this process of making the student less sensitive to the subtleties of psychological relationship and to social factors. The long experience of medicine in inculcating ethical principles affords an advantage over the experience existing in other, younger fields. Nevertheless, it is important to recognize that ethics is not a medical monopoly, and

that its major mainstay lies in the character of the practitioner. Given the proper selection principles -- both self- and external selection -- and proper safeguards in the form of internal and external super-ego controls [the details of which I have described elsewhere⁽¹¹⁾] this problem is "reasonably" well cared for. It isn't necessary to tell a group of this kind how weak men are, and how far below their ideals all groups fall in this respect.

The test with regard to this professional question for anyone is, I suppose, to examine the criteria one has used in the actual situation of having to recommend a psychotherapist for a person for whom one has personal regard. In such a situation, I have found myself making my recommendations largely on the basis of the personal qualities of the therapist and the general competence of his training. I have paid little attention to whether he was a psychiatrist, a psychologist, or a social worker. If you examine your own conduct I wonder whether many of you will not find that your experiences are not too dissimilar. (In this respect, in the case of psychiatrists, I have often been struck by the incongruity between their individual behavior and the positions they take in group assembled.)

When I speak of personal qualities, I include particularly those qualities of personality which we designate as honesty, integrity, and fundamental human sympathy. I cannot think of any field where these qualities are more important than for carrying out the functions undertaken in the field of psychoanalysis. I do not wish to minimize the value of training background, however. I cannot say that I am entirely satisfied with the training given either to psychologists or to physicians.

I would feel most comfortable if we had persons -- properly selected, of course -- who had gone through a training program of the kind recommended by Dr. Kubie,⁽⁷⁾ one which combines the benefits of both kinds of training.

It may have been unwise to introduce my major topic by raising this controversial issue. I did not, however, feel that we would keep the issues of training therapists and training researchers properly separated if my views on this matter were not out in the open.

Let us now turn to the central theme -- the education, for research and scholarly purposes, of social and behavioral scientists in psychoanalysis.

Besides such personal background as I have described earlier, I am using as a basis for my talk the reactions, coming from long-time contact, of a number of behavioral and social scientists who have received different degrees of training at institutes recognized by the American Psychoanalytic Association. In addition, I have recently sent out a questionnaire to as complete a list as I could compile, of persons in these disciplines in this country who have received such training. The questionnaire was designed to obtain a full reaction to the educational program in which they participated: the personal analysis, the theory and technique seminars, the case seminars, and the supervised cases. They were also asked to describe the personal and professional effects of participation in the program and to make recommendations for an optimal program. The respondents were guaranteed absolute anonymity for themselves and for their institutes. The response has been excellent -- thus far I have returns from 45 of the approximately

55 persons written to. Since the results are only partially analyzed, and since I plan to report these results in some detail in a separate paper, I shall during the course of this presentation merely mention a few of the most pertinent trends. On the basis of this varied background material I have some degree of confidence in the objectivity of what I shall say.

The major task which seems to me to lie before psychoanalysis is the consolidation of psychoanalytic contributions about personality within the scientific framework. The achievement of this goal requires that psychoanalysis do as other sciences do: make its propositions explicit, identify and make public the data on which its predictions are made, and test these predictions by relevant methods. While we are setting this task before psychoanalysis, we must at the same time recognize the difficulties that psychoanalysis, perhaps even more than other behavioral sciences, has to overcome: the difficulties created by the markedly heterogeneous universe from which samples of behavior are drawn, the biassed samples from which subjects are drawn, the difficulties of translating concepts into testable hypotheses, the difficulties in repeating observations, and the especially difficult problem of the effect of the observer upon the observed. The latter problem is perhaps more prominent in psychoanalytic work than in any other field, for in no other area is the dependence upon the individual observer as instrument so great, the processes investigated so clandestine, and the identification of the investigator with his theory so profound.

