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A SURVEY OF CLINICIANS' VIEWS ABOUT CHANGE IN PSYCHOANALYTIC PRACTICE AND THEORETICAL ORIENTATION

Catherine B. Silver

> Contemporary psychoanalysis is passing through a crisis which superficially manifests itself in a certain decrease in the number of students applying for training in psychoanalytic institutes, and also in the number of patients who seek help from the psychoanalyst. Competing therapies have emerged in recent years which claim to have better therapeutic results and to require much less time and hence, of course, much less money. The psychoanalyst, who ten years ago was considered by the urban middle class to have the answer to its mental anguish, is now put on the defensive by psychotherapeutic competitors and is losing the therapeutic monopoly.
>
> —Erich Fromm, *The Crisis of Psychoanalysis*

INTRODUCTION

The last several decades have been characterized by social, economic, and cultural changes affecting the field of mental health,

The idea for this research was suggested by Dr. Charlotte Schwartz, Chair of the Research Committee of the National Psychological Association for Psychoanalysis (NPAP) in 1995. I wish to thank her for her collaboration and gracious support. I also wish to acknowledge the invaluable help of Bonnie Oglensky in creating the questionnaire with me, coding, and entering the data into the computer. I also want to thank Beverly Schneider for her helpful editorial comments and Tania Levey for her technical assistance.

and particularly the practice of psychoanalysis, as Erich Fromm (1970) noticed in his *The Crisis of Psychoanalysis*. Fromm already remarked, more than thirty years ago, that psychoanalysts were confronted with changes in patients' preferences for shorter and cheaper modes of treatment and the emergence of numerous competing therapies. Since then, the pressure of managed care, health maintenance organizations (HMOs), the medicalization of treatment, "Freud-bashing" in the media, and the erosion of the cultural prestige of psychoanalysts have added to the sense of crisis (Gedo, 1984, 1993; Holt, 1989, 1992). The ambivalence toward Freud's legacy, illustrated by the fight over the content of the Library of Congress exhibit "Sigmund Freud: Conflict and Culture," (Talbot, 1998) exemplifies the political and ideological attacks on psychoanalysis (Lear, 1995). Fromm's formulation about the social and cultural factors shaping psychoanalysis has become even more pertinent today in a postmodern world that has problematized the construction of the self, questioned the universality of metatheories and stressed the links between power and knowledge.

There have been an increasing number of articles and books trying to assess the presumed "crisis" of psychoanalysis. Some critics blame social factors external to the profession, while others focus on the theoretical and scientific weaknesses of the discipline itself (Crews, 1995; Grünbaum, 1993), and the universalizing discourse of psychoanalysis (Flax, 1993). Still others argue that the crisis of psychoanalysis is due to constant internal splits and the isolation of psychoanalysis from academic discourse and research; last but not least, some argue that the crisis of psychoanalysis comes from the archaic and authoritarian organizational features of most psychoanalytic institutes (Eisold, 1993; Kernberg, 1998; Kirsner, 2000). The questions about the legitimacy of lay analysis and the identity of psychoanalysts (Freud, 1927) have been central concerns in the mental health field. This article, originally requested by the National Psychological Association for Psychoanalysis (NPAP) Committee on Research, contributes to this debate about a presumed "crisis" by understanding how psychoanalysts themselves perceive the state of psychoanalysis and how they see, over the last few years, the impact of cultural and social factors on their practices.

Whether social and cultural changes are experienced as a crisis depends on how a crisis is defined and who defines what psychoanalytic knowledge is. While a lot of thinking has taken place in analyzing changes in psychoanalytic modalities, techniques, and theoretical orientations, there has been little attempt to assess the situation of the profession as a whole. Many of the statements made about the state of psychoanalysis are based on general observations in the media and in-depth interviews with small groups of prominent analysts rather than reflecting the views of a cross-section of psychoanalysts themselves.

Broadly speaking, psychoanalysis provides both a theoretical framework and a methodology for the study of the mind. Despite the differing theoretical schools and numerous splits since its inception, psychoanalysts share certain assumptions about unconscious processes and a methodology based on the use of free associations within a neutral therapeutic setting. Psychoanalytic institutes also share organizational features in the way they socialize trainees and shape the identity of a psychoanalyst (Klauber, 1983; Kirsner, 2000; Pollock, 1983). This study analyzes how individuals, trained as psychoanalysts, evolved in their practices and theoretical orientations as a response to cultural and social change. This paper is not a pure theoretical "think piece," nor is it a clinical case study; rather, it is a systematic empirical analysis of psychoanalysts' views of factors influencing their clinical work and theoretical orientations. While survey research is not common among clinicians, questionnaires have been used in the past to study psychoanalytic practice, going back to the work of Edward Glover (1955), who surveyed 29 members of the British Psycho-analytic Society. Surveys are important because they provide an overall picture of the field, and help us identify ideas, practices, and the concerns of psychoanalysts as a group (Council of Psychoanalytic Psychotherapists, 1966; Jones, 1961). Understanding general patterns helps shape a collective consciousness and provides understanding of structural and organizational issues raised by clinicians and institutes alike (Eisenman, 1993).

To carry out this survey, a questionnaire was created about psychoanalysts' perception of changes in their clinical practices and theoretical orientations over the past five years.[1] The questionnaire contains close-ended and open-ended questions in ad-

dition to the usual background variables about respondents' lives.[2] The questionnaire was sent to 930 randomly selected members of seven psychoanalytic institutes located in the New York region.[3] The return rate of 22 percent (i.e., the proportion of those who returned questionnaires) was low. The findings presented here are based on all 203 psychoanalysts who answered the questionnaire. On selected items, we provide an analysis comparing respondents from several psychoanalytic institutes.[4]

PROFESSIONAL IDENTITY

Following Freud's (1926) prescription for lay analysis, psychoanalytic institutes in the United States have increasingly attracted a wide variety of nonmedical practitioners despite attempts to medicalize the profession. In recent years there has been a sharp increase of applicants to psychoanalytic institutes from a variety of nonmedical disciplines. As of 1996, 381 of the 990 candidates training in 29 psychoanalytic institutes around the country did not have medical degrees (Goode, 1999). Psychoanalytic institutes vary in the degree of openness to individuals with backgrounds other than social work and clinical psychology. Among respondents with masters degrees, the two largest groups were from social work (59 percent) and psychology (16 percent). Among respondents with doctorates, the largest group was from psychology (46.5 percent) and social work (13 percent). Psychoanalysts also held masters degrees and doctorates in other fields, such as sociology, philosophy, education, literature, nursing, communications, business, philosophy, religion, and the arts.

