PSYCHOANALYSTS IN PRACTICE*

By Dr. D. C. Wallbridge

In 1968 Dr. I. S. Kreeger carried out a study of appointments held by members of the British Psychoanalytical Society (B.P.A.S.) (1). In response to a wider interest, that has been expressed, the Council of the Society agreed to the publication of this extract from the findings.

A questionnaire was circulated to the membership, and replies were received from 71 per cent. Information regarding all but one of the remainder was acquired by direct contact or from reliable indirect sources.

These figures have been extracted from a more detailed survey. They have been selected to demonstrate the very sizeable proportion of psychoanalysts holding appointments, and to show that practising analysts hold a high proportion of senior appointments in relation to their numbers.

Since 1968 more psychoanalysts have been appointed to Teaching Hospitals and elsewhere (3).

Comment

It is still perhaps widely believed that psychoanalysts practise only psychoanalysis; analysts are also sometimes considered to be somewhat narrow in attitude, experience and practice. The information presented here should help to dispel such a view, as it shows quite clearly that members of the B.P.A.S. are widely involved in the psychiatric field.

At the present time there is no legal sanction to prevent anyone describing themselves as an analyst or even psychoanalyst. The definition of psychoanalyst intended here is 'someone trained by the B.P.A.S., and considered competent to practise independently as a psychoanalyst'. It might be added here that there is an urgent need for clarification of such terms as analyst, psychoanalyst, psychotherapist and others, and it is probable that statutory provision will soon be necessary to limit and define the usages. Analysts trained by the Society of Analytical Psychologists normally call themselves Analytical Psychologists (Jungian).

The training carried out by the B.P.A.S. involves four main elements: selection of suitable trainees; personal analysis at least during training; the satisfactory supervised analysis of two patients; and attendance over three years at a part-time course of organized lectures and seminars. It is not possible to qualify in less than four years, and it usually takes between five and six years.

The majority of people trained have a medical and psychiatric background, while the non-medical people accepted for training usually have a background in

Table I

Psychoanalysts		Holding appointments
Medically qualified	164	127 (77%)†
Non-medical	71	50 (71%)
Total membership of Society resident in U.K.	235	177 (76%)
Psychoanalysts in training	39	38 (97%)

† The 23 per cent medically qualified not holding appointments were in private practice.

Table II

Clinical		Number of appointments held
N.H.S.		188
Consultant grade members	128	
(students	18)	
Total	146	
Prison Service		7
Others		58
Training and Research including:		134
Consultants in undergraduate teaching hospitals	11	
Consultant Child Psychiatrists to Local Authority	6	
Consultant to Regional Hospital Board	1	
Principal Medical Officer for Mental Health to Local Authority	1	
Total appointments held		387

* The opinions expressed are those of the author and should not be regarded as reflecting the opinion or policy of the British Psychoanalytical Society.

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the social sciences. Training is subsidised to a limited extent, but often makes considerable financial demands on the trainee.

Psychoanalysts are few in number; the training required is long and arduous; the practice of psychoanalysis is time-consuming and the service provided expensive. It is sometimes said that analysts make a lot of money. In fact, the discipline of seeing a patient several times a week usually precludes the charging of high fees, and it is not infrequent that circumstances demand that the analytic work should continue at less than an economic fee. It is the doctor who sees his patient infrequently who is in a position to ask for very high fees, and it is unfortunate and unjust that psychoanalysis should be seen as responsible for this.

The question whether trained psychoanalysts should be doing so much non-analytic work is a vexed one amongst analysts themselves. They are expensive personnel, and few in number; it is therefore arguable that they should largely confine themselves to the pursuit of their specialized practice. However, this would tend to promote the unfortunate reputation for narrowness, dogmatism and exclusiveness. It would deprive psychoanalysts of the challenge and enlightenment of having to adapt the use of their knowledge and skills to new settings, and non-analytic psychiatrists of the enrichment provided by close working contact with people trained in psychoanalysis. In my opinion, it is obvious that a reasonable balance needs to be struck. Meanwhile, today, the majority of psychoanalysts are also engaged in professional activity that is not psychoanalytic. This fact needs to be more widely appreciated.

ACKNOWLEDGEMENTS

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REFERENCES

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PSYCHIATRY FOR PSYCHIATRISTS

An Open Letter to Members of the College*

I write as a psychiatrist who has recently found himself subject to those same symptoms of anxiety and depression which we hear described by the patients in our everyday practice. The realization that one can no longer carry on without help of some sort is alarming, to say the least, but it is the practical problem of where to turn for such help that I should like to put forward for discussion in the hope of establishing guidelines for colleagues who might find themselves in a similar predicament.

It seems to me that the psychiatrist in need of psychiatric treatment is in a uniquely isolated situation. He can, and should, approach his general practitioner, but this is unlikely to solve the problem of where to go next. One's immediate colleagues are unlikely to respond enthusiastically to a request for help; in any case, the sufferer will almost certainly be reluctant to declare his situation to those with whom he expects to be working in the immediate and more distant future. There may, of course, be distinguished and respected men in the region; for some doctors these colleagues may be too close for such confidences, while for others with aspirations of job improvement (and in this respect trainee psychiatrists are even more handicapped) the position of authority may prove too intimidating. I speak, of course, from the provinces, where it is difficult to find a psychiatrist who is relatively independent of one's own circle of activities, while to travel any distance for treatment has obvious disadvantages. Another possibility is to consult a colleague from a nearby unit, but the approach may well be difficult and the relationship an uncomfortable one; the embarrassment of imposing on the other's goodwill may be aggravated by the projection of one's own sense of inadequacy on to a therapist with whom one can so closely identify.

Assuming an appropriate adviser is found and treatment initiated, the practising psychiatrist is faced with further problems. How might any necessary absences from work be explained? If work is continued there is an unceasing reminder of one's own symptoms, past or present, as well as the anxiety

* The writer of this letter has made himself known to the Editors. It is hoped that other contributors will feel able to do so, even if anonymity of publication is necessary. In view of the nature of this correspondence, however, any unsigned communications will be given consideration.

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