But the delay in psychoanalysis' becoming a part of the family of sciences is not entirely due to the extrinsic difficulties of the

field. There have been certain important, if intrinsic, factors involved in this delay. One of these has been the marked opposition of both medicine and psychology to psychoanalytic data and hypotheses. Others stem from the fact that psychoanalysis is a therapeutic device as well as an investigative method leading to a body of theory, for although this relationship of therapy and theory has many advantages, the relationship also carries with it some disadvantages. One such disadvantage is a tendency for the practical to take precedence over investigation or theory development. A result of this emphasis on therapy has been the almost total limitation of participation in the field to persons with medical training. Such a limitation tends to exclude classes of persons whose fundamental interests are more apt to be on the investigative and theoretical side.

I shall make nine major points about the importance and organization of psychoanalytic education for research. They may be considered as theses that I am ready to defend. Let me first list them together so you can see them in context. I shall then consider each in some detail.

(1) Even though psychoanalysis is a closely intertwined combination of theory of personality, method of investigation and form of therapy, the three aspects have this order of importance: first theory, second method, and third therapy.

(2) Psychoanalysis is a part of psychology. It has peculiarly strategic and close associations to the social sciences, to the biological sciences, to the humanities, and to medicine -- in fact, to any field involving human psychological function.

(3) In order to remain viable -- to maintain and develop itself -- psychoanalysis must much more strongly than heretofore be supported by continuing research and scholarship.

(4) The most promising additional group to draw upon for scholarly and research activity in psychoanalysis is the behavioral/ social science group.

(5) Persons selected for this purpose must be given the best psychoanalytic education possible. This involves the acceptance of several principles:

(a) Such education is best carried out in an institute associated with a university -- that institution of our society created to encourage scholarly and research endeavors.

(b) The university setting should provide the psychoanalytic institute with independent status to establish particularly close relationships with both the graduate and the medical school.

(c) In order to progress, psychoanalysis must continually experiment with new patterns of education.

(d) New programs are best developed, not by general adoption, but rather through pilot projects.

(e) The actual content of the programs should be limited primarily by the needs of the students.

Now let us consider each separately.

Thesis 1 - The theory of psychoanalysis is the most important of its three aspects.

The point about the triple character of psychoanalysis has been developed considerably by Benjamin⁽²⁾ and others in the process of

clarifying the issues connected with the "objective" study of psychoanalysis. There is little need to expand further my own remarks on this topic, for my concern here is merely to emphasize the great interdependence of the three aspects, their independent importance, and at the same time the relative order of importance for the future of the field. With respect to theory, for the purposes of the present paper, there is no call for distinguishing sharply between the empirically derived data leading to theory and the theory itself. I am including under "theory" the range from these data, through the special clinical theory, to the general metapsychological theory. With regard to method, the problem is somewhat more complicated than it is for psychoanalysis as therapy. Although originally the psychoanalytic interview -- the retrospective historical approach -- was the only way to attack the study of psychoanalytic theory, over the years three other major approaches to such study have been originated: the developmental prospective, the experimental (using animal or human subjects), and the cross-cultural. Though these three later methods are important, nevertheless the psychoanalytic interview for the present remains primary, and the other methods largely complementary. I myself have argued strongly for the use of the interview, under certain controlled conditions, as an objective approach to research in psychoanalytic theory. (12)

Psychoanalysis as therapy is gradually being less extensively used in conventional form. With the growing recognition of the need for fitting a special kind of therapy to a particular patient's needs, and with the growing interpenetration of psychoanalytic theories into

other forms of therapy, there is good reason for using the lengthy process of psychoanalysis more sparingly, and for purposes -- training is an example -- where it remains of the greatest importance. It appears to me that the psychoanalytic method, which can be used both as a method of therapy and as a method of investigation, will with time be increasingly used for the latter purpose, and less as a method of therapy. But psychoanalytic therapy will always remain important for providing the rich data on which its theory must in large part be based.

Thesis 2 - Psychoanalysis is a part of psychology.