Psychoanalysts in full private practice have been the norm in the United States. Seventy-one percent of respondents have a full-time private practice, while 29 percent additionally hold other positions in teaching, research, or other professions, mostly part-time. A few respondents volunteered that they were in some phase of gradual retirement. NPAP, compared to other institutes surveyed, has a majority of members who received degrees outside the three disciplines and only two percent trained in psychiatry, compared to eighteen percent in other institutes. NPAP, created in 1948 under the leadership of Theodor Reik, is one of

the two largest psychoanalytic institutes in the East, known for its openness to different theoretical orientations. NPAP provides a context where personal analysis can be undertaken and individuals trained on the basis of a psychological rather than a medical model (Sadowy, 1998). Such diversity has stimulated intellectual growth but has set the stage for inevitable splits and crises within the organization.[5]

One feature of mental health in the United States has been the feminization of occupations since the turn of the century. In professions, like medicine and psychology, feminization has brought about a lowering of occupational status and the loss of renumeration. It has also given male practitioners the highest administrative positions, rewards, and responsibilities. Psychoanalysis follows the same general pattern as other mental health occupations, but unlike medicine and psychology, it was never fully male-dominated to start with. Among our respondents, 55.6 percent were female and 44.2 percent were male. Males, however, were twice as likely as females to have doctorates, and to attain higher positions in the organization. There was no difference between NPAP and other institutes on that score. The implications of an increasing number of women psychoanalysts should be explored. Among patients, women constituted a larger proportion of respondents' clinical practice. The finding that women were more likely than men to seek individual treatment supports previous research that shows that women feel less stigmatized seeking help and feel more comfortable expressing and sharing feelings than men (Gilligan, 1982).

Before the creation of training institutes with their formalized transmission of knowledge, psychoanalytic training consisted primarily of several long supervisory experiences combined with personal analysis. The codification of training institutes in the 1950s in response to an increase in the number of trainees was an indication of the vitality of psychoanalysis at the time. Codification led to the implementation of new educational and bureaucratic requirements used to legitimize psychoanalysis as a profession in a society increasingly ruled by experts and specialists (Foucault, 1988; Phillips, 1996). Among respondents, 98 percent underwent formal training in a psychoanalytic institute. Those who did not receive training belonged to an older genera-

TABLE 1
Years in Analysis

DURATION	PERCENTAGE OF RESPONDENTS
5 years and less	11
6–10 years	35
11–15 years	25
16–20 years	22
Over 20 years	7

tion where clinical apprenticeship rather than formal training was the norm.

Another key feature of professional life is the ability to develop a sense of professional identity. Acquiring an identity as a psychoanalyst requires a complex process of socialization and internalization within the context of a training institute (Allprin, 1999; Kirsner, 2000). The socialization involves taking courses, doing several controls, and taking a series of examinations before the final case presentation; above all, the identity of a psychoanalyst is shaped by a long, expensive, and sometimes a difficult personal analysis with a training analyst, usually from one's institute. Among the psychoanalysts surveyed, the average length of time in personal analysis was 12.8 years. The distribution of years in analysis while in training showed wide variation (see Table 1).

Among study respondents, 11 percent had only 5 years or less of analysis; 35 percent had 6–10 years; 25 percent had 11–15 years; 22 percent had 16–20 years and 7 percent had over 20 years. Over half (58 percent) claimed to have been re-analyzed at least a second time.

Because of the closed institutional setting and the need for privacy, the process of socialization in psychoanalytic institutes takes on especially intense features. It has been shown to provide strong pair-like identifications and systems of loyalties. The role of personal analysis in shaping the identity of a psychoanalyst has been of concern over the years (Freudenberger & Robbins, 1979). Glover (1955) was interested in understanding the influence of training analysts on the theoretical orientation and independence of thought of trainees. He studied trainees transferences in order to assess the impact of power and influence in psychoanalytic training institutes (p. 262). The danger of trainees' transferences, he argued, came from trainees' tendency to copy and match their analyst's approach. The longer the analysis the stronger these transferences are likely to be and the stronger the links of dependency and loyalty (p. 262). The implication is the informal support for the status quo.

Psychoanalysts' identities also have to be understood within the context of the organizational culture of psychoanalytic institutes (Bion, 1961; Eisold, 1993). The conflicts and splits that have traditionally occurred since Freud's time (Roazen, 1990) reflect the contradictory nature of training institutes, where there is cross-pressure between "the claims of instrumental, rational, and rule-bound organization on the one hand, and the claims of personal feeling, intuition and creative originality on the other" (Rustin, 1985, p. 145). In an in-depth analysis of five training institutes in the United States, Kirsner (2000) pointed out that psychoanalytic institutes have a tendency to seal themselves off from the outside world, including academia and other mental health professions. Kernberg (1998), presenting different models of organizational structure, compares psychoanalytic institutes to a mix between a trade school and a monastery—a combination that, he believes, is detrimental to growth. He believes that the "paranoid" atmosphere and the concentration of power in such organizations often lead to strong and dangerous regressive tendencies. Rodrigues (1998) further argues that the structure of psychoanalytic institutes that have rigid boundaries between training analysts and the general membership diminishes incentive for creative thinking and writing. Jane Flax (1993), a feminist philosopher, points out how the normalization of training in psychoanalytic institutes obscures the power/knowledge practices and legitimizes the production of only certain kind of knowledge and expertise.

This survey was not primarily intended as a study of the organizational culture of psychoanalytic institutes. However, we have indirect measures of the distribution of authority and influence. One way to describe the organizational culture of training institutes is to look at the distribution of supervisory tasks and case controls. We asked questions that can be used to analyze

the distribution of power and influence in the organization. In our survey, we asked: "How many people have you supervised and how many controls have you directed over the past three years?" On average, respondents reported having supervised six trainees over the last three years. However, the distribution shows that supervision was concentrated among a few analysts. Among NPAP members, 17 percent had a large number of trainees (average of fifteen individuals) whom they supervised, while 56 percent had only a few (average of five), and 27 percent had none.[6] These observations point to an imbalance in the distribution of supervisory tasks, and thus of informal power in the organization. Another set of findings about control analysis points in the same direction. In the past three years, the majority of analysts (58 percent) never supervised a single control case, while a small number had an average load of five case controls. While analysts with more experience and reputation are likely to attract a greater number of trainees, the circulation of candidates among members was limited. A similar pattern was found in all the institutes surveyed. These findings support previous observations regarding the concentration of power in training institutes and the creation of strong pressures toward conformity (Eisold, 1994; Kernberg, 1999). Within such an institutional context, what is the impact of social and cultural factors on psychoanalytic practice?

