

Presentation for “The Future of Psychoanalytic Education: Preservation & Innovation” Nov. 16, 2008

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As the initial speaker on this panel I am faced with a broad and very loosely defined task, namely to talk about the future of psychoanalytic education.

Considering the future of psychoanalytic education requires observation about psychoanalytic education, both in the past and the present, in order to speculate about the future and make relevant recommendations regarding necessary and positive changes in how we educate candidates. To start with it would be helpful to clear the air regarding my appraisal about the future of psychoanalysis. Fortunately, I believe there is reason to be hopeful about the future of psychoanalysis as a clinical entity but educational reforms will become increasingly important in insuring its continued health and viability.

Psychoanalysis as a clinical endeavor has been vastly misunderstood both in the media and in the public’s imagination. Over the years it has been pronounced moribund or already very dead in almost all publications ranging from Time magazine to the New York Times. Furthermore, when it has been taken up with enthusiasm by the academic world, the

version that has excited its use has been decidedly based upon the printed word and usually represents an outmoded version of analytic theory that has long since ceased to dominate our consulting rooms. It is, therefore, important to emphasize that while psychoanalysis is alive and well in the clinical practices of an increasing number of psychoanalysts from different training backgrounds, this is far from a view that is shared by either the public or the broader community of therapists.

Psychoanalysis not only has a place in the contemporary world but in terms of training it is something of a therapeutic “growth industry” if we include the increasing number of psychologists and social workers currently being trained in Independent Institutes as well as those sponsored by the IPA and the APsaA. Having a future, however, doesn’t protect us against problems that result from some of the pitfalls of common training practices, which I believe exist in training programs regardless of the theoretical orientation that dominates any particular Institute.

The changing needs of patients who seek psychotherapy have increasingly clashed with some, if not most, of the traditional and ritualistic practices of our profession. The degree to which some of our

basic psychoanalytic theories and techniques have contributed to our diminished importance in the psychotherapy marketplace cannot be overestimated.

It is important to examine the emergence of competing therapeutic approaches in order to understand the appeal of movements that offer patients the very components of help that are so often interdicted by what many psychoanalysts consider to be sacred ground in psychoanalysis. Life coaching, ten stepping, many instances of what would be considered unacceptable transference gratifications, are roiling the psychotherapeutic world reflecting even the informed public's intolerance of what for many is a standard adherence to psychoanalytic technique. Abstinence regarding transference gratification and neutrality of the analyst towards all aspects of his patient's conflicts may seem like the cornerstone of the analyst's proper stance as far as many members of the analytic profession are concerned but their impact upon those seeking treatment, with small exceptions, may serve only to convince potential patients of their need for a therapist who responds in a more open and lively communicative fashion about their presenting problems. The warm, caring, involved and affectively alive therapist, possessing both empathy and intuition and able to give effective advice about life problems as well as interpretations may well be

less the case for those who have been psychoanalytically trained than for those therapists operating without the benefit of our usually training methodology.

The problems that result from current practices in psychoanalytic training may apply in varying degrees at different Institutes. I am more able to comment on analytic training that occurs at Institutes that I am familiar with but I have little reason to believe that other Institutes are free of these issues which seem to me to be endemic to almost all current psychoanalytic training. This is so despite the efforts, widely spoken of by analytic educators, to avoid problems that stem from an authoritarian bias that is built into training that includes a required training analysis with an analyst elevated by Committee decision to the special position of training analyst.

The requirement that all candidates in psychoanalysis be in analysis with a training analyst has a long history of being accepted without critical appraisal. To be critical of its effects on the individual almost seems unthinkable. It is certainly defiant of tradition and unlikely to win accolades for anyone willing to raise doubts not only about its effectiveness but daring to suggest that it has been a destructive force

in psychoanalytic education. It does, however, require a critical perspective that refuses to avoid raising inconvenient truths if needed changes in our educational methods are to occur. The nature of the training analysis and how TAs are selected is an important element in the argument that our training methods are more like indoctrination, with resultant imprinting of both technical and theoretical ideas, than an exploration in intellectual freedom and self determined decision making on the part of the candidate. We are, as a field, inclined to be blind to the psychoanalytic family culture that we are likely to be indoctrinated into when we enter a training analysis. This remains so even after the practice of linking candidate advancement to the TAs approval in the form of a reporting analysis has faded to the point where it would now be considered an unimaginable practice.