Psychology is a very broad field, and as is true of any discipline, is not the possession of any person or group of persons, organized or unorganized, whether in the academy or in the consulting room. The place of origin, place of domicile, vocation, etc. of the contributor are irrelevant to his participation. The content he contributes is the primary factor. I am pressing this obvious point in order to make clear that I do not consider psychoanalysis a medical discipline.[†] To insist on its medical character seems to me a parochial way of looking at psychoanalysis and is the result of giving too much importance to certain historical events which Rapaport and I have considered in detail elsewhere.⁽¹³⁾ It is of interest in this connection to examine the four "greats" of psychology as Boring lists them in the second edition of his History:⁽⁴⁾ Helmholtz, Darwin, James and Freud. Three of these had medical degrees and one some medical training. But is not this fact quite irrelevant? For the most part it seems to reflect the educational culture of their time. There is, of course, a psychoanalytic

theory of neurosis. But is this not part of that field of psychology -- abnormal psychology -- which is particularly closely related to medicine?

Academic psychology, now one hundred years old, in its battle to free itself from philosophy, has necessarily had its own share of vicissitudes and prevailing and countervailing prejudices. Eventually I hope we will have a psychology which is delineated entirely by the content relevant to the area, and the interrelationships among the different aspects of this content, rather than by temporary irrelevant political issues.

Thesis 3 - Psychoanalysis needs research and scholarly support in order to remain viable.

Psychoanalysis has to plan ahead in two major interrelated areas: the training of psychoanalytic therapists, and the development of psychoanalysis through research. Relatively much more effort will, I believe, have to be directed to the latter goal than has been the case in the past. This is so for two reasons. First, because therapeutic activity is much more likely to draw support. Besides requiring less nurture, therapeutic activity is further encouraged by considerable outside pressure to meet immediate needs in this area. Second, because the research and scholarly goal is the more important for the advancement of the field.

I therefore make a plea not only for greater recognition by institutes of the importance of research in psychoanalysis, but for emphasis on educational programs that are oriented toward the development of persons who can contribute effectively to research. This will necessarily involve institutes in giving to research a status and a

proportion of staff time and resources that has not been true in the past.

It is unnecessary to develop this point at length for a group of persons who have received their training in the medical schools of this country. Compare what is being done in the institutes in the way of research and scholarship in psychoanalysis, with that in any area of medicine or psychology. Suppose medical schools over the country no longer had basic science faculties, merely faculties consisting of medical practitioners who devoted a part of their time to teaching. How long could medical schools prevent themselves from becoming vocational schools, perhaps not as bad as those in the era before Flexner's Bulletin 4, but still vocational rather than professional schools, to say nothing of centers of research and scholarship?

Thesis 4 - The most promising additional group upon which to draw for research and scholarly support is the behavioral/social science group.

It appears to many who examine the present scene, including myself, that if research and scholarly aims are to be accomplished, a change in certain policies of psychoanalytic institutes -- particularly policies relating to the recruitment of students -- is called for.

Psychoanalysis too rarely attracts from medicine itself persons with a research outlook and motivation. In addition, as I pointed out earlier, psychoanalysis has, because of its therapeutic emphasis, almost entirely cut itself off from recruiting nonmedically trained persons. In fact, such persons have generally had to break down quite formidable barriers in order to be able to obtain analytic training.

When one considers the predominant social science aspects of

psychoanalysis, one wonders if psychoanalysis should not more actively seek out young behavioral and social scientists for training, to supplement its medically trained recruits. Psychoanalysis has a great need for such scientists as have shown promise in their own specialties and who are strongly motivated to continue in the investigative area related to psychoanalysis or even in psychoanalysis itself. (The need of social and behavioral science for psychoanalysis does not require emphasis and is, I trust, implicit in everything I say.)