IMPACT OF SOCIAL AND CULTURAL FACTORS ON PSYCHOANALYTIC PRACTICE

We now turn to an analysis of the perceived impact of social and cultural factors on clinical practice. Respondents were presented with a list of eight factors that could affect their practices: (1) patients' preferences, (2) increased competition for patients, (3) rules of managed care, (4) pressure to join HMOs, (5) insurance requirements, (6) medicalization of treatment, (7) drop in patient referrals, and (8) negative reporting from the media. For each one, respondents were asked if they were affected: "not much," "somewhat," or "quite a lot." We organized the factors into three groups, ranging from those that affected clinical practice the most to those that affected clinical practice the least.

Most Important Group of Factors Influencing Clinicians' Practices

Table 2 presents the data discussed in this section.

Patient preference for psychotherapy and short-term treatment was the most important factor: On average, 36 percent of our respondents reported being affected "a lot" in their practice. The percentage increases to 75 percent if we include individuals who claim to be affected "somewhat." Psychoanalysts now compete for patients with many institutes and programs that offer an array of other therapies that claim to provide faster, and thus cheaper, relief. Many patients today want shorter treatment modalities than in the past and quicker results (Goode, 1998).

In the words of two respondents:

> Patient populations are much less interested in psychoanalytic inquiry. They want: 'Help me now!'

> I have learned to do short term, solution-focused work and will continue to do this if patients and insurance companies insist or prefer.

Today patients are perceived as being different from what they were in the past. They are seen as more demanding, narcissistic, and anxious about the future, with less time, and less money and wanting supportive, relationally oriented therapies. These features reflect broader changes in the social climate and in the cultural/philosophical meaning of psychoanalysis. The use of psychoanalysis as an instrument of reflection about humanistic and existential questions has been replaced by a search for concrete solutions.

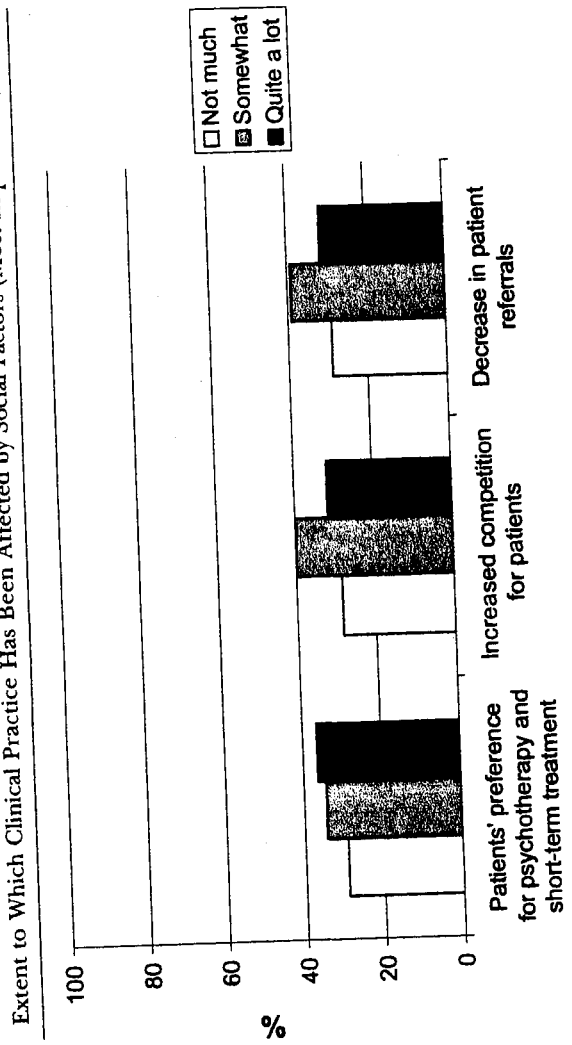
In the words of one respondent:

> In my experience, one of the reasons for the decline in patients seeking psychoanalysis has to do with the systematic undermining of humanistic education that has taken place since the seventies. An individual's capacity to understand and enter into an interior search has been replaced with an exaggerated notion of results and functionality.

NPAP members were the most affected by patients' preference for short-term psychotherapy. IPTAR and the New York Freudian Society were the least affected.

Increased competition for patients was also high among the fac-

TABLE 2
Extent to Which Clinical Practice Has Been Affected by Social Factors (Most Important Factors)



tors that affected psychoanalysts' practices: On average, 32 percent of respondents reported being affected "a lot" by the competition for patients. The percentage increases to 68 percent if we include individuals affected "somewhat." This situation reflects a combination of factors, including an oversupply of therapists, especially in large cities like New York, less demand for classical psychoanalytic type of treatment, an increasing number of new therapies, new training institutes, and increased competition from social workers and psychologists who receive patient insurance coverage and can provide treatment without having attended a training institute. Members from the New York Freudian Society were the most affected and NPAP members the least affected by the increase in competition for patients.

Decrease in patient referrals is the third highest factor affecting clinicians: On average, 32 percent of the respondents mentioned a decrease in patient referrals as a major change that affected them "a lot." The percentage increases to 70 percent if we include individuals affected "somewhat." In this domain, New York Freudian Society and NPAP respondents were the most affected, while IPTAR respondents were least affected by a decrease in patient referrals.

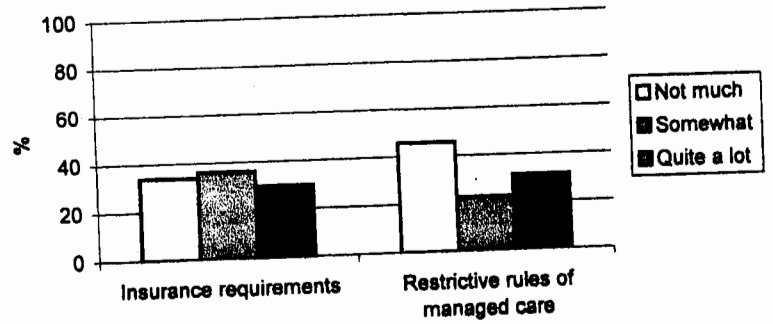
Second Most Important Group of Factors Influencing Clinicians' Practices

The next group of factors to be considered affected clinicians less than the preceding category of factors. Table 3 summarizes the data discussed in this section.

Insurance requirements: On average, 30 percent of the respondents complained that insurance requirements affected their practice "a lot." The percentage increases to 60 percent if we include individuals who were affected "somewhat." Respondents complained that the limits set by insurance companies gave support to patients' preferences for a "quick fix" and shorter treatment. In this domain, NYU Postdoctoral Program, William Alanson White Institute, and Karen Horney Psychoanalytic Center were the most affected, followed by New York Freudian Society, NPAP, and, finally, IPTAR.