The training analyst system represents the flowering of the hierarchical proclivity that has seemed so emblematic of our psychoanalytic legacy. It has mostly been accepted as inevitable, perhaps because it reflects the same theoretical tendencies that liken analysts to parents and patients to children who are placed in their care. The gradient is seen as real if not concrete. Because the role of training analyst is seen as so crucial to training of candidates it has

encouraged the myth of TAs as superior analysts capable of performing the more difficult task of analyzing candidates. While the explanation that there are special issues involved in analyzing candidates in the field there is little in the way of evidence that indicates those who pass the hurdles involved in becoming TAs have any more capacity than the ordinary practicing psychoanalyst. The counter argument might well be raised that analyzing candidates who have already completed medical or psychological training is a far easier task than analyzing the ordinary patient who has no motivation to advance professionally as a sustaining and restraining force.

A further problem that tends to inhibit creative thinking and innovation in our field arises from another aspect of the TA system. Little attention has been paid to the way in which any Institutes TA network will tend to select for its own type. Those who fit in with the TA as analyst or supervisor are likely to be seen as ideal analytic candidates. There are “favorites” and there are non-conforming or shall we say “discomforting” candidates who simply don’t seem to fit in,” character style wise”. Such non conforming types are usually judged as not possessing the qualities necessary to be a “real analyst”. As a system this tends to lead those who

think differently to drop out of training or be forced out when they are seen as not right for the job of analyzing. The concept of a “compassionate graduation” for those candidates who have never satisfied their TA supervisors but who have lingered in training for well over a decade has always been seen as a reflection on the one who received it rather than on the Institute that granted it. Those who conform, those who flatter the narcissism of the TA as supervisor or teacher, are definitely more likely to succeed. Compliance becomes a necessary capacity for many if they are going to succeed in becoming TAs. Often those who aren’t favored pass by with little fuss, however, they may be destined to become those well known “compliant members of the society”, they may even be allowed to teach seminars but they remain outside the TA inner circle, handmaidens to the TAs who control the power and the rewards. There have been no studies indicating which candidates receive referrals for “control cases” from which TAs but simple observation would lead to the conclusion that patients can become the instruments of reward to the likeable candidates who are judged to be superior because they appear to work like a particular TA and do so with admiration.

The existence and maintenance of an elite TA system has had many different negative effects on

intellectual freedom and how analysts work with their patients. While many analysts would acknowledge that they only found their own voice after “throwing away the book”, it remains clear that most tend to hold onto that book with great tenacity. The result of placing all candidates into fairly lengthy analyses as part of training not deemed as therapeutic and hence elective results in prolonged dependency and idealization of the TA, his style and his theoretical preferences. This should be obvious from the fact that Kleinian TAs produce Kleinian analysts, as do Freudian conflict theorists produce conflict analysts and selfpsychological analysts produce self psychologists. There is no guarantee that time and distance from the TA will lead to an analyst developing his or her own voice that has not only digested what he or she has been exposed to but has also achieved freedom to think for him or herself in a clinical situation. It is only in doing so that the possibility opens up for an analyst to operate using their own self as the measure of what they are experiencing with any particular patient.

The ability of the psychoanalytic culture to change has been severely limited by the TA system and its ability to select for loyalty to a variety of narrow definitions of psychoanalysis. Those candidates raised in one school of thought as opposed to another

are very likely to stay loyal to the “analytic family” they were raised in. As a result, it is only those who embrace the same approach who are seen as true family members, those in other schools are only impostor analysts who mislead their patients into believing that they have had a real analysis.

The solution arrived at by the British Psychoanalytic Society to the problem of competing theoretical models and competing TAs representing those models may appear to apply as a solution here in the United States as well. If each Institute can adopt a particular theoretical orientation or allow for the parallel track system representing the major theoretical schools then we could regulate the turf wars. But it remains to be seen what the cost will be for the development of psychoanalytic clinicians. If freedom to think about each patient in terms of their actual character and its interaction with the real character of the analyst is our legitimate clinical aim then the system of TA authoritarian dominance and selfselection as to type will remain a barrier to achieving a meaningful psychoanalytic education.