There are many reasons why recruiting policy revision seems called for. In fact, it appears to me the only reasonably practical way to achieve the goal I have outlined. The constriction of the population from which psychoanalysis has permitted itself to draw has led not only to an artificial limitation of the number of research workers, but has also resulted in a narrowing of the range of the field. One cannot help but believe that such effects have hindered markedly the scientific advance of psychoanalysis.

Both of these points are perhaps obvious, but I should like to develop at least the second briefly. Alan Gregg⁽⁵⁾ some 20 years ago commented in relation to medicine in general that the problem of the recruitment of persons for research was particularly difficult. (It does not seem that the situation is substantially better now.) The student at the end of his training period has open to him not only a research career but also a career of practice which offers substantially greater financial rewards. In the particular branch of medicine of greatest interest to us, psychiatry, a field where the training investment is even greater, the attraction of practice is inevitably greater.

For the nonmedical student such conflict is markedly less. And what is perhaps even more important, these students, especially the ablest of the group, have already gone through a process of selection of field of interest which does a great deal to ensure a life devoted to scholarship or research in the academy. I would, of course, include in this class persons with medical training who see their primary contribution lying in research and scholarship. If such students are brought up in environments where the behavior supports for the research values are available, the number in this category will increase with the years. The importance of such an outcome for the continued development of psychoanalysis cannot be exaggerated. I have, on another occasion, discussed what I considered the deplorable tendency among many psychiatrists to delegate research to other disciplines. (11)

I should point out that the American Psychoanalytic Association has in the last few years recognized the importance of training social and behavioral scientists for research. The Committee on Training Standards in Relation to Training for Research⁽⁹⁾ has been working actively on this problem, to which it has given serious and thoughtful consideration. Although this represents a substantial step forward, it of course reflects a philosophy quite different in scope from the one put forth in this paper.

Thesis 5 - Students who are to contribute along research or scholarly lines must be given the best psychoanalytic education possible.

Under this thesis I want to discuss a number of sub-theses, those having to do with the where, the what and the how of carrying out such a program.

Sub-thesis a. In our society the institutional setting that can most appropriately provide such an education is the university.

For many historical reasons, during the early days of psychoanalysis, the psychoanalytic institute had considerable justification for its independent status. These reasons are well known to you and do not need repetition. But I raise the question whether we have not for some time been in a period where there are so many disadvantages to the private institute and so many advantages to association with a university that the time for a change has arrived.

What are the handicaps of the independent institute?

Certainly any independent psychoanalytic institute with a serious interest in research, but carrying a heavy burden of therapy training programs, has to struggle with many problems in the present type of setting. There is serious question as to whether such institutions can provide the superego supports so necessary for perseverance in research. It is, indeed, an unusual person who can, without these supports, maintain himself against the pressures of which you are all aware.

Another handicap of the independent institute is its hothouse atmosphere where lack of serious criticism is inevitable. In an environment where everybody holds essentially the same point of view, self-deception is easy. Counterfeit conceptual currency can pass easily from one person to another, since for mutual self-protection there is tacit agreement not to examine the currency too carefully. This quid pro quo tolerance can in the end become highly destructive of fundamental values.

The part-time nature of the operation cannot help but result in an overemphasis on the "practical." In an institution where private practice is the dominant model provided by the instructors, the influence on the ego ideals of the students must also be in this direction. In addition, a situation that calls so generally for the recouping of financial commitments made at great personal cost must inevitably direct the attention of the students away from scholarly pursuits.

What, in contrast, are the advantages of the university setting? In describing the advantages of the university I am not unaware of the inadequacies of many university settings. I am far from considering universities small utopias. But of the many institutions in our culture which might be considered suitable, good universities would in general appear to be the optimal places for such an arrangement. In the semi-protected environment of the university -- where the goals are organized in a pattern more consonant with the values of a life oriented to teaching, research, and scholarship -- one is more likely to get the community support for one's superego that practically all of us need.