In a respondent's words:

TABLE 3
Extent to Which Clinical Practice Has Been Affected by Social Factors
(Second Most Important Factors)



Patients cannot or are not motivated to continue treatment after insurance runs out.

Many respondents expressed complaints regarding third-party procedures, including the time spent discussing these issues in associations and professional meetings; increased paperwork; resentment at having to justify treatment to insurance companies; negative impact on the public's expectations of what therapy should be; and pressure regarding the number of sessions and length of treatment.

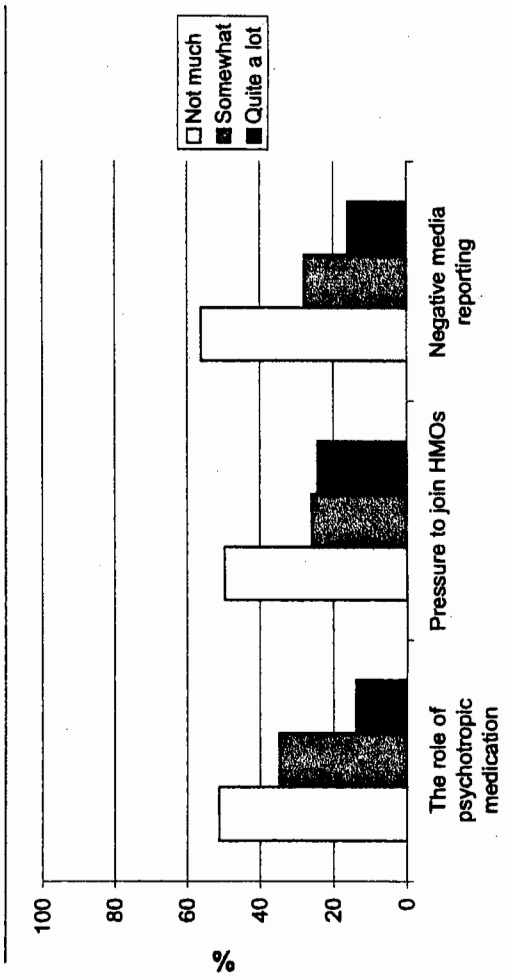
Restrictive rules of managed care: On average, 32 percent of the respondents mentioned the restrictive rules of managed care as impacting them "a lot" in the conduct of their practice. The percentage goes up to 49 percent if we include individuals who were affected "somewhat." In this domain all except New York Freudian Society members reported being equally affected. This finding makes sense since members of New York Freudian Society were the least likely to do short-term treatments.

Least Important Group of Factors Affecting Clinicians' Practices

This last group of factors was the least likely to affect clinicians' practices. Table 4 summarizes the findings.

The role of psychotropic medication: On average, 14 percent of the respondents reported that the use of psychotropic medica-

TABLE 4
Extent to Which Clinical Practice Has Been Affected by Social Factors
(Least Important Factors)



tion had affected their practice "a lot." The percentage increases to 45 percent if we include individuals who were affected "somewhat." Once again, New York Freudian Society stands out as being the least affected by this factor. The increased reliance on drugs and the availability of a number of effective antidepressant medications have become common factors impacting treatment.

In the words of one respondent:

> Patients request medication and often come in already medicated, refusing to stay with the discomfort of anxiety. The stress is on symptom relief rather than understanding and working through.

It should be noted that the use of psychotropic medication was not always seen as negative. A significant number of analysts said they used medication as a way of providing a more stable basis for psychoanalytic treatment.

Pressure to join HMOs: On average, 24 percent of the respondents felt that the increased pressure to join HMOs impacted them "a lot." The percentage goes up to 46 percent if we include individuals who were affected "somewhat." NPAP members were the most affected, New York Freudian Society members the least.

Negative media reporting on the mental health field: Despite the general perception that media coverage has had a negative impact on the practice of psychoanalysis, this factor is relatively weaker. On average, only 16 percent of the respondents reported that their practices had been affected "a lot" by negative media reporting. The percentage increases to 39 percent if we include individuals who were affected "somewhat." In the last decade or so there has been a backlash against many of Freud's ideas, especially their clinical ramifications. The attacks have come from several fronts: scientists, philosophers, and psychologists (Crews, 1998; Grünbaum, 1993). The press has often amplified and distorted the debate in ways unfavorable to psychoanalysis.

A respondent expressed his view in the following way:

> The negative view in the press of Freud's ideas of psychoanalysis in particular has increased resistance toward its use and made supportive therapy more acceptable to patients.

Those most affected were respondents from the NYU Postdoctoral Program, Alanson White Institute, and Horney Psychoanalytic Center. The least affected were members from IPTAR and New York Freudian Institute. One possible explanation is that there is a self-selection process among those who enter specific institutes. Individuals who enter the most strictly Freudian institutes are the least likely to feel challenged or affected by negative media coverage.

In summary, we can say that in the last five years, psychoanalysts have experienced new and growing concerns about their psychoanalytic practice. For the overwhelming majority of respondents, traditional psychoanalysis can no longer be taken for granted. External factors—social, medical, and institutional—have significantly affected their work. The major threats to psychoanalytic practice were not perceived as coming from medicalization, the pressure to join HMOs, or insurance requirements, but rather from changes in patients' preferences for interactive and short-term treatments, as well as from competition for patients.

One would have expected that the social factors that impinged on psychoanalysts' practice would lead them to change their treatment modalities and theoretical orientations. But despite these social pressures, only 18 percent felt that their treatment modalities or theoretical orientations had been affected "a lot."

In the words of a respondent:

> I don't think that external factors have altered my psychoanalytic orientation. But I might consider expanding my practice to include very specific modalities, such as substance abuse.

PSYCHOANALYTIC THINKING AND PSYCHOTHERAPY PRACTICE

Since the great majority of our respondents felt that there were social and cultural changes, we wanted to know how these affected the conduct of their clinical work.

Theoretical Differences Between Psychoanalysis and Psychotherapy

The original impetus for this research was to understand analysts' perceptions of psychoanalysis and psychotherapy. There have been ongoing theoretical discussions regarding the differ-

ences between psychoanalysis and psychoanalytic psychotherapy (Alexander, 1954; Gill, 1954; Schwartz, 2003). At the Rome Congress of the International Psychoanalytic Association in 1969, Wallerstein posed the major questions regarding the different features of psychoanalysis and psychotherapy. More recently, Kernberg (1999) describes clear differences in techniques and treatment modalities between psychoanalysis and psychoanalytic psychotherapy on one hand and supportive therapy on the other. He suggested that psychoanalytic institutes create different tracks to learn specialized techniques. Other analysts do not see such clear-cut differences and argue that psychoanalysis can be applied in a variety of clinical situations without the need to introduce specialized training (Wallerstein, 1999). Our survey adds to the debate by showing how psychoanalysts perceive different orientations and engage in different treatment modalities.

