LOS ANGELES PSYCHOANALYTIC SOCIETY May, 1964

Committee for the Study of Psychoanalytic Practice

This is the report to the membership of the findings by the Committee for the Study of Psychoanalytic Practice. This study of the changing trends in practice was begun three years ago with a preliminary investigation of one particular aspect of the problem, the nature of the clinical material presenting itself. This past year a more comprehensive exploration was undertaken, collecting opinions, attitudes, and experiences with manifold aspects of practice. The dual method of investigation used, questionnaire and following personal interview, yielded a large amount of data as well as an interesting insight into the methodology itself. Before presenting the summarized findings, however, a few explanatory comments about the project's frame of reference and its limitations may assist in interpreting the results in proper perspective.

This is a condensed report, abstracted from the raw data to indicate general trends and highlights of divergent opinion. Because of the condensation the full and convincing impact of the mass of responses may not be conveyed in this summary; there can be no doubt, however, that the data is substantive.

Next, the design of the study combined collecting both experience and opinion; and these separate aspects must be carefully distinguished: an unambiguous trend of experience among a group of analysts is an important finding and one thing; a popular explanation or opinion may be, however, quite something else. Needless to say, commonly-shared beliefs need be no more valid than uncommon ones.

In another dimension, dual aspects of the technique must be clarifed. Responses to the questionnaire tended to be more restricted, formal, and perhaps "correct," while responses in the following interview tended to be much freer, sometimes controverting directly the respondent's initial answers! Aside from the unexpected fringe discovery of the qualified value of questionnaire answers by themselves, then, it appears that the statistical ratios given, as indicative as they are, probably are to be evaluated as guarded and conservative.

This leads to the last point; namely, that the object of the study, our private practices, proved to be an emotionally-charged topic which simultaneously aroused much interest and much resistance (both within the investigator and investigated). This was reflected, for example, in the fact that over half of the active membership responded to the questionnaire (high percentage) and three-fourths of these people offered to contribute even more; but despite this amount of interest, however, interviews sometimes failed to materialize; opinions sometimes were surprisingly constricted, stereotyped and "safe"; or in contrast, tapped such reservoirs of feeling about related subjects as to obscure the focus on the topic of practice. The Committee has been acutely and persistently aware of the presence of this resistance and suggests that the findings be viewed in the light of it. Many examples of this variety of distortion can be found in the data, but perhaps one illustration will suffice: although the large majority feel that practice has changed, and for the worse, as a group the members report they are working slightly more than ever! Of course, from other indices in the questionnaire and from common knowledge there is good reason to suspect this is not the case and that a number of people with more free time simply omitted to answer the question. Although we cannot determine the composition of the half of our active membership which did not participate in the study, the indications are that we have sampled an entirely representational cross section.

In spite of these limitations and others, then, the Committee feels in general that the members' interest in this problem was high, their contributions generous, and that a valid sampling of information was obtained. To whatever extent this profile succeeds in

defining the configuration and complexion of psychoanalytic practice in transition, to that extent the chief objective of the study will have been fulfilled. It is our opinion that these findings should provide a valuable stimulus for thought, discussion, and eventual action along many possible avenues.

PART I:

1. The large majority have the impression that psychoanalysts' practices in general have changed (30:6), and for the worse (17:3), though almost half declined to judge the latter.

2. The group reports an actual change in the complexion of its own practice in the following directions: doing less analysis (23:10), more modified analysis (20:4), more psychotherapy (20:10), more other professional activities (20:4), but an almost unchanged total work week (more 10, less 8, same 12).

3. The group reports it is receiving fewer referrals from analysts (22:6), fewer from psychiatrists (17:4), more from patients (17:7), and less from other sources (10:8), and is impressed with this as an element in the changing picture of practice.

   They report more unsuitable cases (16:6), more suitable cases who are either unwilling or unable to undergo analysis (16:6), and more cases which appear to have been once suitable but "spoiled" by intercurrent therapy (9:1), and again feel that the case material is changing.

   The group feels that the numbers of therapists available is a factor (19:5), geographic distribution of therapists is relevant (13:5), location of their own practice is of importance (8:4), medication may be playing a role (13:3), fees may be an important factor (12:4), and their own development as an analyst is influencing what they experience in practice (13:1).

4. While the group thinks that its views may be shared by Society colleagues (27:12), it has no idea that our sister society locally (31:8) or other societies nationally (26:10) share these concerns about the trends in practice.

In the personal interview, almost without exception, the members report a worsening of psychoanalytic practice in terms of volume and quality of suitable cases which come to them. Repetitively they turn to the same themes for explanation: too many therapists in a small area; too high fees; fewer intramural referrals after training; greater selectivity about cases and increased awareness of limitations (on the part of the analyst, referring physician, and patient population); changes in patients (capacity and motivation); disillusionment; inimical infantile attitudes on the part of our profession; the end of a popular boom; and the persistence of the old familiar resistance. Those few who are not impressed with a change in practice still are treating old cases, are involved in special clinical interests, or are just actively involved in other activities. No real clues emerge from the "contraries" accounting for their different experience (including geographic location or clinical experience), except that one gains the impression it may not really be so different for them. The idea presents itself that education, popularization, and facilitation of referral channels may not necessarily affect the supply of good analyzable cases at all. (Could Freud be right?)

