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## Training Analysis and Psychoanalytic Education: Proposals for Reform

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The heart of the matter is that the problem doesn't really seem to have changed much in the last forty-five years! But in listening to you here, I also got the impression that my colleagues who first advocated the introduction of training analysis... — if they had known of all the dangers, of the positive and negative transferences, and splits, and hates, etc. would probably never have advocated it! They would have said, “Let them be as they are!” [A. Freud, 1983p. 25].

Wallerstein's (1978a, 1985a) worldwide survey shows that the dilemma inherent in the training analysis became manifest no later than 1938 through the reports by **Fenichel (1938)** and **A. Freud (1938)**. There was total agreement in how the conditions that complicate the training analysis and that, in many respects, differentiate it from a therapeutic analysis were described. Both authors stressed the change in the transference that is due to the fact that the training analyst, as a real person, plays an exceptionally meaningful role in the candidate's life. Indeed, if it were considered to be a professional blunder when the analyst finally confers on a patient “identification with his person and his professional work” (A. Freud, 1938), there could be no solution whatever to this “syncretistic dilemma” (Lewin and Ross, 1960; Calef and Weinshel, 1973) for identification with the professional work is unavoidable.

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Clearly, then, the problems have been known for the past 50 years. **Balint's (1948)** first stocktaking after the Second World War and **Knight's (1953)** survey of the state of institutionalized psychoanalysis in the United States depict a cross section that does far more than capture a mere moment in time. Balint showed how the training analysis assumed the focal position in graduate and post-graduate training after **Freud (1912)** recommended it (appreciating the initiative of the Zürich school, that is, Jung) and after Nunberg (1918, quoted by **Wallerstein 1985**p. 37) demanded that it be an indispensable prerequisite for professional practice. The 18th International Psychoanalytic Congress in London, 1953, was the occasion for the first symposium on the problems of psychoanalytic training held after the Second World War. It concerned itself mainly with the training analysis. Most of the problems, which training analysts have been deliberating at their national and international conferences held regularly since then, were at that time addressed by **Nacht (1953)**, **Balint (1954)**, **Bibring (1954)**, **Gitelson (1954)**,

and **Heimann (1954)**. A few years later, **Nacht, Lebovici, and Diatkine (1960)** presented a detailed criticism of the institutionalized training analysis and reported on the solution adopted in France, the aim of which was to reduce the candidate's dependency on his training analyst and to eliminate the latter's influence on the training process. The proposal to separate the training analysis from the rest of the training was welcomed by many authors, for example, **Kairys (1964)**, **E. F. McLaughlin (1967)**, and **J. McLaughlin (1973)** and, as the surveys by **A. Sandler (1982)** and Wallerstein (**1978a, 1985**) show, was put into practice by some psychoanalytic institutes.

The manner in which the training analysis runs its course is dependent on various conditions: the candidate's personality and professional aspirations, the particular analyst and his or her theoretical and practical orientation, and the training institute. These three conditions represent not only a distinction but a fundamental difference between the training analysis and a therapeutic analysis. That the candidate wishes to take up the same profession as the analyst influences the relationship and has consequences in the transference. Furthermore, the training institute and the local and national professional community as a whole form a strongly influential psychosocial background not present in therapeutic analyses.

The psychosocial reality formed in the training analysis differs from the one experienced by a patient for reasons already stated. I concern myself here with a few typical problems that attend a training analysis for which no solution has been found in any hitherto realized training model. What was once an epoch-making idea has for decades been put into practice in a way that has created wide effects unfavorable for psychoanalysis

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both as a therapy and as a science. This criticism directed at the psychoanalytic training system makes it imperative that the function and status of the training analysis be defined anew so that in the future justice may be done to the once historic innovation, namely the introduction of self-experience, based on a unique method, into psychoanalytic and psychotherapeutic thinking.

It is discouraging that, while many psychoanalysts are dissatisfied with the system of training, there is little enthusiasm for reform. To support my assertions, therefore, and justify such reforms requires a comprehensive and thorough line of argument. A comparative investigation is needed because, thanks to international ramifications, there is much latitude for differing models. It is appropriate for me to speak of Germany first. The growth of psychoanalysis in my country over the last few decades has, to put it carefully and diplomatically, been viewed with great attention from outside. My unsettling proposals for reform will be put critically under the microscope on personal grounds as well. As a representative of the first postwar generation of psychoanalysis, I am particularly aware of our historic burden. I nevertheless hope that the proposed reform of the training analysis in the psychoanalytic education will be seriously examined and put to the test, as it is based on lessons learned from worldwide criticism.

Most problems of psychoanalytic training and the training analysis are nonspecific regarding gender. I use the generic masculine for both genders throughout and speak of

the categories “applicant,” “candidate,” and “psychoanalyst.” In the German training system the student becomes a candidate when he is permitted to begin treatment of controlled cases. In the English-speaking world, “control” is replaced by “supervision” and the candidate is widely described as a student. I forego terminological distinctions, although, of course, it is not a matter of indifference that the term “candidate” was dropped by the New York Psychoanalytic Institute lest the “student” of psychoanalysis get the impression that he was already in line for membership (**Lewin and Ross, 1960**p. 31). I use the designation “candidate” for all those in psychoanalytic training. Women candidates, depending on their main profession and their family and social background, are in a special situation which will be considered separately.

The reform of the psychoanalytic education contains elements that are variously expressed in the traditional models. The insertion of new elements has given rise to a model that could solve many problems if it were put into practice. I endeavor to present a systematic line of argument with the aim of giving new impetus to the joy of experimentation in psychoanalysis. My assessment of the crisis in psychoanalysis, which has taken into account all the existing models, both individually as

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well as cumulatively, has led me to the conviction that bad compromises make bad bedfellows.

## **The Critique of Psychoanalytic Education**

Anna Freud's comments on the disquieting problems of the training analysis, in the passage quoted at the outset, were expressed in the symposium in 1976 on “The Identity of the Psychoanalyst” organized by the IPA. This negative assessment was balanced by a positive supplement to the effect that too little mention had been made in the symposium of the identificatory learning process, transmitted via the training analysis, which, she maintained, inspires love for psychoanalysis. The examples she gave show impressively how enthusiasm for psychoanalysis can be passed on through identification and not by indoctrination.

When **Anna Freud (1971)** sketched out how she envisaged “the ideal psychoanalytic institute: a Utopia,” her evaluation of the training situation in the traditional psychoanalytic evening classes was negative. Anna Freud in vain called for a full-time training as the only way to create an adequate basis of psychoanalytic experience and to further psychoanalysis scientifically. **Kernberg (1984)**, also, did not shy from diagnosing the “malaise” of psychoanalytic training and from describing it: “[W]hereas psychoanalytic educators believe that psychoanalysis is a combination of an art and a science, the organizational structure of psychoanalytic institutes seems to correspond best to the combination of a technical school and a theological seminary” (p. 59).

I share Freud's and Kernberg's criticism and am convinced that it applies no matter what the form of the organization may be and irrespective of whether or not it is affiliated with some international umbrella organization. Psychoanalytic therapists everywhere are trained in “evening schools,” and in most places these are of a type which resembles the hybrid described by Kernberg.

## Medicalization and Demedicalization

For many decades psychoanalysts have been troubled by the discrepancy between the ideal and the reality. Looking abroad, one can take little comfort from the thought that compared to other countries, things at home appear much better. It has become commonplace to criticize psychoanalysis in America where, until recently, a residency in psychiatry was a precondition for psychoanalytic training. Psychoanalysis in the United States was said to have become the handmaiden of psychiatry. The Old World, on the other hand, can refer to Freud; can point to the

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tradition of lay analysis; and can stress the relevance to psychoanalysis of humanistic, social-science, and cultural science. If, however, one sees things as they truly are and resists the temptation to misuse ideals in the interest of professional politics, one soon comes to recognize that, in fact, everywhere in the world training is directed toward the goal of a particular type of psychoanalytic therapist. Inasmuch as there is some connection between therapy and medicine, the end result everywhere is “medicalization,” irrespective of the analyst's basic profession. Freud's demand on psychoanalytic training, to be all-embracing, would seem to be fulfilled nowhere. Only very rarely is the psychoanalytic training accompanied by systematic research on process and outcome. **Balint (1948)** made a point of drawing attention to this loss of the teaching, research, and treatment triad, which had also been the conceptual basis of the Berlin Psychoanalytic Institute. Staying with matters of more immediate concern, one must ask oneself where in the traditional night schools of training is independent and systematic research undertaken and where is the claim fulfilled that psychoanalysis encompasses humanistic knowledge and cultural studies. My impression is that not much has changed in the 40 years since Balint's criticism. Setting aside a few important exceptions, which it seems have had little effect on everyday training even though the investigations by Wallerstein (**1986, 1989**) and **Kantrowitz et al. (1989)** should give food for thought to all analysts, there generally exists a discrepancy between pretension and reality. A great wealth of experience is scientific fallow land. Practicing analysts on their own are in no position to undertake research designed to test hypotheses, consequently neither old nor new discoveries can be thoroughly examined (**Kaplan, 1981; Glassmann, 1988; Hanly, 1992**). If analysts could start with self-critical examination of their own discoveries and see them as first steps toward therapy research, this could lead to a systematic procedure that would be part of medicalization in the best sense of the word. What is transmitted in most of the “evening schools” is a partial medicalization—without research.

Nor is the picture any better with regard to the European claim of being more comprehensive, which psychoanalytic institutes should actually fulfill. In the European psychoanalytic societies a varying percentage of psychologists, philologists, philosophers, sociologists, theologians, humanists, and people without academic education have been trained as psychoanalysts. The idea that in this way at least certain elements of a “psychoanalytic university” might be realized and thereby justice done to **Freud's (1927a)** claim to be encompassing, has proved to be a mirage whose power to deceive is revived again and again, particularly at conferences on the ideals to be realized in the

future. As a matter of fact,

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apart from a very small group of American psychoanalysts who have come mainly from the field of psychology, the vast majority of psychologists, who in many European societies constitute half the membership, have furthered research only negligibly. Psychoanalysts coming from professions other than medicine and psychology, who are incorrectly described as “lay analysts,” generally lose competence in their original academic field. Seldom do these “lay analysts” contribute to interdisciplinary research. As summed up by **Holt (1989)**:

For a good many years, I thought that the necessary reforms might be facilitated by bringing into psychoanalysis behavioral scientists who were already well trained and committed to scientific method and research. Briefly: We tried it and it didn't work. A sustained and fairly expensive attempt by the Foundations' Fund for Research in Psychiatry did recruit and train a good many such scientists, but with a minimal impact upon organized psychoanalysis. Some became disillusioned and dropped out; some were totally co-opted and became analysts indistinguishable from any other. Most continued to do their original kinds of research alongside a psychoanalytic practice, maintaining an impermeable barrier between the two activities. So I believe that we know pretty well that that is not the way” [p. 341].

The problems that must be solved in the therapeutic application of psychoanalysis are so great that professional socialization fully occupies the medical and nonmedical candidates and young analysts. The work of a psychoanalyst presupposes experience relating to human suffering and particularly to psychological and psychosomatic illnesses. Insofar as psychoanalysis makes the claim that its method is therapeutically effective, it cannot withdraw from the methodological requirements of psychotherapy research. A relatively small group of psychoanalysts who hold university posts in their own countries has for some years been working intensively in an effort to solve the problems that arise from the research paradigm of psychoanalysis (see **Dahl, Kächele, and Thomä, 1988**). That such research has been neglected is becoming disturbingly obvious at a time which, in the United States, is marked by a rapidly spreading “demedicalization” (**Cooper, 1990**). In the very country that had afforded psychoanalysis such a long flowering season, the penalty is being paid for the many lost chances to build up psychoanalytic research centers. Through Eissler (**1953, 1958**) the psychoanalytic treatment technique became standardized and the “basic-model-technique” the example to be followed within the entire sphere of influence of American psychoanalysis. The psychoanalytic method and its system of rules were not continuously assessed as to their scientific fruitfulness and therapeutic

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effectiveness. In Eissler's basic-model-technique, the standard technique appeared to have reached its purest classical form.

Critical investigation of the theory and rules system is undertaken least of all by the two participants in the training analysis. One can assume at the outset that training analysts make every effort to convey the method as much according to the book as possible. Eissler's basicmodel-technique, embedded in the structural theory of the ego



psychology, influenced all schools. The purism of interpretation it represented was also cultivated outside the ego psychology, as for instance in the Kleinian theory of technique and in Kohut's self psychology, with their totally different conceptions of the unconscious contents to be interpreted. This idealization turns the training analyst everywhere into the "keeper of the analytic process" and makes him "the conscience of the Analysis," as **Calef and Weinshel (1980p. 284)** put it, as if the truth of the underlying theory and therapeutic efficacy were no longer under discussion.

Freud's critical realism, which demands the testing of all theoretical assumptions, lagged behind when ego psychology was derived from metapsychology. **Arlow's (1982)** and **Arlow and Brenner's (1988)** belated criticism cannot alter the fact that the creative powers of a whole generation of analysts were wedded to this style and deterred from independent psychoanalytic process and outcome research. One of its outstanding researchers, **R. Holt (1989)**, after decades of investigating the primary process and adhering in good faith to the traditional definition of metapsychology by Rapaport and other renowned proponents of ego psychology, came to a depressing final assessment: "It is anything but a comforting reflection to realize that most of one's career has been devoted to as worthless a theory as metapsychology has proved to be" (p. 327).

Representative of a large number of analysts of his generation, Edelson (**1988, p. xii**) expressed himself in a similar vein. He described the initial enthusiasm, which followed his choice of the profession, and an increasing disenchantment. The worst part, he found, was having to recognize the shortcomings of his own professional community. Quite late in his professional career, and in retrospect, Edelson declared that if anything, deficiencies had increased from year to year without any prospect of improvement. It may be typical also that Edelson nevertheless had not lost his conviction and pointed to avenues of research that might lead the way out of the crisis.