The debate starts with how these terms are defined. Clinical work can be described through a number of indicators, such as the number of sessions per week, the length of treatment, whether the patient lies down on the couch or sits up, the nature of interpretations, and the use of dream analysis. For some, psychoanalysis tends to be defined by a greater frequency of session, the use of the couch, and a primary focus on dream analysis and unconscious processes. Charlotte Schwartz (2003) has argued that the number of sessions required by psychoanalytic treatment reflects key differences in the way psychoanalytic process affects individuals' ability to deal with deep-seated unconscious processes. For others, psychoanalytic psychotherapy tends to give a greater weight to an understanding of the dynamics of relationships on a day-to-day basis. It is based on the use of flexible parameters around time and space boundaries—such as sitting up, facing the therapist, and having fewer numbers of sessions. In the later case, the dynamics of treatment follow interpersonal and intersubjective interpretations.[7]

In our survey we asked psychoanalysts whether they made a distinction between psychoanalysis and psychoanalytic psychotherapy and, if so, on what basis. A resounding 90 percent of the respondents said that they did make such a distinction. However, contrary to our expectations, the basis of the distinction was not, for the majority of respondents, the number of sessions

but rather the flexible boundaries of treatment and the nature of interpretations. Among those for whom the number of sessions was the main criterion, the cut-off point was three times a week. In other words, three times or more a week was defined as psychoanalysis, while less than three times as psychoanalytic psychotherapy. Length of treatment was not perceived as a key distinction between psychoanalysis and psychotherapy. In our survey the length of treatment in these two modalities was not significantly different. Patients in psychoanalysis stayed, on average, 5.8 years in treatment, compared to 4.8 years in psychotherapy. These findings suggest that the distinction between the modalities is a complex one based on a variety of factors, only one of which is frequency of sessions. The extent to which the frequency of sessions is associated with other features of psychoanalytical work and can bring about different therapeutic outcomes is an important issue that needs to be researched carefully.

The difference between psychoanalysis and psychoanalytic psychotherapy can also be understood in terms of types of intervention. We asked respondents about a variety of techniques and parameters guiding their practices. They were presented with a list of sixteen treatment techniques and asked to check how often they used them: "rarely," "occasionally," and "most of the time or always."

The graphs in Table 5a are revealing. Results show that the traditional tools of psychoanalysis—analysis of transference, resistance, and dream analysis—were used "always and most of the time" by at least three quarters of the respondents. Ninety-two percent of respondents used analysis of resistance; 90 percent, transference interpretations; 86 percent, genetic history; 85 percent, dream analysis; 80 percent, interpreted sexual conflicts; 80 percent, aggressive fantasies; 70 percent, adult sexual fantasies.

A significant drop characterizes the use of the other techniques, as shown in Table 5b. Fifty-eight percent used infantile sexual conflicts; 57 percent, transference neurosis; and 51 percent, emotional support. Only a minority, 36.5 percent, reported the use of silence as a treatment technique; mirroring, 34 percent; and even fewer, 7 percent, reported offering a direct guidance and suggestions. No one mentioned character analysis as a tool of interpretation. It is of interest to note that transference

TABLE 5a
Treatment Techniques

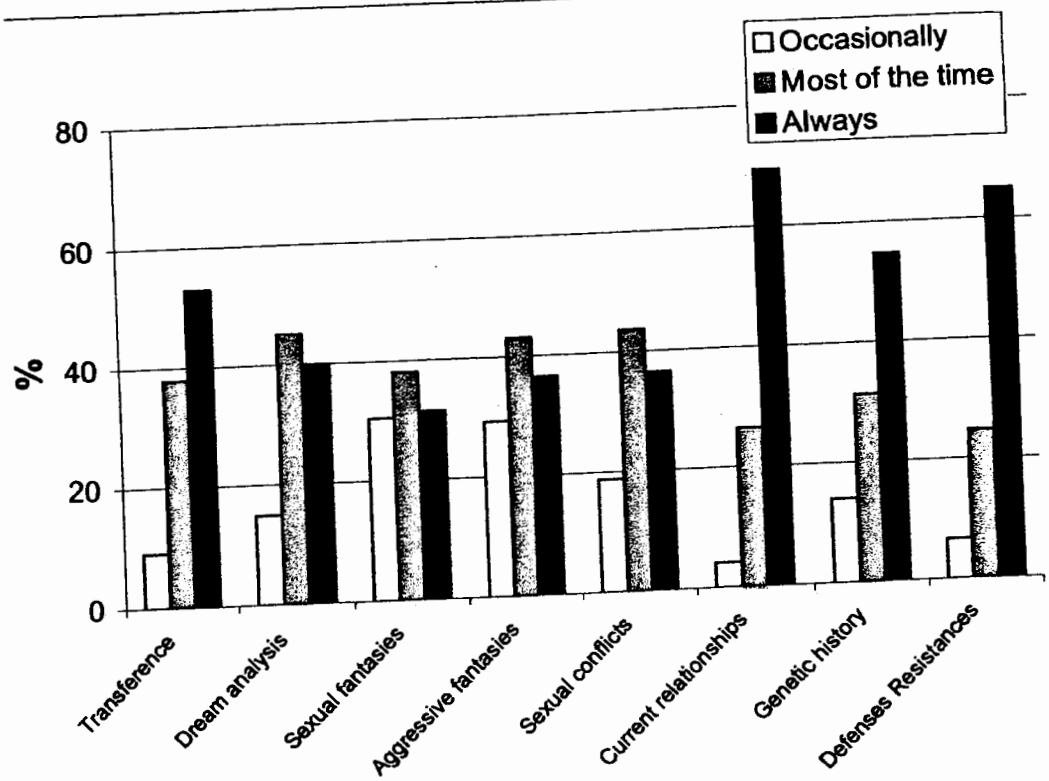
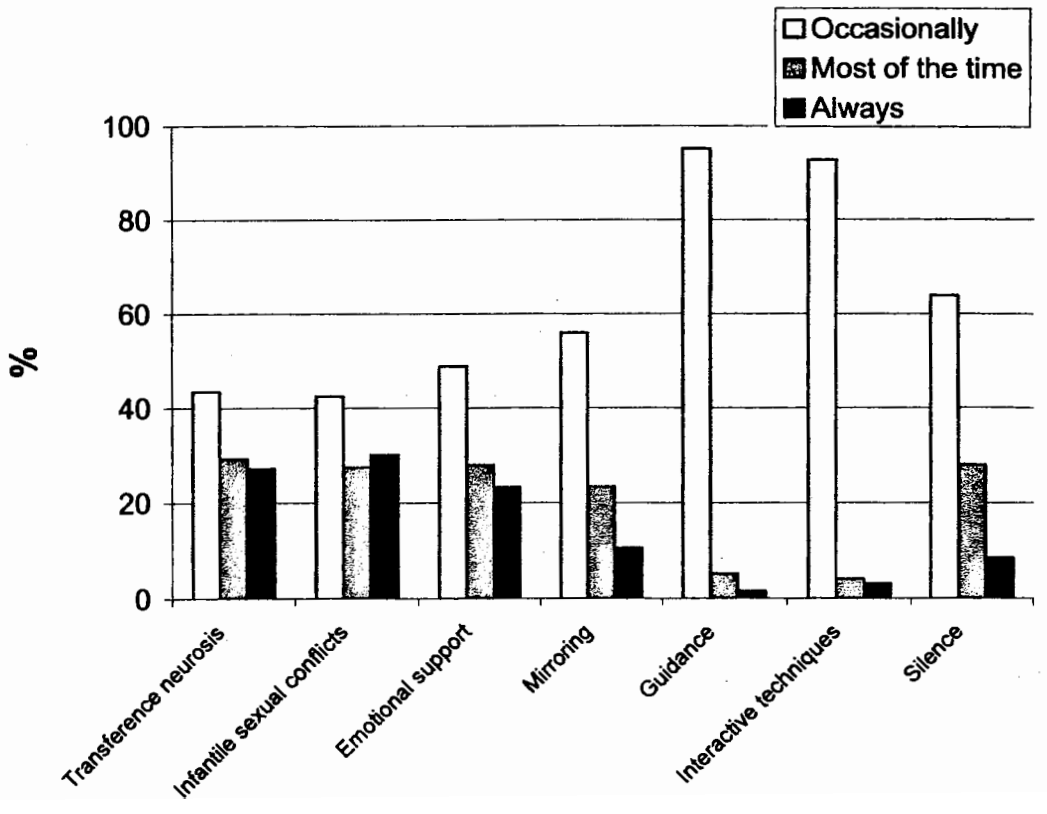