A recurrent theme is the analyst's own revision of expectations about practice, abrupt or

Parricide — 7. In adult state, these impulses are absorbed — So, if they are still here in our Society, either ① our analyses are very incomplete & ineffective or ② it is a projection & denial of infanticide & suppression of growth —

gradual, which takes place during or after training. The type of work he was trained to do and the type of patient with whom he was trained to work simply do not coincide with what he actually experiences. Psychotherapy, modified analytic techniques, and modified patients resume their former place in the spectrum of general practice, after the high-power concentration on special model techniques and patients in training. Striking by its relative absence is any significant discussion of the possible relationship between the externally perceived changes in practice and the familiar internal vicissitudes in the professional maturation of the analyst (i.e., working through of depression and infantile omnipotence).

A surprising finding is the apparent degree of either insularity or secretiveness which exists in the group. Too many seem not aware that concern over the problem of practice is by no means limited to themselves.

PART II:

5. The general impression is that the public image of psychoanalysis and psychoanalysts has changed (29:8) and for the worse. Comments from the questionnaires and the personal interviews tended to fall into four main areas:

   a. There is a growing skepticism about analysts and psychoanalysis. There have been too many bad results. Acting-out patients and analysts have not helped the public image. There is also a growing awareness of the limitations of our science. High fees have driven many patients away and have given them the impression that analysts are more interested in money than in helping people. New methods such as family therapy, group therapy, and medication have superseded psychoanalysis in the opinion of many patients. They regard psychoanalysis as too rigid, time consuming, orthodox, and expensive.

   b. There has been an increased popularization of psychoanalysis, but this has led to confusion instead of education. The public does not differentiate psychoanalysis from any other therapy. There is hardly a therapist who doesn't call his work analysis. This confusion may also exist in the medical community as well as in the patient population. We have contributed to this confusion by not listing ourselves as analysts, for anachronistic reasons.

   c. The medical community seems to be hostile towards psychoanalysis. Psychiatrists and psychologists are better understood and better accepted. The reasons for this hostility are not clear. It may be that we have kept ourselves too aloof from the medical community, and this increases its suspicion and mistrust of us. Analysts should make themselves more available as consultants to their medical colleagues.

   d. There is a lack of unity and cohesiveness in our own group. The Institute and Society tend to be restrictive and constricted in their attitudes. There is too much concern with maintaining the status quo instead of being actively involved with giving service to the community.

   There were two main favorable comments:

   a. The public image of analysts had improved due to the fact that they are participating more in community activities pertaining to mental health. If in this participation they identify themselves as analysts, certainly the public image of

a therapy which is as consuming of time, effort, money as is analysis, should be a treatment of choice in general cases. But instead, we are using it as a speedy limited device, most best helpful to the healthier, who should be allowed & aided to work & experience a minimum damaged assistance — at any rate, even if one disagrees w the above, the converse is really the important point — namely, we announce we have a tool which cannot assist those who most need our knowledge, skill, and efforts — the psychotics — there pts., who are a basic reason for our existence as doctors & analysts, we abandon — & worst of all, we declare our disinterest — & even worse, our suspicions of those among us who are interested in expanding theory & practice so as to include psychoses —

analysts will benefit.

b. Although the patient population, the medical profession, and even analysts themselves have experienced a certain disenchantment with psychoanalysis and a growing awareness of its limitations, this may be a healthy development which can lead to further growth.

6. The majority of the membership have not changed their policy of identifying themselves as analysts to their medical colleagues and the public (37:5), emphasizing it (17:1). The Society could take a more active role in identifying the analyst as someone with more to contribute to science and treatment than other therapists.

7. The majority have not changed their policy towards participation in public or medical-psychiatric activities (30:7). Those encouraging (12) and those discouraging (10) are almost evenly divided. Comments from the interviews are: not enough analysts are interested in professional and cultural activities; the Society as a group should have a stronger liaison with the medical society and should be more oriented towards community service; analysts should make themselves more available in the medical arena as consultants who can fulfill the needs of their medical colleagues.

8. The majority have not changed their policy towards assisting ancillary personnel (37:7). Those encouraging (12) and those discouraging (10) are almost evenly divided. Those encouraging emphasize that they will take ancillary personnel into analytic treatment only with the clear understanding that it is treatment and not training.

