

December 29, 1954

Arthur P. Noyes, M.D., President
American Psychiatric Association
State Hospital
Morristown, Pa.

Dear Arthur:

Thank you for your letter of December 16th concerning the question raised by one of the members of the American Psychiatric Association about the use of non-medical personnel as instructors in psychotherapy by the Los Angeles Institute for Psychoanalysis, according to that Institute's annual report, 1952-53. I am sure that this^{is} not a problem you would bring to our attention if it involved the opinion of only one of your members, or was an isolated instance within the framework of the American Association; rather it illustrates a problem of importance to both our associations.

I am therefore, taking this opportunity to respond most heartily to your request for "information, help, and advice" so that you may be as accurately informed as possible.

The American Psychoanalytic Association was originally established by a small group of psychiatrists in 1911, and it has subsequently been basically medical in its orientation. In 1926 the policy that only physicians should be trained in psychoanalytic therapy and eligible for membership was formally promulgated. Nonetheless, exceptions were occasionally made by our young organization in favor of a few lay analysts who had come from Europe. In the latter thirties this problem was very thoroughly studied by the Council on Professional Training of the Association, resulting in publication in 1938 by the American Psychoanalytic Association, after endorsement by all local societies recognized by us, of Minimal Standards for the Training of Physicians in Psychoanalysis, and Minimal Standards for the Organization and Conduct of Training Institutes for Training of Physicians. However, at that time (1938) it was agreed that lay analysts who had been members in good standing of component societies at the time of adoption of these standards should not lose their membership. Under this "grandfather clause," there has always been this certain number of lay members--they now number six out of a total of five hundred ninety members; though their personal convictions of the desirability of lay analysis in America has occasionally caused local difficulties, their status as members of the American in good standing has not been subsequently challenged by the American, and indeed there is much appreciation of the contributions of some of them to the development of analysis in America.

Since 1938, and indeed for many years prior to that time, there has been no layman trained with the sanction of the American Psychoanalytic Association for the practice of psychoanalytic therapy. This fundamental policy of the American was, of course, reaffirmed as the basis of the Joint Resolution concerning Clinical Psychologists of the American Psychiatric Association, the American Medical Association, and the American Psychoanalytic Association. I think you will be interested also that our full participation in this Joint Resolution was based upon a more explicit statement of seven principles concerning lay psychotherapy, approved by the Executive Council at its Midwinter Meeting, 1953, by votes on each item of 15-0 to 13-2, and published in the Journal of the American Psychoanalytic Association, April, 1954 (Vol. II, p. 355).

However, as you know, in spite of the soundness of the basic policy of the American Psychoanalytic Association over the years and its solidarity in maintaining it by and large, we have from time to time had difficulties within our Association, some but not all of them involving this problem of training by laymen in a few of the Institutes accredited by us. Some of these problems have arisen from the sincere convictions of a rather small minority that unrestricted lay analysis and lay psychotherapy is desirable; and some, unhappily, arise from more complicated political situations, particularly those involving the activities of some local groups. These problems, when they occur, are also much enhanced by the disposition of certain of our very individualistic members who on occasion have favored "exceptions" to our general policy. And some problems, as in the case of the Institute which you have cited (but not only that Institute), are the consequence of the rather paradoxical policy of a few institutes in appointing laymen to their teaching faculties, even though these individual instructors are not eligible for membership in the American Psychoanalytic Association and would not be eligible as candidates in training at any of the institutes accredited by us. In consequence, I have, during my terms as Chairman of the Board and as President, had a good many members of our own Association make the identical accusation that the member of the American Psychiatric Association whom you quote expressed.

Two further recent formal actions by the American Psychoanalytic Association are relevant and may be of special interest to you: (1) the formal action by the Board on Professional Standards, May, 1954, denying permission to the Los Angeles Institute to appoint an instructor in supervised psychoanalysis, because he was engaged in the private practice of analytic therapy; and (2) the endorsement by the Board on Professional Standards, December, 1954, of the following reformulation of a long-standing principle:

Only physicians who meet the minimal admission requirements are eligible for candidacy in the authorized training institutions of the American Psychoanalytic Association for training in the therapeutic practice of psychoanalysis. Therefore, this Association will not recognize training in psychoanalytic therapy given to individuals not holding a medical degree, whether such training is offered for research in therapy or for any other purpose.

I very much hope that this is the sort of factual information which will be of help to Officers of the American Psychiatric Association who are interested in our problems, especially in the eradication of a few disturbing instances of deviation from a policy in regard to lay therapy which we have jointly endorsed. I do not think one could honestly say that the skirts of our complicated organization are entirely spotless (though the daintier garments are now at the laundry), but I do believe that the basic policies of our Association are honestly supported by most of our membership and that progress is being made in the solution of a few difficult problems of unauthorized training which violate the standards of the American Psychoanalytic. Not only yourself, but most leaders of the American Psychiatric fully recognize today the fundamental contributions of the American Psychoanalytic in our generation to the advance of psychiatry, medicine, and medical education; and we trust that this fully justifies our expectation of full collaboration with the American Psychiatric in regard to matters of mutual interest.

In regard to a detail you mention, "This Committee (on Clinical Psychology) then discussed the matter, I believe, with the Ad Hoc Committee on Education in Public Hospitals in liaison with the American Psychoanalytic Association during the committee meetings held in Washington, D.C., several weeks ago," I have phoned Bernie Bandler, Chairman of your Ad Hoc Committee on Education in Public Hospitals, and he informs me this was not discussed in his committee, though he had heard it was discussed personally with one of his committee members.

In view of the importance of these matters to the American Psychoanalytic Association, I am taking the liberty of sending copies of your letter and mine to Officers and Officers-Elect of the American Psychoanalytic and also to Paul Huston, whose interest, as Chairman of the Committee on Clinical Psychology, you refer to.

Very sincerely,

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Ives Hendrick, M.D.
President

enc.

cc: Officers
Officers-Elect
Officers of the Board
Dr. Huston
Mr. McVeigh