Table 5b
Treatment Techniques (continued)



neurosis, the classical basis of psychoanalytic treatment, is no longer perceived as so central. The strong reliance on classical tools should not obscure the fact that respondents also mentioned discussing current relationships and events on a regular basis. Whether or not these results are reassuring or troubling depends on individuals' views of "what works" for them in their clinical practices. But the image of psychoanalysts as detached and distant persons seems to be confirmed here.

The use of telephone sessions was another indicator of the enlargement of treatment modalities, not traditionally part of a classical approach. We asked our respondents if and how often they used telephone sessions. Only 12 percent never provide sessions on the telephone. The largest group, 32 percent, used telephone sessions in emergencies only, 26 percent use telephone sessions from time to time, and another 11 percent use telephone sessions on a regular basis. What our results suggest is that for a majority of psychoanalysts the mix of classical conceptualizations with more interpersonal orientations and techniques does not feel problematic or contradictory. However, we expect some variations reflecting the training undergone by our respondents.

As described earlier, our sample consists of psychoanalysis from several institutes with different theoretical emphases. Looking at the frequently used techniques, we found little or no difference regarding the use of transference, defense mechanisms, and genetic history. But we found other striking differences. Members from New York Freudian Society and IPTAR were more likely to focus on the analysis of infant sexuality, aggressive adult sexual fantasies, sexual conflicts, transference neuroses, and the use of silence. IPTAR members were the least likely to use emotional support as a technique. The members of NPAP, Alanson White, and NYU Postdoctoral Program were twice as likely to use mirroring than members from the New York Freudian Society, and six times more likely to do so than members from IPTAR. They were also more likely to use object relations, to incorporate guidance and suggestions, and to use interactive techniques and shared experiences. As we would expect, the more classically trained respondents who belong to the New York Freudian Society and IPTAR were more likely to focus on the analysis of sexual conflicts and aggressive tendencies, and kept to a minimum shared emotions and supportive interaction. Clearly each institute stressed different treatment modes and adhere to its own psychoanalytic culture.

Psychoanalytic Orientation and Psychotherapy Practice

We were interested to know the extent to which trained psychoanalysts preferred classical psychoanalysis as a mode of treatment compared to psychotherapy or other modalities. The great majority of respondents, 75 percent, stated that psychoanalysis was, theoretically, their preferred mode of treatment, compared with 24 percent who reported their preferred treatment mode was psychoanalytic therapy, and 1 percent group therapy. However, their actual clinical practices did not match such preferences. Only a minority describe the core of their practice as being psychoanalytic. On average, only 29 percent reported doing psychoanalysis as the most frequent mode of treatment, while close to 50 percent of the respondents reported doing psychoanalytic psychotherapy as the most frequent treatment mode. The average number of patient hours was 28 hours per week. These hours were divided between 5 hours of psychoanalysis, 13 hours of psychoanalytic psychotherapy, and 18 hours in other forms of treatment (marital, family and group).[8] Thus, as of 1995, clinicians trained in psychoanalysis spent significantly less time doing traditional psychoanalysis than psychoanalytic psychotherapy or providing other forms of treatment. As noted earlier, the majority of psychoanalysts reported doing more short-term treatment; focusing more readily on behavioral, cognitive, and here-and-now concerns; cutting back on the number of sessions per week; and doing more group work, couple, and family therapy.

In respondents' own words:

> Patients want goal-oriented therapy; I use problem-solving techniques.

> I have had to be more focused and interactive than I would choose, because insurance benefits limit our working time.

> There is no opportunity to work with fantasies or dreams when working on a twenty to thirty session basis.

I am forced to emphasize reality at the expense of the unconscious.

A pattern emerged from our findings that shows a discrepancy between treatment modes taught during training, on one hand, and the actual clinical practices of psychoanalysts, on the other. We found some differences between institutes. As expected, the New York Freudian Society and IPTAR were more likely to attract patients willing to enter into classical psychoanalysis, while NPAP and other institutes were more likely to attract patients interested in psychotherapy. Sixty percent of respondents from New York Freudian Society have a practice made up of psychoanalytic patients, compared with 33 percent from IPTAR, and 33 percent from other institutes. Among NPAP members, this percentage dropped to 22 percent for patients undergoing psychoanalysis, 58 percent for psychoanalytic therapy, and 20 percent for group and marital/couple therapy. Once again the discrepancy between training expectations and actual practice varied by institutes, with the more traditionally oriented institutes facing less of a discrepancy. The issue of what kind of training should be provided and whether or not specialized tracks introduced are issues that institutes need to consider.