The present crisis should not be minimized by taking comfort in looking back on the many storms psychoanalysis has already survived (Freud, 1927b, p. 37). The metapsychological assumptions that run

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through all clinical theories have become untenable in many respects, so that more has become unsafe than ever before in the history of psychoanalysis. The search for common ground at the International Psychoanalytic Congress in Rome in 1989 was unsuccessful. Wallerstein's (**1990, 1991a**) great attempt to reach agreement and unity among the schools, at least on the level of observations, and to look on nonobservable theories as metaphors, was unable to bridge over or harmonize fundamental antithesis. Although he sought a common ground in the observation data of the analytic interaction, the cited examples and quotations from the works of S. and E. Fine (**1990, 1991**) as well as **Arlow and Brenner (1988)** give voice to quite a contrary opinion: observational data are colored from the outset according to the metaphors and theories in each case, and such terms as "transference," "countertransference," "resistance," and the like have differing meanings in the various psychoanalytic schools (**Richards, 1991**). **Schafer (1990)** seems to have encountered at that congress an active Zeitgeist of psychoanalytic pluralism. It goes without saying that this pluralism does not remove the obligation to undertake comparative therapy research among the schools and orientations. The epistemological

and practical problems can be solved, as **Hanly (1992)**, **Thomä and Kächele (1975)**, as well as Dahl et al. (1988), have demonstrated.

Due to a training so far removed from research, the intensification or revision of Freud's paradigm was delayed. In groups, new conceptions are frequently accepted without question, giving rise to fashionable trends that offer universal cures for all forms of psycho-pathology and appear to bring salvation. For example, German analysts went through a long phase during which the ego psychology model was accepted. Following Freud and derived from the metapsychology, this was formulated by Rapaport, Hartmann, Kris, Loewenstein, A. Freud, Jacobson, and many others and reached us after 1945. It was followed by a short flowering of Erikson's work. Subsequently, Kohut's influence was overwhelming. Object relations theories go under many different names, a fact that somewhat impedes the creation of uniformly fashionable movements. Klein's self-contained theory and technique took over from Kohut's influence. Meanwhile, it is already becoming apparent that now a reception of Lacan and Rank is due, a fate for which the latter, on account of a therapeutic concept which proposes that everything is cured from one starting point, is particularly predestined. One can hardly go back much further than the birth trauma and the mother's womb unless it be by transsubstantiation (**Thomä, 1991**). It is essential that training analyses be affected as little as possible by trends of fashion. To quote Freud's (1927) stimulating words, "Nothing ought to keep us from

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directing our observation to our own selves or from applying our thought to criticism of itself" (p. 34).

It is particularly regrettable that the hopeful expectations, directed at the psychoanalytic institutes founded within universities in conjunction with psychiatric departments, were not fulfilled and that the psychoanalytic influence on American psychiatry decreased. **Kubie's (1957)** and **Wallerstein's (1978b)** idea of creating a specific professional profile, or a doctorate, and thereby securely establishing the interdisciplinary standing of psychoanalysis, could not be realized. **Shakow (1962)** tried in vain to create a psychoanalytic institute on a small scale, in line with Freud's conception of a "psychoanalytic university," that from the outset would be formed by people representing an interdisciplinary mixture of medicine, the humanities, and social science. For France, the creation of a doctorate in psychoanalysis led to strained relations with the psychoanalytic society (**Gibeault, 1984; Roudinesco, 1990**).

As the training reform I have in mind is dependent on cooperation between psychoanalytic institutes and academic or other research institutions, the failure of earlier attempts must be investigated so that lessons can be learned from the chances that were missed. There are disturbing indications that the unique opportunities existing in Germany are being gambled away. Academic research centers and training institutes are increasingly going their own separate ways. As I have pointed out elsewhere (**Thomä, 1983b**), at issue is not just the matter of this one or the other's autonomy which is to be respected, but a simple question of power. For historic reasons, very sensitive areas are touched upon, as was brought home to me by the reaction at the time to my above-mentioned article on the relations between psychoanalysis and the university. **Gibeault**

(1984) imputed to me an attempt at usurpation by the university, which was as far from my intention then as it is now.

It is **Cooper's (1990)** opinion that in the United States demedicalization will particularly strongly attract psychologists to training as psychoanalytic therapists, even though there, has been no change in the traditional rejecting attitude of academic psychology. Very likely this will, for some time to come, make up for the drastic reduction in medically trained candidates at recognized psychoanalytic institutes. However, without backing from or cooperation with medical faculties, especially psychiatric hospitals, there is little chance that therapy research can be intensified at this late stage and at a time of intense competition. Cooper, with justification, doubts that the increasing interest in psychoanalysis shown by humanistic and literary scholars can compensate for the negative consequences of this development. The fascination that, for instance, Lacan's work has for not a few philologists is a special kind of

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phenomenon; it is encumbered with all the problems that arise when the psychoanalytic method is applied outside the therapeutic dialogue. But shifts such as these show once again that the wealth of ideas in psychoanalysis is immortal—"It is too sturdy for anyone to kill it" (**Cooper, 1990p. 195**). No less certain than this type of immortality is the fact that, without application to the therapeutic *Mutterboden*, the psychoanalytic method will no longer relate to life and will become history. Even the unconscious processes of the dream work, which Freud assumed to be invariant throughout time with the stability of laws, are determined with respect to their content by the times in which we live. Hence the "social unconscious" (**Fromm, 1990**) is to be newly rediscovered, namely in the individual unconscious fantasies. Otherwise psychoanalysis will lose its actuality, notwithstanding that some of its insights are absorbed by all dynamic psychotherapies and that Freud's work remains a favored object in our cultural and medical history.

It is alarming that Wallerstein (**1991b, 1992**) regards it as futile to expect financial support for psychoanalytic research from university sources or foundations, therefore making a plea to organized psychoanalysis to raise funds amounting to several million dollars a year to finance a central research institute. I doubt that such an amount of money will be provided by the members of the IPA through extrapayments. Therefore, I plead for a change of the structure and function of the IPA. It should be transformed into a predominantly scientific society. Such a reform would make it feasible to turn the administrative office of the IPA, "Broomhills" in London, into an institute for psychoanalytic research. The regular fee paid by the membership should be used mainly to finance that institute. The administration should be drastically reduced with regard to costs and otherwise. Lenin's dictum, that control is better than trust, has lost its power. Will the IPA and the DPV relinquish control downward and replace it with trust in its members? **Borecky (1992)**, a psychoanalyst in Prague, describes similarities between communistic and psychoanalytic organizations: Joint efforts are needed to turn visions of a better psychoanalysis into reality. My utopia has a concrete aim: the transformation of "Broomhills" into a psychoanalytic study center and the site of the "Standing Conference on Research and Psychoanalytic Practice."



## **Loss of the Teaching, Research, and Treatment Triad**

There is every indication that the present-day crisis of psychoanalysis is an indirect consequence of a training system which, over the past 40 years or so, has ever more extended the length of the training analysis and given it the central position in the training. This didactically essential

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element in gaining knowledge of the psychoanalytic method has been linked to wider aims. These aims, though equally important, in this context have turned the training analysis into an instrument that harms psychoanalysis itself. The 5- to 15-year long dependency on a training analyst affects the oncoming generation in the midst of a creative and autonomy-seeking phase of life. Everywhere reforms fail because the length of the training analysis is taken as an index of its quality, and the side effects of far too-long dependency are overlooked. Cooperation between the psychoanalytic training institutes and universities or other research centers is also adversely affected when the training analysis takes up the biggest part in the life of a young person, day after day and year after year. The time spent on training, when it runs concurrently with work elsewhere, barely allows for activity in the main profession or only with curtailed involvement.

In large cities and metropolitan areas, where most psychoanalytic institutes are placed, traveling distances accounts for a considerable time expenditure, so that for every training analysis, supervision, and seminar attendance, approximately an hour must be calculated for the journey there and back. To two seminars, each lasting two hours on two evenings, for a total of 18 hours must be added eight 50-minute sessions for two supervised cases for which the supervision amounts altogether to about four hours. Without yet having opened a textbook, the candidate has already spent 30 hours in addition to his usual work. That tensions should arise with the employer, who pays his salary and who, in any case, expects from doctors as well as psychologists more than the statutory 40 hours of work per week, is unavailable. The situation is more satisfactory when the candidate earns his living as a doctor or psychologist in an institution directed by a psychoanalyst, and his work involves the therapeutic care of the sick. A few years of this kind of work create the best preconditions for later, when he is in practice and involved in therapeutic processes anchored in psychoanalysis — a controversial issue, as some believe the opposite.

At this point attention must be drawn to the difference relating to gender. A little reckoning soon shows that the training, undertaken alongside a job, exceeds the average work capacity of women who also work as mother and housewife—unless, of course, someone is employed to look after the family or the partner, as househusband, does so. Whichever is the case, considerable family stresses ensue.

There is one group of women in a more favorable position: those who, having completed their studies in medicine or psychology and having worked professionally for a short time, see their main task to be that of housewife and mother and who can, because of their personal and

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financial situation, spare at least 30 hours per week from their family for

psychoanalytic training. However, those candidates ask themselves, and with some justification, whether the experience gained from two or three supervised cases provides an adequate basis for a later comprehensive psychoanalytic practice. In my view, to foster the genuine talent women have for this profession, a sufficient number of half-day posts should be established within an integrated training program through which a broad basis of experience could be gained.

The future of institutionalized psychoanalysis depends quite essentially on the training of the next generation. Lately, in a series of (so far) nine papers in *Psychoanalytic Quarterly*, well-known psychoanalysts have speculated on “The Future of Psychoanalysis” (**Arlow and Brenner, 1988; Michels, 1988; Rangell, 1988; Reiser, 1989; Spruiell, 1989; Wallerstein and Weinshel, 1989; Cooper, 1990; Orgel, 1990; Richards, 1990**). Despite the large measure of agreement in the criticism of one-sided training, most authors try to express themselves more diplomatically than did A. Freud and Kernberg. Wallerstein and Weinshel, in particular, discuss ideal training models and those realized so far, and they are the only authors who, in this context, also mention Anna Freud's totally practicable proposal which, for reasons of professional politics, was assigned to utopia. It is implicit in the nine publications that the tripartite curriculum of training analysis, supervision of psychoanalytic treatments, and theoretical courses, as well as seminars on therapeutic technique, is unbalanced and that research and clinical work come off badly. That this imbalance can lead to serious disturbances in the regulation of the total organism becomes clear from the prognostic considerations and proposals regarding therapy that place the furthering of research into a central position. That **Holzman (1976)** had already reached a similar conclusion is evident from his comments on the reports of the nine commissions that the “Conference on Psychoanalytic Education and Research” (COPER) set up in 1974 as a direct response to the perceived crisis. In the past 15 years, the crisis has become deeper and more widespread. Holzman's criticism appears to have died away just as have the commission's proposals, which, as is so often the case, fulfilled a group-dynamic function, allowing for a general return to calm.

**Freud's (1927a)** claim to “the inseparable bond between cure and research” (p. 256) had, for decades, a soothing, indeed, a magical power. By embellishing casuistic vignettes with an abbreviated quotation of that conjunction thesis, the impression is given at conferences that the therapeutic and scientific problems of psychoanalysis have been solved. In fact, Freud's grand thesis contains a great many demands whose fulfillment characterizes the psychoanalytic paradigm. The homemade

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crisis is to be traced back to the fact that the therapeutic and scientific questions raised in Freud's paradigm are generally not scientifically investigated in the institutes. The dispute about the place of psychoanalysis in the history of science, which concerns the relationship between interpretative technique and explanatory theory—“understanding” and “explaining” — should not be carried on in the abstract but at the concrete roundtable of therapy research. Since **Habermas's (1968)** assertion of “Freud's scientific self-misunderstanding” became a fashionable turn of phrase, the adjectives “positive(istic),” “empirical(istic),” “and “causal” have been used in a pejorative sense, not only among

German psychoanalysts. The attendant claim to an independent psychoanalytic hermeneutic is, of course, not fulfilled spontaneously. It is particularly disquieting that the “retreat into hermeneutics” (Blight, 1981) is generally not accompanied by linguistic and other interdisciplinary investigations of the psychoanalytic dialogue. Such studies, in my experience, are particularly fruitful for interdisciplinary cooperation, and they can also deepen the genuinely psychoanalytic understanding of the exchange that takes place in the therapeutic situation. It is not only on account of their special theoretical background that psychoanalytic interpretations differ from other interpretations. Above all, the patient speaks his own language, so that the text produced has two authors who also indirectly relate to symptoms in need of explanation within a correspondence theory of truth (Hanly, 1990). Hence, whenever a comparison is made, one should never lose sight of the fact that psychoanalytic interpretations have a therapeutic function. In the exegesis of texts, one is not concerned with the effectiveness of interpretations. As there are competing hermeneutic theories with regard not only to their therapeutic effects but to “narrative truth,” Strenger (1991) requested that “the theory should be *consistent with accepted background knowledge embodied in other disciplines, and cohere with it* (p. 188). According to his philosophical treatise, the *internal coherence* of narratives must be supplemented “by adding constraints pertaining to what I shall call the *external coherence* of hermeneutic theories” (p. 188).

Let us leave aside whether and in what manner Freud misunderstood himself as therapist and scientist. Wherever in scientific theory Freud's conjunction thesis might be placed by known philosophers of as different colors as Habermas and Grünberg, the professional community cannot be absolved from fulfilling the paradigm by the investigation of analytic processes, that is, by process and outcome research. To this end the new generation should be made familiar with the methodological problems of psychoanalytic research as early as possible, so that their potential can come to fruition. Presumably negative transferences in training analyses

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would run an easier course if candidates could experience greater satisfaction in training. Critical investigations should initially be conducted within the different schools and orientations. The laudable tolerance that is present in the increasing psychoanalytic pluralism tends to mask the deficiencies in theory and practice of the particular orientation.