The university provides an atmosphere of constant competition for ideas, both within one's own field and with other fields. This comes both from the pressures by colleagues and from the pressures of students which carry over from their contact with other departments having these values. Such external review necessitates constant self-review and provides the controls which any discipline must have if it is to develop optimally. The university standards -- those which cross departments -- have both explicit and implicit effects on the standards of a particular department or school.

The university also provides models of instructors who must meet university standards, whether as clinical teachers, as basic teachers, researchers or scholars. The students therefore have a variety of models with whom to identify, a variety rarely found in independent institutes.

If psychoanalysis hopes to achieve status as a member of the disciplines involved in achieving knowledge about man, it must take its place in the university. While it keeps itself outside this setting and restricts its activities as it has in the past, it cannot help but develop an image -- for itself and for others -- of not being a member of the family of sciences.

For these reasons, among others, we must consider whether ultimately a much closer relationship of institutes and universities is not called for if we are interested in meeting the research needs of psychoanalysis. Such a step would not only have reciprocal benefits for psychoanalysis and the university fields, but would also result in an increase of the number of medically trained as well as nonmedically trained investigators.

Sub-thesis b. The psychoanalytic institute should be an independent institute in the university setting associated with both the graduate school and the medical school.

Even if it is granted that the psychoanalytic institute should be part of the university, a serious question arises about the particular place in the university where the institute should be located. Whitehorn, in the appropriately entitled "Academic Lecture"⁽¹⁴⁾ at the 1952 meeting of the American Psychiatric Association, has presented some

major arguments for associating the institute with the university. But Whitehorn would go only part way -- associate the institute with the university as part of a Department of Psychiatry. This point of view I do not share. As you know, there have actually been two instances of institutes and one of a training center being made part of the medical school setting. In each case these have been made a part of the clinics of the Department of Psychiatry. Though this is a desirable step forward and has undoubtedly led to an improvement in the situation I have been discussing, I do not believe that this arrangement is optimal. Psychoanalysis has a much broader function to fulfill. Essentially the form of organization I have described results from what I consider too narrow a definition of psychoanalysis. This definition, I believe, sells psychoanalysis short by considering psychoanalysis as merely an adjunct to psychiatry.

Further, as I see it, this form of arrangement is not truly "university-connected." It is "Department of Psychiatry-connected." My own view has been that the optimal arrangement would be an autonomous institute intimately related to the graduate school and the medical school. (The details of the autonomy will of course have to be spelled out.) The psychoanalytic institute could then be an important center of intercourse between those who are primarily clinically oriented and those who are primarily theoretically oriented. Effective teaching of psychoanalysis takes place only in an environment of this kind, an environment where both kinds of activity are given equal prominence. An additional benefit of this scheme would be the opportunity it affords those with a major interest in one area to receive complementary training in the other.

It is, of course, possible to consider establishing two quite different kinds of institutes. One type would be an organization set up specifically for practitioners, either like the present type and quite independent of the university, or similar to the newer type associated with departments of psychiatry. The other kind would be for theoretically oriented potential researchers and scholars and associated with the graduate school. I doubt, however, that this is a desirable arrangement. There is much to be gained by the theory-oriented from constant contact with those who are clinic or field-oriented and by the field-oriented person from contact with the theory-oriented person. Medical schools discovered this a long time ago, and I do not see any trend towards changing their arrangement. In fact, the trend is in the contrary direction -- to integrate the field and theory orientations and to bring them closer together.

It would be ungracious, in this context, not to recognize the great amount of teaching which persons associated with the institutes are carrying out in medical schools and, to some extent, in graduate departments. Though this activity is important, it does not of course meet the much broader problem with which I am concerning myself in this paper.

Sub-thesis c. In order to develop optimally, psychoanalysis must experiment with new educational patterns.‡

I merely want to make the obvious point here that every field must constantly be re-examining its educational content and educational techniques in order to achieve most effectively. Attendance at some of the conferences of the American Association of Medical Colleges has

impressed me with the amount of thinking that is going on in medical schools about the most effective ways of achieving medical educational goals. A number of these schools are trying new and sometimes quite radical educational patterns. It seems to me that psychoanalysis must also open itself up to this kind of experimentation.