The fundamental problem for the future of psychoanalytic education, in my opinion, rests upon our ability to alter the curriculum of our teaching to make it clinically relevant around the issues of

increased analyst activity and the abandonment of technical rules that imprison analysts in the role of passive listener and interpreter of the unconscious meaning of feelings and events in a patient's life. It isn't that we need to abandon the concept of an unconscious, it can remain a central and helpful concept but only if it isn't structured as to a required set of contents and meanings. If we continue to train candidates in a mode that continues to privilege the view that psychopathology and emotional discontent and suffering are the result of unconscious conflicts then we will eventually be relegated to being a treatment that is of interest only to those in training. For the general educated public we will be seen as only of historical interest. The analytic stance, so highly regarded by many prominent analysts in the course of our history, has been failing with increasing numbers of patients who want something more than interpretations from an aloof seeming interpreter of their reality.

In a recent paper entitled "When Interpretations Derail the Patient: clinical misuses of the concept of the unconscious" I have made use of a published case by a self described contemporary conflict theorist to contrast his use of the role of unconscious issues from the patient's early experience with his mother. In my interpretation these unconscious issues

regarding the earlier figure of the patient's mother continue to figure into his dealing with a woman in his present life but in a very different way. The original analyst interprets the patient's reluctance to trust his fiancée to his experience with his manipulative and untrustworthy mother. I see his relationship with his mother as blinding him in his evaluation of his fiancée's behavior because he has been deprived of experiencing a mother who served as a model for appropriate responsiveness from a woman. My central critique of that analysis demonstrates what I believe to be essentially dangerous in our training of psychoanalysts. By this I don't mean to focus only on contemporary conflict theorists, although it is particularly a problem in this school where authority tends to be used to establish clinical practices with little regard to the patient's experience of his or her own reality. Whenever an analyst of any school is too certain and dedicated to a theoretical belief system it is the patient who tends to suffer as a result.

In the end psychoanalysis will have a future simply because it is and has been a form of therapy that places emphasis upon the individual patient's mode of functioning and suffering. No other therapy has been so dedicated to studying each individual who it approaches. However, the tendency to believe that

the precise attempt to understand mental processes and functioning is more important than helping the patient to function in the areas of work and love remains a barrier to keeping psychoanalysis adaptive to its time and place. Can we functionally eliminate a TA system that rewards those who endorse the received wisdom of powerful TAs? Can we acknowledge that there is something in psychoanalysis as a therapeutic endeavor that really transcends Freud, Klein, Kohut or Lacan?

These are basic questions about our approach to educating candidates. How they are answered will determine whether graduates of psychoanalytic institutes will be prepared to compete in the market place. It is only by countering our historical legacy of mystification and aloof authoritarianism that we will be able to produce clinicians who are capable of using analytic concepts while altering the traditional psychoanalytic stance. If psychoanalysis persists as a training pyramid, keeping the couches of TAs filled with eager candidates, but producing graduates who, if they fail to become TAs, will seldom see any patient in psychoanalysis, we will have succeeded only in perpetuating a system of training that is difficult to justify. The usual claim that those who attend our Institutes and go on to a general practice of psychoanalytic psychotherapy will be better at what

they do because of the training is impossible to validate. I would suggest that those who train as psychoanalysts are often less well equipped to use their true selves in the service of psychotherapy than those who have been spared the current mode of training. This is so because of the invariable sense conveyed in all current analytic training Institutes that there is a correct, prescribed theory and technique that defines what is and what isn't psychoanalysis. Historically, those who train others in psychoanalysis have been dedicated to maintaining psychoanalysis as a fixed entity that must be conducted in this way and no other.

As long as those providing psychoanalytic education remain dedicated to preserving and passing on an official version of psychoanalysis that preserves an historical legacy it will be difficult for our training to qualify as clinically important. If, on the other hand, we educate candidates who are dedicated to helping patients using a range of tools, technical, theoretical as well as non-theoretical we will be able to continue to be, as they say on CNN, the “best therapeutic team” in the world.