My own endeavors (Kächele and Thomä, in press), embarked upon decades ago, to apply scientific criteria to the psychoanalytic situation and establish a genuine process and outcome research, have convinced me that, on its own, this does not suffice for the creation of a more balanced triad. As a serious disharmony between heart, head, and limbs has developed over decades in psychoanalytic training because the training analysis has become the secret but somehow all-determining helmsman, the cure must start here. My reform proposals lead to the unweighting of an overstressed heart and the strengthening of the head and the limbs — to scientifically oriented courses and considerably intensified supervision. Although I am fairly sure that the reform I advocate, and substantiate in detail in the following sections, could lead the way out of the present crisis of psychoanalysis and toward a future blossoming of training institutes, it is most

likely that all will remain as before. As **Balint (1948)** showed in his first assessment after the Second World War, most psychoanalytic training institutes have for too long distanced themselves from the academically well-trying union of teaching, research, and treatment, to which Freud always aspired and which the Berlin Psychoanalytic Institute took over from him as a task and as a goal. In this day and age, there is no escaping the fact that the heart of the training, the training analysis, which has become the pacemaker, is unable to fulfill the task that, in clinical, scientific education, should be performed by the head and be the function of exemplary teachers.

## **The Typology of Psychoanalytic Training Institutes**

### **“Open” and “Closed” Structure**

A distinction is drawn between the “closed” and “open” type. In the closed model, internationally preponderant, the applicants are judged as to their suitability for the profession by a procedure involving interviews with three analysts, and are either admitted to training or rejected. After acceptance, the training analysis begins. The candidate conducts the treatment of patients under supervision after he has proved himself in seminars and passed a more or less formalized examination. For many

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reasons the prerequisites and restrictions at application vary considerably from country to country. In Germany, since some years ago, only doctors and psychology graduates are admitted to training as psychoanalysts.

With respect to the training analysis, there exist within the closed type of institute two essentially different alternatives: Either the training analyst reports in one or another way to the training bodies, or the analysis proceeds as a private affair, even though it is under the joint responsibility of the institute inasmuch as the training analyst takes it on as an official function. That the training analyst does not report is so much a characteristic of that type of institute that it is often referred to in brief as the nonreporting system. As an alternative to this, there has existed within the closed training system in ages past the reporting training analyst, who gives an account of the progress of the analysis and finally also of his opinion on the suitability of the candidate. This type of institute has for a long time been in the cross fire of criticism, although the reputation of the London Institute, a pure embodiment of this type, has remained unscathed (see “Training from the Candidate's Viewpoint” section).

The open model fully lives up to its name: The analysis starts as a purely private matter with a recognized member of the institute or the national psychoanalytic association. Whether it is in fact a training analysis becomes apparent only retrospectively and retroactively many years later at the time of acceptance for training or, at the latest, admissions into the relevant psychoanalytic association as a member. It need hardly be said that the open model is always linked to the nonreporting system, with the analyst at no time reporting anything whatsoever about the analysis to the training institute. The open system allows for much latitude in academic and professional educational background.

The theory and practice of psychoanalysis are, everyone knows, so broadly based that a fruitful exchange could exist with many academic disciplines. In the open system, after

qualification has been obtained, what had been the profession of the now-accepted analyst at the beginning of his analysis is no longer of concern. Most obviously irrelevant to previous professional and educational background is the Austrian Psychotherapy Law, quite recently introduced, which includes a so-called “genius paragraph.” To avoid any kind of restriction on the totally interdisciplinary nature of psychotherapy and to mobilize the greatest possible potential talent, the law envisages that “those particularly suited (also those lacking matriculation and an academic background) are admitted to a psychoanalytic training—without any specific previous knowledge or experience being stipulated *ad personam*—after

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they have been assessed by the psychotherapy advisory board of the government” (quoted in **Kallwass, 1990**). No one will envy the experts—on whose recommendation the Austrian chancellor must base his decision—their difficult task of selecting those considered to be sufficiently talented. In the past it has been a distinguishing feature of gifted people and even people of genius that, using their creative ability, they have achieved their aims despite adverse circumstances. (One can wait with interest to see whether the “genius paragraph” will lead to the admission of highly talented men and women who in the future will give new impetus, for instance, to interdisciplinary research. I propose we invite entries to a wager, with the winnings to be donated to psychotherapy research.)

If, using A. Sandler's and Wallerstein's evaluation, one places the training systems of European psychoanalytic associations on an “open—closed” scale, then the Swiss model is found to be particularly liberal. Since long ago, the training there has been quite informal; only at the end, namely when membership is sought, is a retrospective decision taken, based on the qualification reached after many years, as to whether the analysis has indeed been a training analysis and whether the “analysand in training” has reached the goal of maturity insofar as for personal or other reasons he still lays value on obtaining his journeyman's certificate. The traditional Swiss model, which in the last few years has apparently been somewhat changed because of the greater prominence given to proof of qualification, closely resembled the “deinstitutionalised institute” that **Bernfeld (1962)** outlined. Next on the open end of the scale are the French training institutes followed by, according to Wallerstein, the Italian, Spanish, and Portuguese ones, all variously modified.

The closed system, as it exists in the majority of European institutes, is formalized on this evaluation “most strongly and perhaps also most convincingly” in the London Institute (**Wallerstein, 1985**p. 42). Seen worldwide, the closed system predominates. It seems that in most institutes, reports by the training analyst are no longer demanded because of the attendant complicating influence on the confidentiality and transference relationship. The international professional community has come to terms with the multiplicity of training models. The established national and international “Standing Conferences” of training analysts on training questions lead to a more or less fruitful exchange of experiences, which has the power to harmonize, thanks mostly to the fact that recognition of the problems in similar or different systems puts one's own difficulties into perspective. Thus a *modus vivendi* has been arrived at regarding both the diversity of



opinions as well as the advantages and disadvantages of the training model realized in one's own association.

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The compromises reached, in turn give rise to other conflicts that preoccupy sessions of the local, regional, or international groups. The ability to compromise has increased in the last few decades. Without doubt, discussion on the open and closed training systems has engendered a sensitivity everywhere to the indirect influence exerted by training analysts on the training of candidates. Many well-known authors have taken Bernfeld's criticism to heart. The contrary positions taken up by **Kairys (1964)**, **E. F. McLaughlin (1967)**, and **J. McLaughlin (1973)** on one hand and Fleming (1961, 1973), **Fleming and Weiss (1978)**, as well as **Weinshel (1982)** on the other, have put much into motion. In Germany, Cremerius (1989) was foremost in intensifying Bernfeld's criticism of institutionalized psychoanalysis, looking at it from the viewpoint of "Training Analysis and Power."

If one places the different types that illustrate these diversities on a spectrum extending from a liberal wing to a conservative pole, one can first mention the Psychoanalytic Seminar Zürich (*Quellenstrasse*), which since 1977 has been split from the Swiss Psychoanalytic Society. Without being able to go further into phases of "deinstitutionalisation," which possibly approximated Bernfeld's ideal, one may point out that this came to pass as an institute in Switzerland, for in Geneva, also, there is such an extent of openness that one can hardly speak of limiting institutionalization. **A. Moser (1987)** has presented a study from which I infer that psychoanalytic training within the framework of the Swiss Psychoanalytic Society, presumably therefore also at the present-day Freud Institut Zürich, is noted for "particular liberality and lack of structure" (p. 61). At the time when Moser's paper was published, there were no examinations, and selection was made only at the end of the a long period of training, at entry into the society. Moser describes high demand to that end. In the course of the training-usually lasting well over 10 years-the candidates fight their way, largely autodidactically; as **Blarer and Brogle (1983)** see it, that way is also the goal in that they look at the psychoanalytic process as an end in itself, allowing for the emergence of a mystical atmosphere. Under these conditions the personal analysis is extensively protected from institutional influences. However, if one takes the unconscious seriously, it is self-evident that the candidate is subject to influences from even the deinstitutionalized institutes and the greatest possible liberality and openness. Seen from a psychoanalytic point of view, it is even probable that paucity of structure, to the point of a blank screen-the psychoanalytic institute an empty Rorschach state-has a particularly disturbing effect.

The more the open system approximates Bernfeld's idea of deinstitutionalization, the greater becomes the "informal power" of groups, as can be seen from **Kurz's (1987)** well-balanced study of the history of the

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Zürich Psychoanalytic Seminar. In systems that are democratic, subject to the rule of law, and committed to freedom of research and teaching, anyone who fulfills defined functions within the institutional setting can be called to account and, on occasion, dismissed. It is well-known that competence in the field, and the authority this brings with

it, can also be misused in the interest of enhancing personal power or “group rivalry between analysts and its influence on candidates in training” (**Garma et al., 1972; Zimmerman, 1983**). In psychoanalytic institutions the point at issue is the extent to which training analysts are prepared to lay themselves open to an assessment of their competence in the field, because this could be a possible means of impeding the overt or hidden misuse of power. Problem-related clinical and scientific discussions within professional groups serve as good lessons in humility, and they give protection from the predominance of individuals or the “informal power” of politicizing groups. Bernfeld, in his day, failed to take into account that the dissolution of institutional structures, with defined functions and open control, can lead to the formation of politicizing groups. Whether overtly or covertly, power is used in psychoanalysis particularly where therapeutic and didactic action is not accompanied by scientific investigations into the competence and the authority claimed.<sup>1</sup>

The autodidactic finding of the way and the goal, together with the primacy of the personal analysis, seems to increase fear of examinations and selection while at the same time postponing them further into the future so that many “analysts in training” fail to submit themselves to the colloquy required for admission to the Swiss Psychoanalytic Society. The less defined the criteria are, the more difficult it is to prepare for an examination, and the greater is the danger that a candidate's case presentation will become a bone of contention in the struggle between different orientations, even though it takes the form of a helpful discussion between colleagues and even though the failure rate, as in the DPV, is very low.<sup>1</sup>

If one looks at the other representative types, the French system of training seems, in terms of its liberality, to be not far behind the Swiss. A lengthy analysis achieves its recognition as a training analysis—even in the case of a three-sessions-per-week frequency—at the time when the analysand has applied for training and been accepted as a candidate.

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<sup>1</sup> I use throughout the following abbreviations: DPV for Deutsche Psychoanalytische Vereinigung or German Psychoanalytic Association, component society of the IPA; DPG for Deutsche Psychoanalytische Gesellschaft, or German Psychoanalytic Society, for historical reasons and anachronistically not a component society of the IPA; DGPT for Deutsche Gesellschaft für Psychotherapie, Psychoanalyse, Psychosomatische Medizin und Tiefenpsychologie, or German Society for Psychotherapy, Psychoanalysis, Psychosomatic Medicine and Depth Psychology).

The dread of presenting a report on a supervised treatment is great out of all proportion. When it is possible to practice professionally without qualification from a professional body, many will evade an examination so lenient that in fact it does not warrant the term. To go fully into this here would take us too far afield. Freud's anxiety theory and the distinction he draws between real fear and neurotic anxieties makes examination fears understandable. In his end-of-training colloquy—in the membership paper—the future psychoanalyst finds himself in a situation that will frequently be repeated in his professional life: The more that examinations are concerned less with knowledge and competence then with whether the candidate has internalized the

psychoanalysis as represented by those who happen to be in the majority, the more one's own person and psychoanalytic identity become matters under discussion. **King (1989)** has described five identity crisis in the life of the analyst that always concern his integrity and encompass his total professional life cycle. Indeed, are tactically diplomatic viewpoints and compromises reconcilable with integrity and with truth in the formulation of a case report? The analyst's integrity is faced with many problems that give rise to real fears.

The candidate's dependency is greatest in the reporting system, namely where the training analyst reports on the progress of the training analysis. At the London Psychoanalytic Institute the training analyst is expected to give half-yearly reports on how the analysis is progressing. In addition, he must approve his candidate's admission to lectures and seminars and, later, the beginning of treatment under supervision. Graduation, also, is dependent on endorsement by the training analyst. How precisely these rules are adhered to and how much weight is given to the training analyst's opinion in the decision-making processes of the authoritative bodies, is unknown to me. The surprising contentment of British candidates, which is in contrast to worldwide criticism of the reporting system, is open to a number of interpretations. **Limentani (1989)**, president of the IPA from 1981 to 1985, as training analyst of the London Institute, emphatically distanced himself from the obligation to give reports. Another publication of **Limentani (1984)** leads me to conclude that in the case of an unsuitable candidate, he either failed to give a negative report or his assessment was not taken into account by the training committee. In any case, Limentani describes that a seemingly normal candidate was in reality very disturbed, but nevertheless became a member of the British Psychoanalytical Society. This account shows that systems can have a high tolerance for contradictions.

Criticism of the report-giving analyst has prevailed worldwide in the last few years. **Orgel (1982)** reported that in North America 17 U.S. institutes and the four branch institutes of the Canadian Psychoanalytic Society follow the nonreporting system. Only seven institutes of the

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American Psychoanalytic Association give analysts the option to report, and the reports are usually minimal (**Orgel, 1982p. 429**). To judge from the comprehensive review by **Cabernite (1982)**, the situation appears to be similar in the South American societies and institutes. In all remaining branch societies of the IPA, that is, in all European societies, as well as the Indian and Australian institutes, there were a decade ago, according to **A. Sandler's (1982)** survey, only two remaining institutes which expected reports on the candidates from the training analyst, namely the London Institute and the Australian Institute, which was modeled on the British Psychoanalytical Society. One can therefore expect that the often bitter controversy over the training analyst's power due to his participation in the institute's decisions regarding candidates will, after many years, come to an end. At that point it will become apparent that the discussions had diverted attention from a fundamental problem that requires investigation, namely, the training analyst's indirect influence on the psychoanalytic identity of the candidate. At the end of **A. Sandler's (1982)** investigation, which dealt with far more than the subject of the selection

and function of the training analyst, she emphasized that the discussion of formal themes remains fruitless unless the essential differences in the respective understanding and conceptions of the psychoanalytic process become central to it. Most analysts will share this point of view. In my opinion, it points to the need to investigate the reporting and nonreporting analyst's influence on the therapeutic process. As the influence of the reporting analyst is obvious, let us consider a fictitious example: Suppose it were the case that the half-yearly report of a London training analyst contains a veto with regard to admission to supervised treatment. At this veto is hardly likely to reach the training committee behind the analysand's work and the analysand is unlikely to remain ignorant of the source of the rejection, the questions arise whether and how the training analyst justifies his opinion and what are the consequences of this judgment of the candidate's suitability. That such an intervention has important effects on the transference and countertransference is indisputable. It does appear, however, that the training analysts and candidates of the London Institute have found a *modus vivendi* with their system.