Sub-thesis d. New programs are best developed through pilot projects.

If in my discussion thus far you have at all received the impression that I am in favor of the wholesale movement of present psychoanalytic institutes into universities, then let me reassure you. I think it would be a grave mistake to adopt all at once a program such as I suggest, on a wide basis. There must be an initial period of testing. My thought is that a few pilot programs should be established for trying out such notions as I have advanced. These programs must obviously be set up in places where there are both a good medical school, and a good graduate school which is strong in psychology and the social sciences. Because of the reluctance of universities to set up independent institutes on their campuses (although the number appears steadily to be increasing), and because the suggestion here is that the institute have considerable autonomy and especially close relations with two quite separate parts of the university, it is most important that the administration of the university as a whole, and that of the medical school and the graduate school, be strongly committed to such a program. I shall not at this point discuss the receptiveness of academic institutions to such a plan since the first step must be taken by psychoanalysis.

It is particularly important to emphasize the need for commitment

to such a program on the part of psychoanalysis. In the questionnaire I have referred to, a number of respondents have indicated that there existed clear evidence of ambivalence on the part of the institute with which they were associated regarding their training. These ambivalences were expressed in a number of ways about which I shall say something later.

Given such a setting and arrangement, who should be the students? I shall not discuss the group which psychoanalysis has traditionally trained any further than to say they must also be included.

As for the social and behavioral scientists at whom this particular program is directed, I have the following to say. They should be persons of quality who have clearly indicated from their past history that their primary concern is for research, teaching, and scholarly pursuit in the area of the social and behavioral sciences, and that they are clearly committed to careers of this kind. The combination of the obvious criteria for such a status, with the selective procedures which the institutes themselves must necessarily introduce, should ensure obtaining students of this description.

What about the instructors? They should be highly selected for competence in their specialties, whether theory or clinical work, and for their ability as teachers. They should be friendly towards research, and have a willingness to make their experience, and sometimes even their data, available for research purposes. In addition to psychoanalysts, the institute should have a considerable proportion of instructors from the behavioral and social sciences -- specialists in their own areas who have gone through psychoanalytic training and are interested in

research and scholarly work in this area. Most of the faculty will be at least half time and many full time. Under such circumstances it would be possible to establish a closer relationship between instructors and students -- in some cases a kind of apprenticeship relationship.

Hopefully a good portion of the faculty would be devoting some of its energies to research. For the best way to teach research is not to teach about research, but to do research in which the students get involved. And still more hopefully this research would be on psychoanalysis and psychoanalytically oriented topics. Long observation of the psychiatric scene has impressed me with how much of the research of psychiatrists is in fields other than psychiatry itself.

What shall we say about the educational program to be provided for behavioral and social science students? I do not believe that any of us is prepared to be very specific at this time. Of one general point I am, however, convinced: the program must involve a combination of theory and clinical work. My own present view with regard to specifics is that a personal analysis is a sine qua non, and some form of supervised analytic work almost as essential. Of course, a considerable part of the present program of training is also valuable. In any case, experimentation and individualization are necessary.

We might for the present assume that, in general, the program in this institute would contain the same five major groups of experiences as is contained in the present program: personal analysis, theory courses, methods courses, case seminars, and supervised cases. To these should be added a sixth important area, that of research in psychoanalysis, including related fields. This entire program would

be open to all of the students, with a recognition of the need for setting certain program prerequisites: both general prerequisites based on needed basic experience in the field, and individual prerequisites based on a particular student's goals. If the program were to be limited to theoretical seminars, as it has been in some institutes, there would of course be little reason for this talk. Any graduate department can arrange to give theoretical courses in areas relevant to its mission. It is because I believe -- and I cannot emphasize this point sufficiently -- that psychoanalysis cannot really be understood unless there is an opportunity to work with clinical material and to interact with persons expert in handling clinical material, that the present program has been suggested.

