COMPARATIVE GOALS OF PSYCHOANALYTIC TRAINING*

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If one were to take a brief, historic glance at the currently existing institutes for analytic training, it would appear that there is one basic similarity in their origin. With the exception of those more recent eclectic groups, analytic institutes were created out of a desire to preserve, perpetuate and communicate a specific tradition and methodology. Though this may appear paradoxical, the Alfred Adler Institute in New York, though it teaches only one system, is opposed to all orthodoxy and places great emphasis on freedom of thought. Our goal is the education of professional people, within a set of basic assumptions but combined with wide acceptance of modern ideas and theories in the field of personality development and psychotherapy. This goal is fundamental to our Adlerian orientation wherein one concept fits snugly into the other, the whole leaving leeway for individual development of preference and point of view. Adler's concepts, while concerned with philosophical and social problems, placed their main emphasis on psychology, psychotherapy and education. Based on a few sharply and profoundly delineated concepts, they leave much room within their framework for fresh thinking, for new observations and research.

There are three separate training programs offered by the Alfred Adler Institute: psychoanalytic psychotherapy, group psychotherapy, and counseling. Requirements for admission to each of these programs are spelled out in detail in our Bulletin of Information. I will, therefore, confine myself to a discussion of our goals in training for psychoanalytic psychotherapy.

Goals of Training

Our aim, here, is to contribute to the students' professional development to enable them to become efficient and dedicated therapists who are aware of the social embeddedness of man, and who are able to evaluate treatment goals in terms of the patient's well-being, and his feelings of adequacy and satisfaction within his immediate familial, social and occupational environment.

Goals of Therapy

Our trainees learn psychotherapeutic techniques geared towards helping the patient change his style of life. Changes of life style occur through relief of the patient's fear and insecurity, and correction of his misconceptions of himself and the world around him--misconceptions based on his unique integration of early childhood experiences. Positive mental health is achieved if and when the analysand's behavior is motivated less by safeguarding operations and neurotic need to protect a shaky self-image, and more by a striving for social usefulness and freedom of self-expression, en-

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abling him to have mutually satisfying and meaningful relations with his fellow human beings.

Methods of Training

Having thus given a very general and sketchy description of our goals for the trainee's course of education which, essentially, consist of supplying him with sufficient tools to help his patients achieve therapeutic change, I would now like to elaborate on the methods of instruction we utilize to accomplish this result.

Through courses, seminars, reading, personal analysis and supervision, we hope to impress on the trainee specific principles of therapeutic techniques. I will enumerate some of them in the hope that my descriptions of training and treatment goals, rather than remaining empty intellectualizations, may acquire some concrete meaning.

What are we really trying to accomplish? Our emphasis is on the therapeutic relationship. We are convinced that the right kind of interpersonal relatedness between therapist and patient is the backbone of any therapeutic endeavour. Meaningful insight, that is, a conscious reorganization of the analysand's cognitive field, occurs only after and because this emotional involvement with the analyst has taken place. Change of life style does not occur only through conscious insight. Much therapeutic progress occurs without conscious awareness, through emotional experiences stemming from the dyadic relationship to the therapist, or the varied relations within the therapeutic group. The impact of these experiences, radically different from those in early childhood, and integrated into the unity of the life style, creates a shift of the individual's personality pattern.

We now have to define some of the ingredients of the "right kind of human contact" which the future analyst must learn during his training period:

1. Understanding the patient: By this we mean that the trainee learns to understand the patient's life style and goals within the continuity of his development; how the patient came to construct a cognitive field which is, realistically, inadequate. We need to know why the patient is unable to cope with the problems of life, to achieve satisfaction and to develop his potentialities for growth. So long as the neurotic behaves in accordance with his mistaken assumptions about himself and his social world, he will have such an effect on his social environment that he will, again and again, find new confirmation and proof for his distortions. To quote Ansbacher:

"To understand a case means to arrive at the conclusion: Considering the circumstances of the patient and his original mistaken interpretation, he is acting quite logically, and we would respond in the same way, given the same premises. Thus we can empathize and sympathize with the neurotic, and also remain hopeful regarding the possibility of change."

2. Therapist's Attitude: To describe the therapist's attitude, we must make several, apparently contradictory statements:

The therapist should be genuine and "himself." At the same time, he has to be aware of, and responsive to, the patient's needs,

liabilities, neurotic distortions, fears, evasions, contradictions and competitiveness, on the one hand and his assets, intelligence, honesty, ability to communicate and to relate, on the other. The mature therapist bridges this contradiction by evolving an attitude of genuineness, combined with responsiveness to the patient's limited but unique way of relating. The analyst learns to sharpen his understanding of the patient's transference distortions. At the same time, he increases his awareness of his own countertransference feelings, and the significance of his own response to the patient--both verbal and non-verbal. In other words, in each individual case the transaction between analyst and analysand assumes a different configuration as a result of the unique way in which the two people interact. Other paradoxes in psychotherapeutic technique dissolve once we learn to conceptualize the therapeutic relations as an evolving transactional system.

We "accept" the patient; yet, we should not accept him completely--with his neurotic motivation and distortions and with his resistance to change. We, therefore, must learn to simultaneously both accept and judge him. For though we are empathic and sympathetic, we must still be able to separate ourselves from, as Adler describes it, "seeing with the patient's eyes, hearing with his ears."

The shift back and forth from understanding the patient within his subjective world, to a more objective evaluation of his behavior and his situation, makes it possible for both therapist and patient to see the latter's private logic and to find healthier alternatives to his neurotic behavior patterns.

As the therapist actively encourages the patient to speak of his past and present life, the therapeutic relationship develops with its ups and downs. Biographical data on family constellation, early recollections, dreams, are the bricks of this structure, while the analyst's genuine interest in the patient, and the patient's emotional involvement with both therapist and therapy, can be compared to the cement, holding everything together.

What is the purpose of this structure which therapist and patient have built together? It should not be a prison depriving a human being of his freedom of thought. Perhaps it is accurate to describe the therapeutic experience as a temporary shelter which provides an opportunity for the patient to discover his right way of living. We try, at our Institute, to teach that there are no strict criteria for mental health--no one answer for the meaning of life--no absolute values as guide posts.

One definition of positive mental health includes the concept of social feeling as man's natural aptitude for social behavior. If developed, social feeling enhances adaptive cognitive organization, self-esteem, the enjoyment of normal sexuality, and furthers satisfying relations within family and community.

Awareness of man's social embeddedness as the most meaningful mental health concept, has added goal and direction to our training methods. The individual patient is understood as an interacting factor in his immediate environment. For this reason, arrangements are often made with the patient to interview his spouse, parents, children, etc. The influence of such an interview on the

patient-therapist relationship is carefully discussed and worked through. Group therapy, an indispensable tool for many cases, either alone or combined with individual sessions, is incorporated into the training program. Marital and family therapy are also included. All of these methods are used as tools for the understanding of the patient's life style, and for its alteration, when and where indicated.

Though we specialize in teaching a psychoanalytic system, our training program is not limited to studying the development of individual life styles, or the vicissitudes of social feeling. We are concerned, as well, with the preventive and healing effect of the right kind of human contact through such approaches as milieu therapy and social clubs. Knowledge of other behavioral sciences--of sociologic, cultural, and educational factors, is an integral part of our philosophy. Though we aim at preparing psychiatrists, psychologists and social workers to become training psychotherapists, enabling them to treat the few private patients, and more numerous ones in clinics, we have a higher goal as well. We want to keep the minds of our trainees, and the doors of the Institute, open for the possibilities of counseling and consultation in community mental health work for the purpose of prevention and rehabilitation.