It is surprising that hitherto no one has thought of looking at the report-giving of the training analyst from the viewpoint of Eissler's basic-model technique. This would raise the question of whether the qualifying or disqualifying reports of the training analyst do not go beyond the introduction of a parameter and hence are, according to Eissler's definition, no longer on psychoanalytic ground. The training analyst's intervention has such a decisive influence on the candidate's professional career that no interpretation can remove its consequences

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from the face of the earth. Despite my criticism of Eissler's definition of the classic technique, I am convinced that the psychoanalytic method becomes deformed and loses its therapeutic potential when, by means of such interventions, real matters of fact are created. One might add that a similar strain is put on the transference when analysts, in the peer-report system, filing a claim for payment from a health insurance company, report to assessors without informing their patients of what they have written or giving them the option of reading the report. Despite some variations in how the training analyst exerts his influence, the essential technical question remains: In what way does he allow the candidate to participate in his opinion and the underlying reasons for it? What is a reporting or nonreporting analyst to do vis-à-vis his analysand if he has serious doubts about the latter's suitability for a demanding profession? Though there are some ways to escape this problem, it surely cannot be possible for the relationship and transference to remain unaffected by the attitude of the training analyst. From this viewpoint one can see that, lying beyond the issue of reporting versus nonreporting systems, there is the true psychoanalytic question of how the training analyst sees and interprets his candidate's personal and professional problems.

It may now have become apparent why in the open system one speaks of a "personal analysis." The analysand cannot be in a "training analysis" because he learns only after some years whether he has been accepted (admitted as a candidate or member), and only at that point does his analysis retroactively achieve this status. Appropriately, the training guidelines of the Swiss society state on that point, as quoted by **Vergopoulos (1989)**:

The personal analysis is the basis of the entire psychoanalytic training, but beginning a

personal analysis does not confer the right to train; that can only be decided *afterwards*. An individual who desires to become a psychoanalyst should also be engaged in another profession whilst awaiting recognition. It is only through a personal analysis that experience can be gained of the dynamics of the unconscious and of the phenomena of transference and defence” [pp. 79-80].

The retrospective recognition of the personal analysis as a training analysis after all turns the open system into a closed system as well—only self-authorization can do without proof of qualification. Despite differences in terminology, there is a general agreement that the analysis, however described, is bound up with therapeutic expectations that the candidate fashions subjectively according to his “treatment—and lifegoals” (Ticho, 1972).

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In the reporting system, because he reports to the training committee, the analyst has great power in one way or another, though he might “only” have the right, after many years of analysis, to give or withhold his agreement to membership application. On the other hand, in the therapeutic analyses of the open system, he may not have any real power, but the patient, motivated by professional aspirations, identifies with his analyst particularly strongly. Linked to that identification is the hope that internalization of the analytic model will increase his chances in a subsequent application. It is not a rare occurrence for patients with a professional background in a psychosocial field to have come to analysis and to discover, secondarily, that they want it to be their own profession. This frequent course of events shows that analysts take on a great responsibility when they treat potential training applicants, for in the closed system, therapeutic analyses are generally not recognized, particularly in those cases where treatment took place with a nontraining analyst. For formal reasons, the total length of the analysis in such cases frequently stretches beyond the first decade. Often the fate of these people is not a particularly happy one.

It becomes apparent where the problems lie when we follow up a hypothetical question by an analysand who is not satisfied with interpretations but wants to know why he may only apply after many years of analysis. Sometimes even obedient training analysands, or those who aspire to be, are insistent and cannot be fobbed off with silence. Godfrind (1988) gives a pertinent example. After a four-year training analysis Mrs. A, in whose case there was apparently evidence of “a neurotic structure,” wished to obtain permission from the training committee to begin supervisions:

Mrs. A finds herself ready to apply for the meetings with the members of the Training Committee. So it appears to her to be obvious to ask me the question: What do I think of her idea? For the first time in her analysis, Mrs. A insists: What is *my* opinion of the decision she is going to take? First countertransferential element: I am surprised. Mrs. A is not in the habit of being so directly insistent. Today, I am touched by the pressure of her demand. In response to my silence, she elaborates the reasons for her demand. She explains that she would not have insisted earlier on. She would have identified herself with me: when her patients ask her a direct question, she becomes bored. So she wanted to save me that [p. 19].

Clearly Mrs. A had for years subordinated herself in order to spare her analyst



unpleasantness and had accordingly taken on his attitude of “boredom” vis-à-vis her own patients. In this way, power is perpetuated

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in the disservice of therapy, and analyses become more protracted. What goes on in the open system is particularly problematical. **Wallerstein's (1985)** reservations can be fully endorsed:

As long as we do have formal scientific and training structures (our psychoanalytic Societies and Institutes), at some points assessments of suitability, of progression, and of satisfactory attainment of requisite knowledge and capability have to be made. The more that the timing of these events are determined by the candidate, and the fewer such occasions there are—absolutely minimally there must be at least one occasion, at the final point of graduation and certification—the more that rides then on the outcome of each single occasion, and, given that the data base is what can be discerned in the pressure of a (group) interview situation, repeated at most a few times, the greater the margin for subjective and irrational judgment, for arbitrary and capricious exercise of power and control over a lifetime of professional activity and livelihood. And, given such circumstances, the less explicit will the criteria necessarily be by which the personal analysis is assessed as a satisfactory therapeutic experience, let alone as the carrier of any additional or “surplus” useful educational values—even granting that there could be any agreement on such desirable educational values to be achieved in the personal analysis within the general philosophical climate of the “divorced” personal analysis, whether divorced only through the convention of the Non Reporting Training Analysis (NRTA) or through the wider “freedom” of the “open” training system. This problem of awesomely concentrated power and responsibility just outlined as well as the actual experience—perhaps in reflexive response to this—of the very high failure rate at the graduation and certification point in the “open” Institutes with a pile-up then of large numbers of very long-term candidates (literally over two decades) was the subject of considerable discussion at the Fourth IPA Symposium (“Changes in Analysis and in their Training”) held in Taunton, England, in April 1984 [p. 43].

The differing criticism directed at the “open” and “closed” systems leads to the question posed recently by **Groen-Prakken (1990)**, whether it is possible to avoid paradoxes and reach a healthier cohabitation within the psychoanalytic societies. I believe I shall be able to give a positive answer to this question at the end of my investigations.

### **Training from the Candidates Viewpoint**

It is gratifying that in recent years not only have some individual analysts biographically reported on their analyses—matters of the past to a greater

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or lesser extent—but now systematic investigations are undertaken by candidates as well. I refer to the publications by **Bruzzone et al. (1985)**, **Charlier and Korte (1989)**, **Köpp et al. (1990)** and the worldwide survey that **Blaya-Perez (1985)** has conducted. Blaya-Perez sent a questionnaire with 10 thematic questions for 140 successful graduates in the years 1978–79 and 1983–84, to institutes affiliated with the IPA. The questions were intended to ascertain what had been achieved at the end of the training analysis and

how this measured up to expectations. In the accompanying letter to the first group, the author stressed his interest in their integration into society and in whether a postgraduate analysis had been begun or was contemplated. For the second group, the main burden of the questions lay on how the final phase of the training analysis had been experienced.

Despite the total anonymity guaranteed, the number of replies—38, some only partially completed—was very small. There is little to be gained from speculating on the reasons for this; one must simply recognize the fact that worldwide, 102 young analysts failed to take part in an important investigation. Blaya-Perez had to be content with making a personal assessment, which, though not representative, is nonetheless very telling. Certain trends could be deduced from the questionnaire the author illustrated them with some typical individual examples. Regarding the comparison of expectations of what would be achieved through the analysis to the actual achievements, Blaya-Perez quoted the opinion of the Israeli society given some time earlier. They had answered a general inquiry sent out before a pregress on training in 1977 with the remark: “We expect too much and achieve very little.”

Most answers stressed the importance attached to the achievement of a climate of freedom, where the analyst is not obliged to supply any information or give an assessment of the progress of the analysis to be taken into account when decisions are made on the further course of the analysand's training. In the majority of cases, analyst and analysand decide jointly when the analysis should be brought to an end and thereby create the basis for a postanalytic relationship of mutual respect (p. 21). This atmosphere of freedom is, to judge from the answers assessed, possible also in institutes which have a reporting system (for example, report B of a candidate who, having started as a patient, was admitted to training after two years of analysis). It can be seen from some answers that there are still some normal candidates who cannot, even during their analysis, see themselves as patients. Analyst C, bearing out the relevant characteristics, on his own decision terminated his analysis before the end of training and was supported in this by institute members as well as his

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own analyst. No difficulties were encountered in the graduation colloquy. In fact, candidate C added:

„Things went well during the graduation. I wondered if the decisive factor was not more psychoanalytic ability or even more personal affinity. The Society appears to be a group of human beings like any other, some of whom I like and others not. Owing to the analysis I gave up an idealized vision of finding a group without rivalry, envy or hate. I like my analyst but find some degree of idealization still exists“ [p. 21].

Blaya-Perez devoted a separate section to the subject “Interruptions versus Terminations.” In the case of Analyst D, the particularly depressing course of events did, after a temporary break, finally lead to the completion of training and the subsequent start of a further analysis. This analyst revealed his identity in the correspondence with Blaya-Perez, who, thanks to further information given, was convinced that there was no need to question the truth of the answers. The most worrisome decisions appear to be those made on the basis of criteria and considerations of which the training analysand has no knowledge. Also described in this context are the conflicts between the analysand and his

training analyst on the one hand and bodies of the institute on the other: “Where relations within the triangle of Institute-analysand-analyst are based on the power of decision without the participation of one of the parties—usually the analysand—it is difficult for situations not to arise in which those involved defend themselves against what they consider to be oppression, by seemingly acquiescing in the rules laid down by secretly fighting against them” (p. 24).

Relevant to the subject of subordination must be added the singular remark that analyst F would have ended his analysis earlier had it been a therapeutic and not a training analysis. In this case, however, as in some others, a long first analysis and the completion of training were—finally followed by a fruitful second analysis. Even though Blaya-Perez unequivocally gave preference to the nonreporting system, he also emphasized that successful terminations can take place no matter what the institutional conditions. According to the conclusions presented, problematical terminations or breaks occurred more frequently in institutes where the training analyst reported to the training committee. This commentary must be seen in perspective: It seems that the analysands of the London Institute, one of the closed institutes, concur and are content with the organization and conduct of their training and also with the

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intermeshing of training analysis and actual training. One can read into the answers given by the British informants that they were convinced the training in their institute was the best in the world, giving them the right to look down a little upon the state of affairs in institutes across the channel.

Briefly, one can say that where attitudes are positive, they also lead to a satisfaction with the respective type of institute. Graduates of the French system cannot imagine that their analyses could in any way be connected with the institute. One wants, after all, to be able to approve of what one has been doing over so many years—in Paris as a rule thrice weekly and in London generally five times per week.

In 1982 the frequency most usual worldwide was four sessions of 45 minutes each per week. An international problem arises from the fact that within the sphere of influence of the French analysis, a frequency of three weekly sessions is considered the norm. Despite a certain tendency of the British toward psychoanalytic Thatcherism, Anglo-French relations have so far not been seriously troubled by expansionist politics of the five sessions per week. **J. Sandler (1982)** stated “the ‘normal’ number of analytic sessions in Europe ranges from five to three,” but “many analysts do see some patients less frequently” (p. 44). Since the recognition of psychoanalytic pluralism, diplomatic niceties have been more generally observed. In the final analysis, one should be reminded of A. Sandler's point that what is at stake is reaching an understanding regarding the nature of the psychoanalytic process.

### **The “Interminable” Training Analysis as Supertherapy**

In the leading psychoanalytic groups the training analysis counts as a “supertherapy” in that it resembles the “interminable” analysis. In the psychoanalytic societies its average length seems to increase from year to year and at present approaches some 1000 sessions in the DPV. **Balint (1954)** described the supertherapy by borrowing words from **Freud**

(1937): “In this sense of it what we are asking is whether the analyst has had such a far-reaching *influence* on the patient that no further change could be expected to take place in him if his analysis were continued. It is as though it were possible by means of analysis to attain to a level of absolute psychical normality—a level, moreover, which we would feel confident would be able to remain stable...” (p. 219; italics added). It would, of course, be more cogent to define the “strict, untendentious” analysis that the training analysis claims to be and how it may well be conveyed as noninfluential. Insofar as therapy also occurs in the training

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analysis, it is to be seen as an unintended side effect, so that the pure gold of analysis is not contaminated.

It is repeatedly confirmed that when the analysis of the unconscious aspects of psychic conflicts is adequate, symptoms seem to disappear of their own accord. But it does not follow from this observation that the analyst should fail to concern himself with the patient's symptoms. **Freud (1916–17)** demanded that psychic phenomena of every kind, particularly symptoms, require a psychodynamic interpretation. In the analysis of psychic conflicts, neither their production in the transference—linked to actual psychosocial reality—nor their relationship to the symptomatology can be neglected. Nothing is more convincing than when an insight into an unconscious determination leads to a symptom change that the patient had hoped for. The taboo on the analysis of symptoms is based on a confusion **Brenner (1989)** recognised: It is one thing to give thought to psychodynamic explanations of symptoms and discuss their function and structure in a seminar. It is quite another matter to tread the path from experience to behavior in a dialogue with the patient during therapy, finding unconscious motives as a cause of symptoms. Due to this self-imposed taboo on caring about symptoms, which results in giving seemingly aimless interpretations (**Barratt, 1990; Caper, 1992**), psychoanalysis has restricted the scope of its therapeutic and scientific potential.