In this context, it would be of interest to you to know that there is general agreement in the questionnaire responses, from those who have had the opportunity to go through a full program, about the relative value of the five categories now represented. The educational value of these five categories was ranked from the highest to the lowest, as follows: personal analysis, supervised cases, case seminars, methods courses, theory. It is a little difficult to tell whether the lower value placed upon methods and theory courses, particularly the low value placed on theory, is due to the generally poor quality of the teaching in this area, or to the essentially better learning contacts provided by the case-oriented experiences. The respondents did, however, complain generally about the theory courses, commenting unfavorably about them in comparison with graduate school courses. My own guess is that the evaluation is based on poorer teaching, since there seemed to be such universal agreement in the opposite direction about

the teaching of one person who had given theory courses in several institutes. His theory courses were evaluated as having as great or sometimes greater value than any other parts of the program aside from the personal analysis.

Some development of these general points about curriculum can be made with regard to range of content. The questionnaire replies indicate that too often the scope has not been based on the candidate's needs, but rather on extrinsic considerations. These appeared to grow either out of the fear that the student might sometime "practice" psychoanalysis, or the fach-symbolic emotional investment in the control case. Instances were given of acceptance by physician-students of the participation by nonmedical students in the theory courses and even in the case seminars. They apparently feared, however, that they would lose their distinction if those who were not physicians were given supervised cases as well.

We must assume that in the new setting we have just described this problem would be minimal. There could not exist an attitude on the part of the instructors that nonmedical students could have everything but supervised cases, either for the reasons given earlier, or because insufficient supervisory time was available for even the medically trained students.

The institute should provide an atmosphere in which it is possible to establish one's respective professional identity with pride and equanimity and to maintain this identification without constant threat. We must recognize the highly charged atmosphere of the analytic institute -- an atmosphere where strong needs are constantly being brought to the

surface, where education is taking place at an advanced age with concomitant neglect of family and ordinary satisfactions, and where financial commitments are a constant source of concern. Such a situation encourages instabilities and defensive behavior which is not helped by ambivalences introduced by the instructors. It is important throughout, as I have said, that the instructors achieve a state of non-ambivalence and that they be stable about their roles and goals. Under these circumstances the medically-trained students would find it easier to avoid the kind of feelings or fears I have just mentioned.

The program I have outlined, then, is one which recognizes that only an integration of clinical and theoretical training in a scholarly atmosphere can provide the optimal background for the education of social and behavioral scientists, and for potential researchers with medical backgrounds. Although for the effective execution of such a program the university setting I have described seems at present optimal, I do not necessarily see this as the pattern for all institutes. My expectation is that there will be a place for a variety of other organizational patterns -- in association, for instance, with strong clinical centers, or with research institutes such as the intramural program of NIMH. I am most doubtful, however, about the future usefulness of maintaining a considerable proportion of institutes in their present dominant pattern.

Summary

What shall I say briefly in summary? As I have stated my theses twice, I need not repeat them again. What I have said has really revolved around an attitude -- an attitude which may have only been implicit but

which I shall now try to make explicit.

I have not been much concerned with psychoanalysis as therapy. If I have left the impression of having under-emphasized its importance, this has been only because my presentation was directed elsewhere -- at research. Neither have I been much concerned about organized psychoanalysis. Rather, I have directed my concern to the contribution of psychoanalysis to organized knowledge. Psychoanalysis can no longer keep its resources isolated. It must get into the very center of intellectual activity, make its contribution and be contributed to, as other fields of knowledge are doing, and have done in the past. If changes in psychoanalysis result from such intercourse, this is only what is to be expected and the changes are to be welcomed.

But to be more specific, I want to point to two ethical questions which underlie this attitude. The first is this: When society has invested heavily in the education and concentration of talent in a field of knowledge, has not the group so privileged an obligation to contribute its findings to the general body of knowledge?