CHANGES IN THEORETICAL ORIENTATION AND FEE STRUCTURE

Changes in Theoretical Orientation

In view of the social and cultural changes previously discussed, we expected to see variations in analysts' theoretical orientations. Respondents were asked to rank order the three theoretical orientations that they used most often—primary orientation—from the following list: Freudian (classical and modern), Objects Relations, Eclectic, Kleinian, Sullivanian, Interpersonal, Self Psychology, Jungian, Lacanian, Feminist, Cultural (Fromm, Horney), and Existentialist. Our findings show that, despite the splits among psychoanalytic institutes and the broadening of theoretical perspectives, Freudian theories remain central among psychoanalysts (see Table 6).

Table 6 shows that 55 percent of respondents mentioned

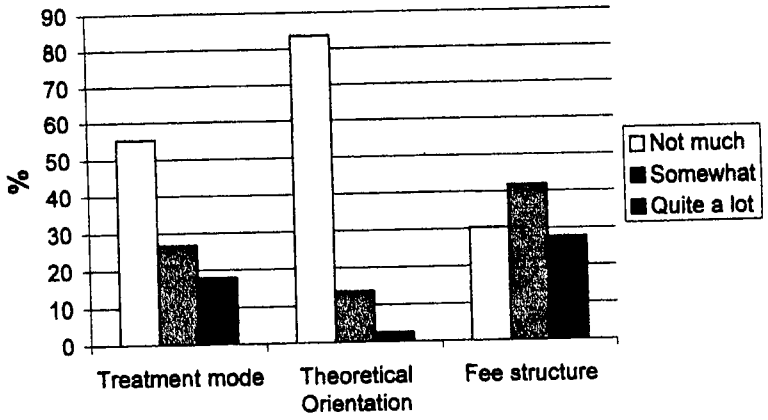
TABLE 6
Primary Theoretical Orientation

ORIENTATION	PERCENTAGE OF RESPONDENTS
Freudian	55.0
Eclectic	16.0
Object Relations	15.0
Self Psychology	2.0
Cultural: (Horney/Fromm)	2.0
Sullivanian	1.5
Interpersonal	1.5
Kleinian	0.5
Feminist	0.5
Lacanian	0.5
Others	5.5

Freudian orientation as their *primary* theoretical framework, but 72 percent included Freudian among one of their three main orientations. Among other *primary orientations*: 16 percent of respondents selected "Eclectic"; 15 percent, "Object Relations"; 2 percent, "Self Psychology"; and 2 percent, "Cultural" (Fromm/Horney). Theoretical orientations—such as Lacanian, Sullivanian, Interpersonal, Kleinian, and Feminist represent together less than 5 percent of our respondents.[9] Our survey also shows that a majority of analysts combine different theoretical approaches, especially Freudian and Objects Relations, but made little use of other theoretical approaches. Comparing different institutes, NPAP respondents showed a greater inclination toward Object Relations Theories, compared to New York Freudian Society and IPTAR respondents, who have a stronger Freudian orientation. The lack of serious exposure in many institutes to a variety of theoretical traditions in psychoanalysis is striking.

We sought to assess whether cultural and social factors affected respondents' theoretical orientations; our findings suggest that they have little or no impact (see Table 7). Only 17 percent of the respondents acknowledged that their orientation had been affected "a lot or somewhat." More than three quarters of psychoanalysts did not change their primary orientation in response to changes in treatment modalities, that is, toward a

TABLE 7
Specific Aspects of Current Clinical Practice Affected by Social Change



more psychoanalytic psychotherapy. However, an increasing number of analysts are incorporating new theoretical views and techniques, especially Object Relations and some Interpersonal techniques in their practices.

As some of the analysts explained:

> Although I never changed my original orientation, I have included an emphasis on Klein and Horney when relevant, and Lacanian emphasis on desire, more importantly. I find paradigmatic interventions enormously useful in telephone contacts and once weekly attendance, in maintaining cathexis of interpersonal connections.

> I feel it is imperative to look at post-Freudian theory, and to use Object Relations and Interpersonal frameworks.

> I am more receptive to supplementary use of psychotropic medicine. I always have appreciated interpersonal and experiential aspects and find more and more that these approaches are useful.

> I think that exposure to more of the writing in developmental psychology is the real change, but the new climate demands pared down work styles.

Members from NPAP and the less classically oriented institutes, as expected, were twice as likely to alter their theoretical orientations compared to members of more classically oriented

institutes. Some respondents mentioned the need to acquire new skills and a broader theoretical background, such as the use of multipsychologies. Training institutes, especially more traditional ones, tend to encourage narrower theoretical orientations that limit exposure to a wide variety of theoretical approaches.

Changes in Fee Structure

Of all the parameters of treatment discussed in our survey, the fee structure was affected the most by social factors. Among our respondents, 28 percent reported being affected "a lot" in their fee structure. This percentage jumps to 65 percent when we include respondents who were affected "somewhat." A great majority of those affected reported lowering their fees as a result of patients' changing social and economic circumstances. NPAP members were the most negatively affected in their fee structures, while IPTAR members were the least affected.

In respondents' own words:

> I have fewer patients. Patients want short-term, low-cost treatment and no psychoanalysis. Therefore, I experienced a drop in fees due to a different patient population—less money, time, and insurance coverage.

> Defintely I am getting lower fees because of competition from HMOs and the greater supply of therapists.

> I have experienced a 20 percent reduction of rates in my fee schedule (including anticipated increases).

> My fees are about half of what they were 5 years ago.

This change in the fee structure has important implications. A lower fee structure makes it increasingly difficult for psychoanalysts to make a living comparable to other professional groups; limits the recruitment of psychoanalytic candidates; and lowers the prestige of the profession. This situation is especially problematic for solo practitioners who are not members of the tri-disciplines (medicine, social work, and clinical psychology). Until recently these practitioners were not able to receive insurance coverage. This situation will be corrected. Governor Pataki signed into law (December 9, 2002) a bill establishing psycho-

analysis as an independent licensed profession in New York State. However, it will take some time before the law gets implemented.

CONCLUSION

Our survey of the perceptions and attitudes of a group of 203 clinicians trained as psychoanalysts presents important findings regarding psychoanalysts' clinical and theoretical responses to social and cultural change. While our sample is not representative of psychoanalysts in the whole United States, our research provides a useful overview of issues faced by psychoanalysts in the New York region and raises questions about the future of the profession as a whole. The changes in clinical practices experienced by a majority of our respondents suggest the need for collective strategies to respond to insurance companies' demands and to the pressures to join HMOs. Equally important, with increased competition for patients, the ability of psychoanalysts to become state certified becomes essential as a way to ensure the legitimacy of psychoanalysis in the minds of consumers as well as medical and insurance groups.