### On the History of a Utopia

Lengthening the training analysis secondarily determines the duration of analyses of patients. It gives cause for concern that **Glover (1955)**, who was for many years responsible for research at the London Psychoanalytic Institute, declared: “When coming to a decision on this question of length it would be well to remember that the earlier analysts were accustomed to conduct analysis of six to twelve months' duration which as far as I can find out did not differ greatly in ultimate result from the result claimed at the present day by analysts who spin their analyses to four or five years” (pp. 382-383). Developments since then confirm the findings of that time. Evidently, everywhere in the world the extent by which therapeutic analyses are lengthened depends on the length of the training analysis. Thus Balint showed that the supertherapy can be traced back to a demand of Ferenczi's which contains **Freud's (1912)** idea of a “psychoanalytic purification” (p. 116) and seemingly leads to objectivation. **Freud's (1910)** discovery of the countertransference and observation that every psychoanalyst can only go as far as “his own complexes and inner resistances permit” (p. 145) must be placed in the

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same historical context. That is why Freud stipulated that the analyst should begin his work with a self-analysis.

Most of today's problems remain incomprehensible unless one is familiar with the developments that occurred between 1910 and 1937. Among these is Ferenczi's imaginary perfecting of the training analysis, which he called, according to **Balint (1952)**:

the second fundamental rule of psycho-analysis, the rule by which anyone who wishes to undertake analysis must first be analysed himself. Since the establishment of that rule the importance of the personal element introduced by the analyst has been more and more dwindling away. Anyone who has been thoroughly analysed and has gained complete knowledge and control of the inevitable weaknesses and peculiarities of his own character will inevitably come to the same objective conclusions in the observation and treatment of the same psychological raw material and will consequently adopt the same tactical and technical methods in dealing with it. I have the definite impression that since the introduction of the second fundamental rule difference in analytic technique are tending to disappear [p. 283].

After giving that quotation from Ferenczi, Balint offers his own comments:

It is a pathetic and sobering experience to realize that although this idealized, utopian description gives a fairly true picture of any of the present cliques of the psycho-analytic movement, it is utterly untrue if applied to the whole. Ferenczi foresaw correctly the results of *one* "supertherapy," but he had not even thought of the possibility that the real development would lead to the co-existence of several "supertherapies" competing with one another and leading to a repetition of the Confusion of Tongues [p. 284].

As the "winners" of this competition would have to be decided by means of qualitative criteria, which cannot be an object of research in the case of the strictly confidential training analysis, one falls back on giving value to quantitative factors: the longer the better. The competition is based on the length of the supertherapy. The laurel wreath is not given to the analyst or analytic school that most effectively fulfills Freud's conjunction of healing and research.

Interminable analyses in the leading schools, as well as those conducted by independent training analysts, share the common denominators of frequency and duration. Whereas Freud wanted to ensure that, thanks to the training analysis, there would be no blind spots in analytic perception due to countertransference, allowing the analyst to become a personified

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tool capable of making objective comparisons and investigations, in the Kleinian system the aim of the purification is not to do away with the countertransference but to ensure that the analyst is open to a special kind of perception of the patient's unconscious. The change in the concept of the countertransference is therefore fundamental for the understanding of the two models of psychoanalytic technique. The positive and negative consequences that arise from the new understanding of the counter-transference I have described previously (**Thomä and Kächele, 1987**, pp. 81-98).

A brief reminder is appropriate of **Eissler's (1963)** ironic remark that the training analysis now no longer serves the resolution of counter-transferences but "is heralded as highly effective in bringing about the patient's cure. Jokingly, I might say that we seem to



be not far from the point when candidates will be advised to resume their training analyses, because they do not form countertransferences to their patients” (p. 457; cf. **Thomä and Kächele, 1987**, p. 95). The particularly long duration of Kleinian training analyses is probably linked to the fact that in Kleinian theory the candidate's “purification” appears to coincide with his best possible cure. Had this theory stood the test, a perfectly conducted Kleinian training analysis would be able simultaneously to cure severe mental suffering at the deepest level and produce the best possible professional qualification. The concept of infinity, with respect to time, corresponds to that of unfathomable depth with respect to space. Used metaphorically, they constitute a firmer link between the schools than do any mutually held convictions on content.

Length, frequency, and depth of the training analysis seem to be justified on the grounds of quite divergent theories regarding infantile development and how it affects psychological disturbances. Any analyst, thinking along scientific lines, must be troubled by the fact that the ideas and theories held by Freud, Ferenczi, Eissler, Klein, Kohut, Lacan, Mahler, and Winnicott, to name but a few important examples, contain contradictions within themselves; are incompatible with each others; or are irreconcilable with the observations and theories of other disciplines. If one takes the view that all psychoanalytic theories are alike on a metaphoric level and contain a core of truth, then despite contradictory etiological theories, therapeutic successes could be attainable. Of the extant blatant contradictions within the theories of the etiology of mental suffering, I cannot, for instance, share the idea represented by **Joseph (1984)** and **Pulver (1987b)**, namely, that patients can gain insights that are expressed in varying terminologies but basically represent the same process albeit simply played back on a different instrument (cf. **Thomä and Kächele, 1992**, p. 22 ff.). Metaphor in the language of psychoanalytic

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therapy and theory becomes boundless unless, when it is used, heed is paid to “negative analogy” (cf. **Cheshire and Thomä, 1991**). **Moser (1992)** raises the perturbing question of how, in spite of inconsistent etiological theories, therapeutic successes are achieved in psycho-analysis (p. 40). **Glover (1931)** had that problem in mind when he distinguished between “incomplete” and “inexact” interpretations. He believed that psychoanalytic insight leads to ever more complete interpretations while the suggestive part of therapy recedes further and further. Glover assumed that progress would be steadily maintained and failed to consider that quite contradictory theories might evolve, all laying claim to comprehensive therapeutic efficacy.

Although no theories are directly transmitted during a training analysis, the candidate unconsciously takes over the theoretical background that finds expression in the training analyst's interpretations and handling of rules. The very nature of this unconscious internalization precludes the possibility of a critical confrontation with the frequently only implied thought processes of the analyst. Thus, flawed theories are passed on and taken over by the candidate.

Because of misleading theories and uncritical application of technical rules, analysts, irrespective of whether or not they adhere to a particular school, fail to fulfill the therapeutic potential of the psychoanalytic method. It can be a shattering experience when influential proponents of a school, or analysts who have held fast to a dogmatism of their

own making, in the last years of their professional career finally discover the antitherapeutic elements of their treatment technique. Thus **H. Rosenfeld (1987)** declared that the typically Kleinian interpretations of envy lead up “blind alleys” and are therefore, in some circumstances, to be made responsible for the impasse or the failure of therapies. **Balint (1968)** had pointed this out in a discussion on the subject years before, but his words fell on deaf ears.

The length of the training analysis, seen historically, seems to have increased by two distinct leaps. If one were to plot a graph, one could see that in the leading institutes the curve, having already reached a high plateau in the late 1950s, seems since then to have been rising steadily but more slowly. The average duration of the training analysis is, in some regions, far in excess of 1000 sessions.

**Balint (1952)**, speaking from personal experience, described the wanderings, involving great sacrifices, which until the early 1930s well-established analysts had to undertake to find another place where they could begin a new personal analysis. An essential reason for the supertherapy, Balint felt, was that a number of older analysts had

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reached the conviction that their earlier training had been inadequate. They tried to redress this insufficiency by a further analysis.

It is surprising that analysts ascribed their shortcomings to themselves and finally perhaps even to their own psychopathology. Even Balint, looking back, never considered any other explanation. No doubt the burdens that this solitary and ascetic profession imposes are greater than the beginner ever imagines, and it takes a good while until, overwhelmed by hopelessness and human suffering in the consulting room, one can derive pleasure from the unique opportunities it presents. That in those days preparation for practicing the profession proved to be insufficient was, one may suppose, less due to the training analysis than to inadequate clinical education under supervision. It is doubtful whether (at least in the case of those candidates who cannot gather a broad spectrum of experience at a psychotherapeutic institution) today's unbalanced training represents an essential improvement.

On another level are those problems that arise when an analyst seeks help for personal reasons and wishes to go into treatment again. Thanks to the complicated transference entanglements within his own group, the analyst seeking help in the days Balint described had no recourse other than to give up his practice and for many years live in another country. These personal decisions were for a long time taken to be representative, and therefore influenced opinion, because one could read into them how much analysis Messrs. X, Y, and Z needed to be able to cope with life's difficulties, especially with so lonely and ascetic a profession. Almost half a century later, the length of the training analysis was being justified on psychohygienic grounds.

Thus the discussion on the termination of the training analysis, which took place during the Second Training Analyst Conference of the IPA, was summarized by **Cooper (1985)** the effect that all participants had moved a long way from Freud, who had suggested that the purpose of the personal analysis was to give the analyst-to-be a sampling of the analytic process. I believe that our authors would all agree that the purpose of the personal analysis is to achieve a major, new capacity for enhanced psychological functioning,

which will enable the analysand to withstand the rigors of doing analytic work over the long period of a professional life. Within this agreement, however, there are clearly conflicting interests. The institutes have a stake in ensuring the safety of the profession, and to that end they tend to desire a voice in determining how they may evaluate or influence the analytic process, at least at the point of termination, so that the emerging analyst will fit their model of a psychoanalyst. Institutes vary significantly in their models and enormously in their

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willingness to grant independence to the training analyst in conducting his work. Candidates are likely to want the best personal psychoanalysis and total autonomy and privacy for the conduct of this analysis. A major component of that autonomy is the freedom to terminate the analysis on the basis solely on the activity within the consulting room. The training analysts, ourselves, are eager to know that we have done as well as can be done in the double task of analysing our patient and preparing the candidate to be an analytic colleague. Clearly training analysts differ over whether those two aims are entirely consonant, but I would suggest that none of us can be free of the sense of responsibility to our candidates' future analytic patients. Referring back to the title of our meeting-process, expectations, and achievements of the training analysis-one is tempted towards a huge oversimplification suggesting that the institutes are most concerned about the process, the analysts are most involved in our expectations, and the candidates are interested primarily in the achievement [p. 4].

Naturally it makes a great difference who has the right to decide on stresses and the ability to withstand them. Today it is The Standards, whereas then it was a personal decision. In point of fact the second rise in the length of the training analysis was occasioned not by a well-meaning sense of caring but by a reaction on the part of the American Psychoanalytic Association to the pressure exerted by a purposeful young generation. **Knight (1953)** gave an account of this when, as retiring president, he reviewed his 15 years' activity in the various bodies of the American. He described how the institutes came under pressure because of the great number of candidates and their "ambitious haste" to complete their training as well as their tendency to be satisfied with a superficial understanding of the theory. In reaction to this, Knight explained, the older analysts forced through the establishment of exact quantitative requirements regarding the number of analytic sessions and supervisions; the frequency of training and supervised analyses; and the number of years that must elapse between matriculation and acceptance as members of the American Psychoanalytic Association.

There is another subject that can clarify the problem under discussion. In looking through the psychoanalytic microscope and focusing beyond the surface, which is often dismissed in everyone as a facade, "mad" unconscious dimensions become visible. In the psychoanalytic theory of character, some typical connections existing between manifest behavior patterns and unconscious fantasies have been described. What happens then in the case of a candidate who considers himself to be normal, and how in all important spheres of life has proved himself so successful that he is regarded as normal by those around him. **Gitelson (1954)** describes

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“therapeutic problems in the analysis of the normal candidate.” In the decade before, most candidates in the United States, in contrast to the earlier generation, were said to be fairly normal. Therapeutic problems with regard to these candidates had arisen from the fact that closer inspection allegedly revealed that one was dealing with “normal character disturbances,” with “normopaths.”

From didactic points of view it is certainly imperative that a candidate whose character gives him no trouble and who is in accord with his environment, becomes familiar with the psychodynamics of character resistances and increases his ability to recognize unconscious motivations. There also exists, of course, the tendency to generalize **Reich's (1949)** doctrine of character armor, or the observation of contraphobic attitudes, to such an extent that normality and originality disappear equally or are turned pathological. The fact that, according to **Limentani's (1984)** observation, the so-called normal candidate has in recent years again disappeared in London and in countries other than England, deserves a marginal comment. It goes no further to settling our problem that does the generally known fact that there are, among candidates, some very ill people (cf. **Limentani, 1989**) who, even after the termination of long training analyses and as established psychoanalysts, have failed to reach a satisfactory solution to their unconsciously motivated conflicts and manifest problems in life. If a change in structure is set as the aim of the training analysis, the probability that an interminable process will be set in motion becomes all the greater when it is decided to forego proof of changes having been affected. Training analyses lie in scientific no man's land.

Until the early 1950s, the training guidelines of many institutes and societies still cited annual figures with respect to the length of the training analysis—somewhere in the region of a minimum 300 sessions (cf. **Balint, 1948; Smirnoff, 1987**). Whatever significance these minimal requirements might have had in reality, eventually all indications as to duration disappeared from the curricula. The number of 300 as a minimum for the training analysis has remained unchanged in the stipulations of the strict “US Board of Professional Standards,” as **Orgel (1982)** reports, and he adds that there are fairly good reasons to assume that the majority, if not all, of the training analyses last for many more than 300 sessions. In fact, according to the statistics of **Lewin and Ross (1960)**, even then the minimum requirements were for the most part considerably surpassed.