The other is this: In a period when in so much of life we are surrounded and under the constant bombardment of irrationalities -- at the international, the national, and the daily individual level -- is it not the unavoidable obligation of a group whose members have presumably gone through the most searching examination of their own irrationalities ever, to set an example of rational conduct? (You see I am old-fashioned in my psychoanalytic views.) At the very least, within its own realm ought it not to be able to face problems objectively, and provide this minute example of rationality? If this group cannot, which one can? Noblesse does oblige. And getting back to the wider area: to

the argument which is sure to be advanced, about the puniness of such efforts against the overwhelming odds, there are several answers. One is that ethics does not consider odds. The other is that there must not be any underrating of the importance of the effective power of the group which is most closely identified with one of the great revolutions in human thinking -- a revolution which has provided man with the means of facing up to himself honestly, and with courage. If such strength is to be frittered away in preoccupation with petty internecine battles, or in the satisfaction of purely personal needs, or in limited goals, then is the group truly worthy of its heritage? Can society afford to leave the responsibility for such an important area to such a group?

So I ask, is it not time now to examine objectively the future of psychoanalysis as a discipline, and decide where it is -- better, where it has -- to go? At the present time this is largely up to organized psychoanalysis.

References

1. Albee, G. W. Mental Health Manpower Trends. New York: Basic Books, 1959, pp. xliii + 361.
2. Benjamin, J. D. Methodological considerations in the validation and elaboration of psychoanalytical personality theory. Amer. J. Orthopsychiat., 1950, 20, 139-156.
3. Bergman, P. Has psychoanalysis become too complacent? Review of Lewin, P. D. and Ross, Helen. Psychoanalytic Education in the United States. Contemp. Psychol., 1961, 6, 265-266.
4. Boring, E. G. A History of Experimental Psychology. Second Edition. New York: Appleton-Century-Crofts, 1950.
5. Gregg, A. The Furtherance of Medical Research. New Haven: Yale University Press, 1941.
6. Gregg, A. The place of psychoanalysis in medicine. In: Twenty Years of Psychoanalysis. (Eds. Alexander, F. and Ross, Helen) New York: W. W. Norton, 1953, pp. 28-49.
7. Kubie, L. S. The pros and cons of a new profession: A doctorate in medical psychology. Texas Reports on Biology and Medicine, 1954, 12, 692-737.
8. Lewin, P. D. and Ross, Helen. Psychoanalytic Education in the United States. New York: W. W. Norton, 1960, pp. xviii + 478.
9. Report of Committee on Training Standards to the Board on Professional Standards. J. Amer. psychanal. ass., 1957, 5, 713.

10. Shakow, D. Discussion. In: Twenty Years of Psychoanalysis.
(Eds. Alexander, F. and Ross, Helen) New York: W. W.
Norton, 1953, pp. 216-226.
11. Shakow, D. Psychology and psychiatry: A dialogue. Amer. J.
Orthopsychiat., 1949, 19, 191-208; 381-396.
12. Shakow, D. The recorded psychoanalytic interview as an objective
approach to research in psychoanalysis. Psychoanal. Quart.,
1960, 29, 82-97.
13. Shakow, D. and Rapaport, D. The influence of Freud on psychology.
To be published.
14. Whitehorn, J. C. The meaning of medical education in our society.
Amer. J. Psychiat., 1952, 109, 81-88.

Footnotes

- † (P. 13.) In this context Jones' chapter on Lay Analysis (E. Jones, Sigmund Freud: Life and Work. London: Hogarth, 1957, Vol. 3, pp. 309-323) is particularly pertinent.
- ‡ (P. 22.) Among others, the papers of M. Balint (On the psycho-analytic training system, Int. J. Psycho-Anal., 1948, 29, 167-173; Analytic training and training analysis, Int. J. Psycho-Anal., 1954, 35, 157-162.) and the paper of T. Szasz (Psycho-analytic training, Int. J. Psycho-Anal., 1958, 39, 598-613.) are relevant.