The social and intellectual challenges to psychoanalysis are far from over. Among mainstream social sciences there is still some reluctance to deviate from positivistic approaches that stress the need to test psychoanalytic ideas around empirical causal models. Feminists are still pointing to Freud's male chauvinistic undertone and heterosexual biases in his support of a patriarchal family. Not least, the renewed medicalization of the mental health field (Olfson, Marcu, Druss, & Pincus, 2002) challenges the validity and effectiveness of psychoanalysis as a treatment modality. These challenges have not always been negative. They have led to a reassessment of classical models, a broadening of existing theoretical perspectives, the use of multipsychologies and the rethinking of the mind–body relationship (Eigen, 1999, 2002; Phillips, 1996).

While the clinical practices of psychoanalysts have been challenged, the intellectual and emotional commitment to psychoanalytic thinking has spread, being spear-headed by postmodern and feminist thinkers (Clough, 2000; Flax, 1990; Kurtzweil, 1995).

Their reinterpretations of Freud's ideas have provided a new intellectual impetus and cross-fertilization between disciplines such as literary criticism, film studies, and cultural studies. The pendulum is starting to swing back toward providing wider legitimacy for psychoanalysis in academia and strengthening rather than weakening its role in the clinical field (Good, 1998; Lear, 1998).

Key Findings of the Survey

1. The commitment to Freudian psychoanalytic concepts and techniques is strong despite the increasing variation in treatment modalities.
2. There is a discrepancy between respondents' desire to engage in psychoanalytic work and their actual practice, which has become psychoanalytic psychotherapy.
3. On average, the number of patient-hours spent doing classical analysis has diminished.
4. There is a blurring of the theoretical distinction between psychoanalysis and psychotherapy.
5. Treatment modalities have changed—a decrease number of sessions and length of treatment—without a parallel change in theoretical orientations.
6. Internal dynamics of treatment have been altered, characterized by more interactive interventions and short-term supportive therapies.
7. Changes in patients' preferences and the competitive search for patients are the strongest factors affecting treatment modalities.
8. In the last five years there has been, on average, a lowering of the fee structure.
9. Despite the changes in treatment modalities away from classical approaches, there have been little changes in institutes' training procedures.
10. The theoretical ideas used by clinicians, either as their primary orientation or in combination with others, are limited in scope.
11. Traditional techniques such as the analysis of transference neurosis, infantile sexual conflicts, and sexual phantasies are

used less frequently than expected. Other techniques, such as emotional support, mirroring, and silence, are used only by a minority.

12. There are clear differences between training institutes. Members of classically oriented institutes are the least likely to be affected by social or cultural factors.

Implications for Training Institutes

The two following quotes from our respondents summarize some of the general findings of our survey:

> I do less psychoanalysis, more psychotherapy. I still have the same ultimate goals but less intense treatment and less intense coverage of unconscious factors. All is lessened.

> I feel that if you suggest a traditional analysis, people think you are being pushy. The climate is so against long-term or several times a week and costly self-exploration. I do much less analysis than before. I do more short-term (under one year) work and one time a week work. It is where the referrals are.

These ideas have implications for psychoanalytic training institutes. Training institutes have stayed somewhat parochial and insulated from universities, hospitals, and cultural/political arenas in ways that limit the spread of psychoanalytic knowledge. Cross-disciplinary and multiculturalism, especially in universities, have induced a reassessment of the organizational culture of training institutes around issues of exclusivity, sexual orientation, and students' involvement. Institutes have attempted to decentralize power and provide greater theoretical inclusiveness as well as greater openness to academic discourse and empirical research. Much more needs to be done to support a broad base for psychoanalytic thinking and research.

Psychoanalysts, whatever theories they espouse, can play an increasingly important role in providing instruments of reflexivity and challenge to a consumer-oriented culture. The United States, as a postmodern society, is facing a time of transition that has problematized the concept of the self in psychoanalytic thinking (Butler, 1999; Cushman, 1995). The relationship between power and knowledge has raised new queries about the political

nature of psychoanalysis, but this does not entail the downfall of psychoanalytic thinking. As our survey shows, the commitment to psychoanalytic ideas is deep among our respondents. Social changes have led many psychoanalysts to readjust treatment modalities by integrating, rather than rejecting, psychoanalytic thinking. If anything, psychoanalytic thinking is reaching more deeply into social/political spheres. (Smelser, 1998) and cultural arenas (Bersani, 1986; Roland, 1996, 2002). Psychoanalysis is in a state of transformation, and clinicians are reassessing their practices and thinking by being more inclusive and open to other disciplines. Psychoanalysis is not primarily facing what Fromm labeled a "crisis." Rather, members of psychoanalytic institutes have been reawakened, however painfully at times, to the deep artistic, social, and political forces that shape the unconscious.

NOTES

1. The survey instrument was organized around close-ended and open-ended questions. We use both sets of questions in this article to illustrate statistical analysis with psychoanalysts' own words.
2. By close-ended questions we mean questions that are formulated by the researcher in ways that provided categories/options; by open-ended questions we mean questions that the respondents can answer in their own words.
3. This is the distribution of the 203 respondents by training institutes: National Psychological Association for Psychoanalysis (56%), Institute of Psychoanalytic Training and Research (12%), New York Freudian Society and Psychoanalytic Training Institute (10%), New York University Postdoctoral Program in Psychotherapy and Psychoanalysis (8%), William Alanson White Institute (5%), Karen Horney Psychoanalytic Center (4%), New York Psychoanalytic Institute (4%).
4. We compare The National Psychological Association for Psychoanalysis (which had the highest response rate), with New York Freudian Society, IPTAR, and a composite group labeled "others" that includes respondents that are too few to be analyzed separately as representative of an institute.
5. For a fuller history of NPAP we refer the reader to the anniversary monograph put out by NPAP: "*Fifty Years 1948–1998.*"
6. A word of caution is necessary in the interpretation of results. In the NPAP all analysts automatically become training analysts upon graduation. However, this is not true at other institutes.
7. On the basis of a clinical study of 42 patients at the Menninger Foundation in the early 1950s, Wallerstein (1986) argued that structural changes and behavioral changes are both important sources of adaptation. They are likely to occur as a function of conflict resolution.
8. Psychoanalysis is defined here as at least three times a week treatment.

9. Karen Horney—one of the first psychoanalysts to consider issues of gender and cultural differences—was not selected or mentioned by a single respondent in any of the possible theoretical dimensions!

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