In the DPV and the DGPT, the rule that the entire further training must be accompanied by the training analysis contributes to the latter's further extension. The length thus becomes dependent on external

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circumstances and chance occurrences, particularly on when the candidate can find patients suitable as supervision or examination cases; these must be mildly or moderately neurotic patients who are willing to come for analysis four times weekly for at least three years. Only rarely can one substantiate a clear indication for a four-times-weekly analysis when patient, peer reviewer, or health insurance agencies ask whether a thrice-weekly therapy is not equally likely to take a successful course. The search for suitable cases can delay the start of practical training by many months. Yet another factor is that more is demanded of the training cases than that the treatment be four times weekly over a long

period. The analysis presented at the examination (as colloquy) must have lasted for 300 sessions and still be ongoing. Should the patient, intended as the examination case, end the therapy earlier, or should he, for good external or inner reasons, demand a reduction to three sessions per week, the candidate must begin again with a new patient.

The rule that the training analysis should continue throughout further training was introduced to make it possible for the candidate to clear up with his training analyst any personal problems that might increase in the confrontation with patients and that might affect the patients—a plausible justification. Naturally, one cannot escape the thought that to raise some critical question about this could prove unpopular. How often do candidates bring up in their own analysis what they have found disturbing in the therapies? What are the subjects that the candidate feels he cannot discuss with his supervision analyst? The answers to these and other questions could easily and anonymously be obtained through inquiries of training analysts and candidates. The findings could contribute to an assessment of the advantages and disadvantages of a rule which for years has led to a steady lengthening of training analyses and the whole training, but which remains officially untouched because—with feelings of satisfaction or guilt or, as a last resort, wisdom—everyone knows that rules are there to be broken. Candidates who are, as the saying goes, “the exceptions which prove the rule,” often undertake the examination with greater anxiety and are afraid of disturbing questions regarding their countertransference.

If, with **J. Sandler (1982)** one makes the point that “psychoanalysis is what is practiced by psychoanalysts” (p. 44), we are confronted with “the issue of what a psychoanalyst is. The short answer to this would be that a psychoanalyst is someone who has been trained as such by one of our training institutions” (p. 45). So far so good, but we also have to deal with the problem of what psychoanalysis is versus what it ideally should be, for example, whether it fulfills Freud's (1927) paradigm of the “inseparable bond between cure and research” (p. 256).

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More obvious is a paradox in Sandler's argument that did not escape his attention, although the offered answer to it is unsatisfying: “It is this rather conservative extension of psychoanalytic training which gradually equips the analyst best, I believe, so work flexibly and comfortably with a variety of patients” (p. 45). With the majority Sandler shares the opinion that the best psychoanalytic practice is the one that conforms “in the early years as far as possible to ‘classical’ psychoanalysis.” The question arises: If that kind of “internalization of psychoanalysis” has to be replaced after many years of professional experience, something seems to be wrong in the first place.

Sandler's paradox is a self-made, artificial product brought about, as he clearly stated elsewhere and in a similar context, by a training that furthers anxieties instead of critical attitudes (**J. Sandler, 1983**). To wit:

„The conviction that what is actually done in the analytic consulting room is not “kosher,” that colleagues would criticize it if they knew about it, comes from the reality that any analyst worth his salt will adapt to specific patients on the basis of his interaction with those patients. He will modify his approach so that he can get as good as possible a working analytic situation development.... I believe that the many adjustments one makes in one's analytic work... often lead to or reflect a better fit of the analyst's developing intrinsic private preconscious theory with the material of the patient than the official public theories to which the analyst may occasionally



subscribe“ [p. 38].

As the analyst has learned the “official theories” during the training, Sandler's correct description is nothing less than a severe criticism of the teaching in many institutes. The “paradox” is artificial, and the process of liberation can be accelerated. Sandler demonstrates the unfavorable influence of the present training on psychoanalytic practice, and this, in my opinion, shows the need for fundamental reforms of the traditional one-sided psychoanalytic education.

Group narcissism keeps systems in place which, at some point initiated by innovative ideas, would more quickly be reassessed if their proponents took critical exchange within the schools, not to mention interdisciplinary discussions, more seriously. The longer the training analysis lasts, the greater becomes the danger that unintended indoctrination will occur, determining the affiliation to a group and preventing the creative thinking and doing that Sandler advocates.

### **Indoctrination versus Identification**

Identifications with the functions of the analyst are as inescapable as they are necessary; the decisive question is whether they can be fashioned so

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as to preclude even the possibility of indoctrination or, when indoctrination occurs, to pull from under it. If the danger existed that indoctrination would grow in proportion to the length of the analysis, perhaps to the point of being quite irreversible, analysis would betray its loftiest aspiration. **A. Sandler (1987)** brought up the worrying question, “To what extent is the inevitable indoctrination that occurs in our training an undesirable thing, and if it is, what can be done about it?” (p. 109). At the same conference of training analysts, Smirnoff pleaded that the analytic fund of ideas should be passed on, as it were, like a doctrine, defining it as a summation of immutable principles as distinct from scientific theories. As history has taught us, however, the fundamental principles of doctrine that Smirnoff mentioned, namely, the unconscious, resistance, infantile sexuality, the Oedipus complex, and bisexuality, are mutable theories. The viewpoint of psychic determinism, for which immutability was also claimed, can serve as a fruitful heuristic principle. It is the proof of certain causal connections that remains decisive. I refer to **Holt's (1992)** modest claim: “The best we can do is to establish that a postulated relationship holds significantly more often than not” (p. 380). Psychoanalytic theories have all too often been passed on as doctrine. Freud's view of bisexuality as a biological phenomenon for a long time prevented recognition of the significance of unconscious fantasies and psychosocial conditions in the etiology of sexual identity (cf. **Lichtenstein, 1961; Stoller, 1968; Kubie, 1974; Fast, 1984; Alpert, 1986**).

Many psychoanalysts have concerned themselves with the problem of how indoctrinations can be avoided. The concern aroused by A. Sandler's and Smirnoff's presentation of their papers was considerable. Certainly, one can see from **Faimberg's (1987)** summarizing report that great pains were taken to make a distinction between the “passing on of a doctrine” and “indoctrination.” Perhaps one can even see progress in the fact that such a hot potato was handled at all. My basic position is that indoctrinations are undesirable in every case, and I am convinced, furthermore, that they can be avoided.

Above all, it is the analyst who must constantly make clear to himself how his “latent anthropology” (**H. Kunz, 1975**), inasmuch as it is the basis of his *Weltanschauung*, relates to the general and specific theories. This also leads to corrections of Freud's “scientific *Weltanschauung*.” Besides, in the actual analytic situation, what matters is not the analyst's abstract overall view of mankind but how he sees specific conflicts experienced by a patient and their effects on behavior and symptom, that is, schemata of psychodynamic interpretations that lend themselves to verification. It is unavoidable, however, that in the solution of conflicts, and at other times also, internalizations will

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occur where the patient always makes a choice and has the last word. The whole framework within which the training analysis takes place brings with it many complications that are greater than could ever have been known decades ago.

As Kernberg's investigation shows, it is for reasons inherent in the system that the length of training analyses, such as are also practiced in noninstitutionalized psychoanalysis, can have unfavorable side effects on the individual and on the professional community. First, a summary of **Kernberg' (1984)** diagnosis:

„Although psychoanalytic institutes may bear an impressive resemblance to theological seminaries, I share the consensus that psycho-analysis should stand or fall as a science and not as a system of religions or belief. I agree that the primary task of psychoanalytic institutes is to teach what I believe is a science, and this science should be transmitted in an atmosphere of scientific inquiry. A critical attitude should be maintained toward what is taught“ [p. 58].

However, the critical approach essential for this is made more difficult by the religious aspects of the training: “The exposure of the novice's personality to total scrutiny, while the teachers' personalities are concealed as much as possible, is characteristic of religious education” (p. 85).

**Sachs (1930)** drew a parallel with the “novitiate of the church.” Such subordination obviously goes contrary to Freud's ideal of enlightenment. The tendency toward a novitiate prevailed most probably because the setting of sober aims, as in a “technical or trade school,” is only imperfectly promoted in most of the training institutes. The very thing the masters generally fail to do, Kernberg criticizes, is to present their work:

„Candidates are systematically walled off from knowing exactly how their teachers conduct psychoanalysis. In case seminars and personal supervision, candidates are exposed only to cases treated by themselves and other candidates, and therefore to treatment techniques that are presumably less than optimal. The more experienced the analyst, the less he shares his analytic work with students.

If candidates are prevented from being exposed to examples of skillful psychoanalytic techniques, they tend to idealize both the technique and the senior members of the faculty. And if those senior members whose concrete work as analysts is shrouded in secrecy never discuss a case, or present a paper, or share their work in any public way, they are idealized even more“ [p. 56].

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He describes the atmosphere as follows:

„The prevalence of idealization and persecution is literally a universal feature of psychoanalytic institutes. Central to the activation of these defensive operations is the idealization of the training analysis and the training analyst. The training analyst's efforts to present a blank screen to his candidate-analysand leads him to conceal his institutional activities. Prevalent is a

confusion between the training analyst's need to maintain his personal privacy, the control over his emotional expression, over idiosyncratic personality aspects and his counter-transference, on the one hand, and, on the other, the appropriateness of his adopting a public stance regarding organizational, educational, clinical and professional issues. This confusion tends to foster the ideal of the “anonymous” analyst, a person with assumed unassailable mortality“ [p. 59].

**Bruzzone et al. (1985)** have confirmed Kernberg's observations in their diplomatically worded account of how they see things as candidates, which shows an altogether too-great willingness to ascribe the typical climate of the institute primarily to their own projective identification.

### **The Here-and-Now and Psychosocial Reality**

The process described by Kernberg and Bruzzone et al. is one that forcibly fits altogether realistic triggers of negative transferences into a schema of projective and introjective identification. So it is fatal that the actual importance of the triggers is incorrectly assessed and that the training analyst—even if he leaves room for a mistake here and there—remains untouchable because he lets himself be seen as a transference object projected onto an empty screen. Because plausible realistic triggers are neglected, they are interpreted as distortions. The role of the training analyst in the training analysis contributes to those processes. Even when candidate and analyst meet only rarely in the institute, they nevertheless live in the same psychosocial reality, and both, in different ways, are enmeshed in tensions and conflicts. All attempts to prevent the possibility of contamination are destined to failure. The fictitious mirror is continuously being blemished. With exceptional candor **Watillon (1989)** says:

„Indeed through our interpretations and our mode of being we transmit the theory and the technique, and furthermore we in some way expose ourselves by our habits, our tastes and the way in which we put the framework of the analysis as the candidate's disposition. This is true for every analysand, but the candidate is more mindful of it since he wants to practise the same profession. We disclose our theoretical

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adherence by the timing and content of our interpretations. We present insights into our personality by the individual application of the international rules of psychoanalytic technique. The arrangement of rooms, the furniture, the choice of decoration, are so many indications of our tastes and our extra-analytic investments. Our attitude also reveals our internal availability and the quality of our reception through the look, the smile, the voice, the quality of silences, etc. All this is very banal and analyzable, but these things can become complicated when such impressions are repeated outside by the candidates, discussed, established as truth and peddled to such a degree as to build a reputation which would be considerably charged with projections and distortions. The return of these first impressions in the form of a “reputation,” hawked by the candidates among themselves, can be hard to bear because it is unfair and difficult to analyze. In his contact with other analysts, the candidate makes comparisons and wonders about some habits and mannerisms of his own analyst. The candidates offer us, through imitations, a distorting mirror deriving from ourselves, from those aspects of our personality which we would rather not know. Such imitations are visible to everyone except the candidate's own analyst“ [p. 61].

Repeatedly, the candidate and his associations refers to persons and to problems familiar to both himself and his analyst. What then is the outcome when these perceptions and descriptions are neglected as triggers of transferences or are even, on the assumption

that they run counter to the recognition of unconscious fantasies, skipped over? Under the unassuming title “Cues: The Perceptual Edge of the Transference,” **Smith (1990)** recently gave a convincing answer. Beginning with Schwaber (**1983, 1986**), and after subsequently discussing new findings regarding the significance of actuality in the transference (the here and now), Smith concluded that the “perceptual triggers” are of the greatest importance in understanding the patient's psychic reality. The interpretation of plausible and realistic key stimuli opens the lock, namely, the transference disposition, seen as a schema or cliché in Freud's sense. These key stimuli are a part of the psychosocial reality, hence, “social criticism is inherent in the interpretation process” (**Parin, 1975**). I have suggested that the genesis of the transference where it is based on actuality, that is, on psychosocial triggers, should be taken seriously, and have therefore introduced the “here and now genesis” as a particular type of interpretation (**Thomä and Kächele, 1992**).

If one denies the fact of constant reciprocal influence, then this can be all the greater, to the extent of unintentional manipulation, because the analyst is not aware of the unconscious suggestion implicit in his interpretations. Freud (1921c) referred to the English verb “to suggest” in

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the sense of “to put forward” or “to stimulate” (p. 90). Thus the analyst suggests something to the patient every so often but, according to Freud, not “without adequate logical foundation,” that is, within a rational frame of reference. It has been my pet project for many years to investigate the analyst's influence on the patient, with particular attention paid to the here and now and psychosocial reality, to wit, the problem of “indirect suggestion” (**Gill, 1991**).

Although Freud, perhaps more than anyone, recognized the importance of the reciprocal influence and power of the word, reaching deep into unconscious processes, the problem of suggestion remained a formidable one. **Gheorghiu et al. (1989)** show that throughout psychology, the phenomena of suggestion and suggestibility have remained so closely linked to hypnosis that the generally used dictionaries give a definition analogous to one given by **Freud (1888)**: “... what distinguishes a suggestion from other kinds of psychical influence, such as a command or the giving of a piece of information or instruction, is that in the case of a suggestion an idea is aroused in another person's brain which is *not examined in regard to its origin* but is accepted just as though it had arisen spontaneously in that brain” (p. 82; italics added). When Freud (1921c) returned to the “riddle of suggestion” 30 years later, he discussed various kinds of suggestive influences and defined the narrow concept as influence “*without adequate logical foundation*” (p. 90; italics added).