PART III:

9. The question of whether or not psychoanlytic training prepared the individual as adequately as could be expected to meet the conditions of practice was the most elaborately answered of all questions both in the questionnaire and in the discussion. While 27 responded with "Yes," 14 with "No," and one with "Yes and No," the discussion, comments, and qualifications indicate that far more than one-third find considerable fault with the teaching and training in psychoanalysis. Fully two-thirds of the answers and discussion pointed to a surprising amount of dissatisfaction, disappointment, displeasure, and even, in some extremes, outrage at the training program. Since the respondents were predominantly trained in the Los Angeles Institute for Psychoanalysis, it seems reasonable to assume that the criticisms are specific to our teaching unit. On the other hand, there is also reason to feel that these criticisms could in part be expressive of disenchantment with psychoanalytic training in general. Even those answering "Yes" to the question had in their discussion many reservations and qualifications ranging from, "Not completely adequate," "No preparation for practice," "It could be better," to "Pre-psychoanalytic training was more helpful to meet the needs of practice." A common complaint leveled at the prolonged training was that it had an infantalizing tendancy for the candidate with a subsequent overevaluation of the "omnipotent analyst." Commonly used adjectives describing training were "rigid," "inflexible," "idealized"; less common but full of feeling were adjectives such as "outdated," "ceremonious," "sanctimonious."

The most common complaint leveled at training as a factor in practice was that cases seen in practice rarely if ever approximated the so-called analytic case so often referred to in training. Indeed, a few respondents questioned that such cases actually exist. There was some serious criticism of supervision, and in several instances the criticism went so far as to accuse the supervisors of a lack of responsibility in

their teaching -- the treatment as well as the selection of proper analytic cases. Another comment to the effect that analysts were timid in taking patients with regressive symptoms placed responsibility on training which laid too much stress on the contraindications to analysis. Several respondents strongly felt that failures in personal analysis due to inadequate training analysis led to inability to deal with difficult cases effectively. Further implications of this comment were that frequent ineffective and poor results in analysis of patients led to a destruction of the good public image of the analyst.

The question as originally posed was not intended to set off a chain reaction -- but it nevertheless did just that in an explosive way. Obviously it would be wrong, unjust, and unreasonable to blame all of the foibles of practice on defective training; but the answers of the respondents give strong indication that a majority feel that our training tends to lead us away from attitudes which are needed to meet the requirements of practice and that in some way the image of the analyst which our training encourages leaves much to be desired. Perhaps unresolved conflicts and negative feelings should be taken into consideration in our attempts to evaluate the comments; but the very existence of such extreme feelings is indicative of faulty analysis, a return of the repressed, or actual serious defects in the teaching program. The readiness and fluency with which the subject was dealt must leave us with an inescapable conclusion that much thought has been given to the subject by many and for a long time. The discontent, no matter how latent it may have appeared, is, at this moment, rather blatant. A further, independent study is definitely indicated.

10. This is the question regarding personal re-analysis since training; and of the total number of respondents 12 said their re-analysis had been relevant to their subsequent practice-experience, 3 said it had not been, 2 said perhaps. 21 failed to answer the question at all; but in general each of the 12 thought that re-analysis after training was far better than the training analysis, that it helped in re-orienting them to analysis along classical lines, and to make them deal more effectively with psychic reality and less with reality problems. They felt that it was helpful in maintaining a practice under pressures and it definitely resulted in doing more psychoanalysis and less psychotherapy in practice. The comments ranged anywhere from "Definitely helpful" to "Improvement" to "An absolute must." Obviously re-analysis helps to "re-involve" one with analysis. It is perhaps significant that those who had been re-analyzed were somewhat more gentle and tolerant toward the training in spite of the fact that they could find serious faults with it. The majority of respondents felt that analysis could not be done satisfactorily under the conditions of training for reasons which are not the subject of this report. Several did stress that re-analysis should be undertaken not with a training analyst. While the numbers who have responded that they have undergone re-analysis are not sufficient to draw a definite statistical conclusion from, it is thought that the trend indicated boils down to: re-analysis is a very important consideration. "Too many have been away too long."

11. Indicates those respondents who had been in practice for five years (10), ten years (15), fifteen years (12), twenty years or more (5). It is reasonable to assume that there is a fairly good cross section of the Society in this distribution.

12. The question of whether or not one's practice of psychoanalysis is different than average because there was something special about the individual indicated that: recent graduates often found their practices expanding; those who were specialized in child analysis were extremely busy; and in general the individuals indicated their special interests in child work, psychotics, research, writing, etc. Several felt

that their individual personality and interests rendered their practices atypical. Again a valid cross section seemed represented.

13. 43 returned questionnaires. 31 participated in interviews.

This study was conceived of as an intra-Society dialogue, if you will, with a view toward encouraging free and meaningful expression and discussion between members; no attempt at censorship has been exercised, for we have had every expectation that the confidentiality of the material would be respected. Now that the findings are distributed in printed form, we all share a serious responsibility that this material does not fall into the wrong hands to be misused with potentially very damaging results (e.g., by the press). Even in our communications with colleagues and appropriate people outside our Society, which should and must take place in time, utmost discretion must be used lest our frankness bear something other than the constructive fruit we desire.

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