It remained Freud's lifelong concern-expressed in the famous gold-copper metaphor (1919, p. 168)-that any suggestion, whether in therapeutic analysis or elsewhere, might destroy “scientific,” “untendentious” psychoanalysis. **Freud (1927)** wanted “to feel assured that the therapy will not destroy the science” (p. 256; see **Holzmann, 1985**). He proclaimed a unique *Junktim* (from Latin *jungere, junctio, jugum*, as in “junction” and “yoke”), translated in the *Standard Edition* as the “inseparable bond between cure and research” in psychoanalysis (**Freud, 1912p. 114; 1916–17p. 452; 1927b, p. 257**).

There were many very fruitful attempts by Freud (see, e.g., **1916–17**) to differentiate

various types of suggestion and to decipher the “riddle” by relating it to the transference and its resolution (p. 452). But **Freud's (1921)** innovative psychosocial interpretation of suggestion and suggestibility was not accorded a prominent place in the theory of technique (see **Thomä, 1977**). Only very recently has the here and now of transference and countertransference, as an interactive process, been taken seriously with regard to specific transference interpretations. This has placed Freud's psychosocial understanding of suggestion and suggestibility in the center of therapeutic and scientific discussions.

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For a long time, due to the belief that a psychoanalysis devoid of tendencies fulfills scientific principles because of technical neutrality, two things were neglected: First, examination of the analyst's influence acting upon the patient, and second, investigation of the therapeutic effectiveness of different explanatory theories. Freud's assertion that in psychoanalysis there is a “Junktim” of healing and research has fostered the illusion that this is realized when a patient who is suitable for classical psychoanalysis meets up with an analyst who interprets without intended aims, believing himself in this way to be applying Freud's suggestion-free scientific credo. Not only the representatives of schools (which, despite all other basic differences, are alike in this respect), but also the eclectic pluralists, fail to take note of the problems implicit in the “inseparable bond” assertion. It is a major task of contemporary psychoanalysis to find solutions to Freud's paradigmatic theses (cf. **Thomä and Kächele, 1987, 1992**).

Particularly ominous is that the fallacy of seemingly unintended changes was built into the model for the supertherapy of candidates by the leading analysts of all schools and orientations as well as by the eclectics. There is every reason to believe that training analysts go to great lengths to transmit to their candidates a strict analytic technique. Nowhere is the validity of the “conjunction” less questioned than in the training analysis. Training analyses, and particularly training analysts, remain beyond scientific assessment, so that it is not even possible to investigate whether and how such an *unintentional* structural change comes about. But psychoanalytic knowledge of unconscious processes leads us to suspect that influence, even to the extent of unintended manipulation, can be still greater when its existence in the here and now is denied. Instead of a critical investigation into the influence—always personality-linked—of the psychoanalytic method on the candidate (and also on the patient), we find conversions, which **Beland (1983)** compared with those of a religious kind.

Manifold observations force one to assume that, particularly in training analyses, the perceptual triggers of the transference that have their origin in the shared psychosocial reality of the training institute, are systematically faded out. The fiction of the “blank projection screen” facilitates the avoidance of all subjects that concern the training institute and that originate in realistic observations. When the relationship between the key and the lock, and the reciprocal dependency of unconscious schemata and psychosocial reality, are overlooked in favor of the seemingly pure observation of unconscious fantasies, a fatal vicious circle is set up. Freud described this process in paranoid

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developments, which always arise from a historic truth and its denial and which—as must



be added from what we know today—are maintained thanks to the nonacceptance of actual truths.

The time has come to apply this knowledge to the development of the paranoid atmosphere that **Kernberg (1984)** and **Bruzzone et al. (1985)** have described. Presumably, the fading out of the key stimuli, particularly in the training analyses, has brought about the endless spiral in the interpretation of projective and introjective identifications. Avoiding the key stimuli when interpreting the here and now genesis, which, at least indirectly, would have to be accompanied by a partial recognition of the psychosocial reality, leads to insoluble projections into the past. New traumatisations are then set up which strengthen an existing predisposition. If those triggers of transferences arising from the mutually shared psychosocial background—consulting room, institute, and society—are not sufficiently noticed and are not accepted as actual truths of an ever “multiple reality” (cf. **Kafka, 1989**), then the way back is encumbered by indissoluble confusions, and the distortions in the transference are not made any smaller. They become greater.

It is by no means easy, when confronted with the issues that come up, to reach psychoanalytic interpretations that find the way between Scylla and Charybids. If one presupposes that the here and now genesis of human experience always has a real trigger that is initially part of the common world, one remains on firm ground. There is every indication that a neglect of the here and now genesis of transference and countertransference can lead to malignant regressions and ineffective stereotypes of interpretation. The importance of the here and now in this sense has only come to be discovered systematically in very recent times—called by **Cooper (1987)** “the modernist view of psychoanalysis,” which, according to **Strenger (1991)**, has “led to a new conception of the nature of psychoanalytic interpretation not reflected by Grünbaum's view of psychoanalysis” (p. 72).

Should these new ideas continue to prove their clinical worth and be upheld by comparative psychoanalytic process and outcome research, certain analytic stalemates would become more understandable in retrospect. Today's inescapable acceptance of the reciprocal influence forces one to take leave of the mirror analogy and opens up new dimensions to the analysis of exchange processes in the analytic situation and to the critical investigation of suggestion and suggestibility. The differences between therapeutic and didactic analyses should be observed more closely from this reciprocal-influence point of view, to which Gill (**1982, 1983, 1984a, 1984b, 1988**) and other well-known analysts have contributed. With respect to the so-called contamination of the transference, the differences which exist are merely gradual variations which, depending

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on the case, can lie along a broad spectrum. The pure transference is a fiction that leads to systematic restrictions in perception. It follows from this that the here and now genesis of the transference and its interpretation is even more essential in training analyses than it is in therapies.

## **Didactics and Therapy**

The psychoanalytic process depends on numerous external and internal conditions.

Patients come to the analyst with therapeutic aims, expecting at least an amelioration of their suffering. Their hope is to be cured. Candidates have both a therapeutic and a professional objective. People are always motivated toward an analysis by personal, sometimes painful, experiences in life or by symptoms and behavioral disturbances in the narrower sense. There is no difference between patient and candidate in this respect. However, the dual motivation in the case of the analyst-to-be does affect the starting-off point and the ensuing process quite essentially.

At some point in the course of the future candidate's life, therapeutic hopes and an interest in Freud's work and its importance in the history of the human mind—however these may have arisen—have resulted in the idea of taking up the profession of analyst. At the time of application (in the closed system) it can be quite difficult to assess the relative importance of the motives. Those familiar with the procedure know that the applicants who have the best chance of acceptance are those who clearly show, or at least plausibly present, a balanced relationship between their susceptibility to both suffering and conflicts and their intellectual interests. Too much normality gives rise to an impression of denial. On the other hand, severe problems with regard to human relations or mental and psychosomatic symptoms lead one to suppose that the profession aspired to is the means by which unconsciously the solution of personal problems is sought (and this, incidentally, applies very likely to every professional choice in the psychosocial field: psychiatry, psychology, social work, and others) and that, therefore, the main expectations of the training analysis are therapeutic. It is possible only in the abstract, but necessary nonetheless, to separate the therapeutic and didactic aspects of the training analysis.

The open system, in which a personal analysis with a nonreporting analyst is obligatory, ensures the basis of confidentiality. The fundamental technical problems, however, which arise from the professional aspiration of the analysand, cannot be solved whatever the arrangement. In this respect, the open system can even create the illusion that the projection screen can remain unblemished. It is naive to believe that a

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candidate who, after many years of the required analysis, finally wishes to make an application to the training committee, cannot sense the analyst's opinion about this. The clarification of the conscious or unconscious reasons (including overt or hidden therapeutic expectations) that have led to a personal analysis lies on one level. The problem of the analysand's aptitude for the profession lies on another. Generally, in the open system, long years of analysis strengthen the wish to take up the profession. When a preliminary analysis is required, the analysand expects that he will finally be accepted. Where the training analysis ensues immediately after selection, both candidate and institute expect the candidate's abilities to increase in the course of time. From all sides, positive changes are anticipated and, particularly in those cases where the candidate's abilities are in doubt, a therapeutic function is assigned to the training analysis. It is necessary to expound on this subject in some greater detail.

The task of the training analysis is to remove special limitations in perception. In order to achieve one's own analysis, required by the rules, it is essential that the analysis be in terms of a dialogue, because self-analysis, as a monologue—which **Anzieu (1988)** misleadingly described as “uncritical self observation”—does not go deep enough. The

self-analysis, with Freud's as a model—making use of free association to dreams and other psychic phenomena—does not, in today's psychoanalytic conception, suffice to remove “blind spots.” The aspiring analyst submits himself to a training analysis in the interest of his future patients because his own complexes stand in the way of his ability to perceive himself or others, and they cannot be removed by other means (such as, for instance, supervisions and clinical discussions). Insights into mental processes and connections, gained in an exchange with an experienced analyst, have a liberating effect and, hopefully, a therapeutic aspect.

To this extent the training analysis has had from the very beginning a therapeutic function, which over the years has moved into the central position. All main participants contribute to this development: the analysand has therapeutic aims as well as his wish for a profession; the practice of many well-known analysts is aligned to the treatment of candidates, so the training analysis depends on them; and the institute expects the training analysis to have favorable effects on the candidate's character. This triangle is self-stabilizing. Criticism gives rise to allround disquiet. In view of the fact that the training analysis has developed into a supertherapy, a reminder of the didactic function is as necessary as it is unwelcome. Between 1912 and 1937, **Freud (1937)** developed some doubts as to whether analysts themselves “have invariably come up to the standard of psychical normality to which they wish to educate their patients” (p. 247).

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Can one today assume that in the application procedure it is possible to ascertain whether somebody is “a fairly normal person” who will be in a position in the training analysis, in **Freud's (1912)** words, “to become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him” (p. 116)? Freud justified the necessity for a “psychoanalytic purification” as a means of removing “blind spots” that cause a cognitive restriction. The decisive question is, how long does it take one, with the help of the personal analysis, to arrive at a point where disqualifying restrictions in perception are lifted? Designations that represent a compromise simultaneously betray the existence of a dilemma and conceal it. One speaks of patient-candidate or of candidate-patient.

In the English-speaking world, the didactic analysis has become the training analysis. Its didactic function, which gave meaning to its description as a *Lehranalyse*, has completely receded into the background. In the majority of psychoanalytic societies and institutes that, after a selection procedure, accept candidates for training, the name “training analysis” is retained, but it has primarily a therapeutic aim. At the same time, there are many who doubt whether, given the special conditions of the training, the psychoanalytic method can fully develop its therapeutic potential. What is the fate of the secondary, didactic function of the training analyses when the main task of these analyses, namely, the therapy, is undertaken in circumstances which are not at all exemplary and yet are considered to be so by the future analyst who, accordingly, repeats them with patients in his subsequent practice?

The candidate who had sought to find treatment through the training analysis will be disappointed by the outcome and will, once having qualified as analyst, seek a further therapy not burdened by any obligations: “The training analysis for the institute, and the

second analysis for myself.” Not a few candidates undergo a therapeutic analysis prior to applying, expecting that they will subsequently be more readily accepted for training. This is a solution adopted on a grand scale by those psychoanalytic societies that have no formal training analysis and only decide on whether qualification for the treatment of patients has been attained after many years of so-called personal analysis. This somewhat unhappy choice of words—one's own analysis is always a personal matter—seems intended to spare the analysand the word “therapy,” perpetuating, as ever, mental suffering or admitting to the desire for analysis as carrying a social stigma. “Personal analysis,” on the other hand, often does not come under the heading of medical therapy, and hence does not imply an illness.

We now arrive at the problem of who—and on the basis of what criteria—makes a judgment regarding the candidate's ability, and how reliably is this assessment arrived at? After all, in this judgment, the part

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played by the training analysis in the progress of the training should be held quite distinct from the other parts—a difficult if not impossible undertaking. One falls back on experience, which testifies that in the last few decades training analyses have in fact become longer. Indeed, the psychoanalyst's profession is accompanied by such unusual burdens that he is exceptionally prone to suffering the helper syndrome, that is, the helper needing help. Naturally, the burdens imposed by the supertherapy must not be left out of account when one has an eye on the protection to be derived from it later. It is not very likely that a special prophylaxis is possible. Besides, the psychoanalytic purification, when it goes beyond giving insight into personal complexes, seemingly can lead to even greater, systematic blind spots. It cannot be dismissed out of hand that it is precisely the many-years-long training analyses which, in the various schools and orientations, lead to one-sidedness, to systematic restrictions in perception, so that personal blind spots are replaced by common ones specific to schools.

**Freud (1912)** warned that the analyst should not be tempted to project outwards some of the peculiarities of his own personality, which he has dimly perceived, into the field of science, as a theory having universal validity (p. 117). This warning should be taken particularly seriously when one looks at group projections, because these apparently fulfill a scientific condition, namely, intersubjective consensus. Just how difficult it is to free oneself from such pseudotruths, once they, protected by group dynamics, have been projected outwards for many years, is shown by the biographies of many psychoanalysts who, after painful battles, finally made themselves professionally independent.

If one accepts, as did Freud, that the future analyst is not a perfect human being, nor likely ever to become one, it is possible to agree with his opinion that one's own analysis for practical reasons can be only short and incomplete and that it “has accomplished its purpose if it gives the learner a firm conviction of the existence of the unconscious, if it enables him, when repressed material emerges, to perceive in himself things which would otherwise be incredible to him, and if it shows him a first sample of the technique which has proved to be the only effective one in analytic work” (1937, p. 248). However, today we must assert, in clear contradiction to Freud, that the very thing the “main object,” or goal, should not be is “to enable his teacher to make a judgement as to whether the

candidate can be accepted for further training” (ibid). In that the training analysis, overtly or discreetly under the guise of a personal analysis in the liberal models, has been practiced with this as an objective, its sense has become inverted. The judgment on the candidate must be made completely independent of the training analyst and of every expectation associated with the training analysis.

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An applicant who seeks training, irrespective of his stage in the admission process or of his status, will not only hope that the analysis will bring him a personal gain but will also expect that, thanks to it, his chances with the application or at later examinations will be enhanced and that his aptitude for the sought-after profession will steadily increase. Particularly, problem-candidates, about whose abilities the members of the training committee are in some doubt, cling longer and more tenaciously to the hope that the training analysis will yet help to bring about those somewhat intangible personality changes that would make them eligible for the profession. However difficult it may be to prove that the solid criteria that define the ideal analyst are met in a particular case, and no matter how great may be the deviations within the professional community, there is not the slightest reason why qualitative standards should be ridiculed. Despite the fact that they are having to deal with a complicated matter, analysts are often largely agreed in their judgment of the unsuitability of applicants and candidates, concurring, for instance, that lack of empathy or insufficient self-criticism are disqualifying characteristics. The guidelines as to what constitutes unsuitability are sufficiently broad to allow for the acceptance of applicants in cases where there is some doubt (cf. van der **Leeuw, 1964**). Differences of opinion are typical in problem cases, and herein also lie the weak points of the system.

Instead of clarifying the decision-making processes and evaluations in the training committee and establishing a set of consequences for doubts about suitability, the matter is shifted onto the training analysis. This is expected to fulfill a personality-changing function, with the objective of establishing or increasing an aptitude for the profession. This attitude has brought the confusion that has turned the training analysis into a supertherapy in the interest of professional qualification. That is why **Groen-Prakken (1990)** quite rightly recommended that objectives in this respect should at least be kept in abeyance. The same problem arises also in those personal analyses which, in the open models, precede the application by many years, although in this way some analytic safeguards, which have been lost in the report-giving system, are maintained. Looking at the profession as a whole, it is a disturbing thought that, to paraphrase the biblical saying, the analysand should only have a chance of getting into paradise, if, after many years of therapy, he has discarded his neurosis.

The turning of training analysis into supertherapy occurred as early as the 1930s. It was in this context also that **Fenichel (1938)** maintained that, despite the unhappy fact of serious complications in the transference relationship due to the conditions of dependency, it behooves the training analysis to be a particularly good therapeutic analysis (p. 34). Although **Freud (1937)** accepted that the training analysis of necessity “could only

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be short and incomplete” (p. 248), now, in the sense of the interminable analysis, the goal has become total perfection.

### **Pioneers in the Past—and in the Future?**

The history of psychoanalysis shows that in all countries and all times there have been pioneers who, despite only a short training analysis, gained great international respect. It is no secret that prominent psychoanalysts of the first German postwar generation, who as training analysts held important positions in the IPA as well, can only look back on a short personal analysis. It is particularly illuminating that some colleagues of my generation were themselves analyzed by psychotherapists who did not belong to the accepted genealogy. That the genealogical tree and the descent—legitimate when it can somehow be traced back to Freud—should count more than one's own personal achievement is a peculiarity of institutionalized psychoanalysis. Many analysts are reluctant to give the name of their training analyst, even though the simple fact that person X had an analysis of about Y number of sessions in a given year with analyst Z does not disclose private matters. Yet, one wants to be judged on one's own merits, without the name of the training analyst or the length of the analysis playing any part.

The importance of the genealogical tree became dear to me when I took on functions in the committees of the IPA. When the qualification of applicant from countries where there was as yet no recognized group were examined, more note was taken of the training analyst's position in the genealogy than of the qualification. The career of many analysts, including membership of the DPV or the DPG, is often influenced by chance happenings that can determine the life history. That I myself became part of the correct genealogy was quite accidental. My first analyst, Dr. F. Schottlaender in Stuttgart, had completed his training in Vienna and was, to my knowledge, the only recognized IPA member in West Germany after 1945. When I consulted him for personal reasons, and during the course of a very short analysis also participated in his study group, I knew nothing about these backgrounds, nor could I foresee that analysis with him and the training at the Heidelberg Psychosomatic Hospital would make it possible for me to become elected as extraordinary member of the DPV in 1957. As did some others, I later had some further analysis and, after a year's postgraduate training at the London Psychoanalytic Institute in 1962, felt sufficiently secure in the profession to be able to take on training analyses.

My personal memories and my knowledge of the history of psychoanalysis have convinced me that far less depends on the length of the

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training analysis than today's guidelines would lead one to suppose. Before the introduction of the training analysis in the form of a dialogue, **Freud (1910)** had already emphasized the need for a self-analysis with the recommendation “that he (the analyst) shall begin his activity with a selfanalysis and continually carry it deeper while he is making his observations on his patients” (p. 145). Certainly it is also possible to gain this deepening by thorough supervision and by open discussions in seminars. It is fortunate that pioneering times occur now and then, and that these bring about innovations. Because, just as internationally respected psychoanalysts have emerged from the first German psychoanalytic postwar generation, notwithstanding a very short training

analysis, something similar might also be happening in the case of the generation trained during the 1970s. The experience gained by pioneers becomes particularly important at the present time, because in the recently unified parts of Germany, in the East European countries, and in the former USSR the interest in psychoanalysis will take a great leap forward in the next few years. In these countries, as has always been the case, psychoanalytic self-made men and women will go their own way, even if they are rejected by the IPA on account of an insufficient training analysis.

It goes without saying that a number tells us nothing about quality. It will require great efforts to work out criteria for making qualitative comparisons. This will be the only way to counter the mistrust vis-à-vis German psychoanalysts, a mistrust that, though historically understandable, it motivated also by professional and power politics and was precipitated by the high rate of growth. The DPV is today the third largest society affiliated with the IPA. Taking into account the members of the DPG and psychoanalysts who have found their home in the DGPT, as well as unaffiliated medically qualified psychoanalysts, psychoanalysis is relatively strongly represented in Germany. In 1982, almost 10 times more candidates were being trained in the DPV than in London (**A. Sandler, 1982**). The corresponding increase in the membership numbers in ensuing years, which are in line with the projections of Larson's (1982) statistical survey, has led to the DPV, by 1990, having become the third largest branch associated with IPA, exceeded in numbers only by the United States and Argentina.

Although older psychoanalysts looking at today's conditions of acceptance doubt whether they themselves would then have been accepted as candidates under these conditions, I question whether there is any distinction between the members of my generation and the candidates of today in terms of their "personality." If indeed it is the case that at all times and in all countries therapeutically successful, productive, and

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creative psychoanalysts have come to the fore who have had a short analysis or one by a nonmember of the IPA, then there is yet a further reason to reevaluate the status of the training analysis.

Originality can grow whatever the soil; that is why I find comparisons, in which the creativity of the older generation is juxtaposed to the normopathy of the younger generation, not only suspect but totally inappropriate. Apart from some very crude criteria, which do have some bearing on the aptitude for the profession of analyst, it becomes apparent only in the course of time who has the makings of a good and self-critical therapist. And it is possible only after the fact to know who has made an original contribution to psychoanalysis as a science.

In psychoanalysis, there are many consequences arising from the relationship between those who teach and those who learn—between master, apprentice, and journeyman, to borrow Kernberg's simile from the language of the guilds. Under the mantel of the training analysis—and this is in no way affected by changing its name to a personal analysis conducted outside any institutionalization—the recruit must allow him-self to be freed by the "spiritual parent," the training analyst, from the neurotic disturbances which had arisen in the family of his origin. The external independence from his biological parents, achieved through his profession, is now replaced by new forms of dependency. A

considerable part of the income from one's main professional work goes toward financing the training analysis. If the candidate belongs to a nonmedical field, whether or not he can carry out the therapeutic work he hopes to do, will, in many countries, depend on a successful completion of psychoanalytic training. Although in Germany, qualified psychologists certainly have other options, it is understandable that as psychoanalytic candidates, according to **Charlier and Korte (1989)**, they are subject to greater uncertainty than are physicians who are in training analysis.

Turning toward psychoanalysis is, on one hand, personally motivated, but on the other hand it is possible that there are notable differences in the motivations of different generations. It is very likely that my generation felt drawn to psychoanalysis for reasons that differ from those of the majority of today's applicants and candidates, but I doubt that these differences tell us anything relevant to the aptitude for becoming a psychoanalyst: At the outset there are only the crudest indications of aptitude; it can only be ascertained in the course of time. Perhaps in my generation a sensibility with respect to human suffering (one's own as that of others) was linked to a higher degree to idealism than is the case with today's generation of young psychologists and physicians; they have in mind as an objective the picture of a profession that did not even exist just after 1945. But I find nothing disqualifying in young people

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concerning themselves with the future opportunities of their chosen profession and fantasizing about what new discoveries might be made in some field, yet also taking into account the cost, need, and effect. Realistic planning is expected by the outside world. The applicant is asked to give some information on how he intends to finance his training analysis. The not insubstantial expenses are easily estimated if one assumes the fee per session to be between 100 and 150 Deutsche Mark and that by the end of the training in the DPV an average of 1000 sessions are held. If one adds to this the 45 to 50 minutes per session plus traveling time, the burdens and indirect costs are great. Were it not for the possibility of getting their supervised treatments fully paid by the medical insurance agencies, many candidates would incur considerable debts.

In summary, well-known representatives of my generation have made their way as therapists and also as researchers after only a short analysis. As German psychoanalysts, we were burdened with a past that led to persistent identity problems, particularly in this profession with its Jewish genealogy. Thus, in the past and now, under inauspicious external circumstances and after a short personal analysis, pioneers mature into successful therapists and also occasionally become prominent thanks to their internationally acclaimed achievements. It will, of course, never be possible to bring contrary evidence or to prove that the pioneers would have become still better and more scientifically productive analysts had they enjoyed the benefit of the established training standards customary today, but all circumstantial evidence speaks against this assumption.

## **Reform**

In the reform proposal that I now present, I endeavor to incorporate the advantages of old models into a new model and avoid the respective disadvantages and weaknesses of the open and closed types. The extraterritorial place of the training analysis and its didactic

function, which help the candidate to become familiar with the psychoanalytic method, must again be emphasized. In that the method is linked to the exploration of one's own self, the training analysis becomes a purely personal matter. That is why every form of report-giving by the training analyst is to be rejected and why a strict, nonreporting-system is the only acceptable solution. It is the institute that must decide whether a candidate is suitable, whatever the candidate may think about himself and his motives and whatever the opinion of the training analyst—expressed or not—might be. If one wishes to avoid “self-authorisation,” which **Meerwein (1987)**

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thoughtfully, yet with subtle humor, interpreted with an eye to certain circumstances in Zurich, one cannot escape the need to ascertain professional qualification at some point not too early, but also not too late. My proposal takes over from the closed system the acceptance procedure with, in principle, an open mind regarding which original professions should be considered as predisposing and with the recommendation that, when in doubt, the applicant should be admitted for the time being rather than rejected.

### **Learning by Example**

To counteract idealization of the training analysis and the prominence it is given in the present systems, provision must be made from the outset for many masters of the trade to serve as examples. Side effects arising from the master-pupil relationship formed in the training analysis can be counterbalanced by allowing the novice to look over the shoulders of many masters (cf. **Cremerius, 1987**). The guild and the patient will profit when experienced analysts lay their cards on the table and lead the way by setting a good example, something which hitherto they have generally been asked to do in vain. **Orgel (1990)**, with a view to “the future of psychoanalysis,” considers it important that we enable the candidate to identify not with the idealized and unconsciously devalued object (the training analyst) but with the functions of the analyst. To achieve this is an essential task that the training analyst could take on for the sake of the future of psychoanalysis. I agree with this, but find at least equally important that the candidate be in a position to experience a primarily conflict-free relationship to exemplary masters outside the transference.

As a supplement to a survey by **Kächele (1981)**, without being particularly immodest but on the basis of my knowledge of the literature, I can say that there are not many analysts who in the last few decades have matched the extent to which I have exposed my therapeutic dealing to scrutiny. In addition to numerous casuistic publications, I enable interested colleagues, and also scientists from other disciplines, to gain insight into the text of the dialogue. It is an altogether too easy option, without ever having listened to a taped psychoanalytic dialogue but simply on the basis of abstract considerations, to take the stand that such openly communicating analysts are not concerned with psychoanalysis in its true sense. I, at any rate, have learned more from my willingness to let colleagues come as close as possible to the psychoanalytic dialogue, and from their generally constructive criticism, than I have learned in traditional seminars. Psychoanalysis would be better served if the great masters not only criticized candidates and representatives of other

orientations, but presented their own therapeutic thinking as precisely as possible. As I have shown, one can come closer to Freud's conjunction thesis of research and treatment by means of various forms of recording; this at least captures a minimal part of what the analyst felt and thought and of what his interpretations brought forth in the patient (cf.

**Thomä, 1967; Thomä and Houben, 1967; Thomä and Kächele, 1992).**

With an increased readiness to experiment, habits established over decades could be avoided. Why do psychoanalysts not follow the principles that have proved their worth in the guilds? Why do candidates rarely, if ever, come to hear comprehensive clinical reports presented by experienced analysts? If one raises such questions, one is met by arguments that revolve around the idea that the personal experiences in the training analysis should not be prejudiced. But is there not much to be said for a candidate finding out, prior to his own analysis, how analysts treat their patients? This would create a basis for comparison, useful for a critical assessment of one's own analyst. There would still remain sufficient idealization accompanying the psychoanalytic process. If, however, everything is so arranged at the outset that idealization goes sky-high, it takes that much longer, retreating backward down the ladder, before one can set foot on earth again. That is how the terminable analyses became interminable; it seems that now the point has been reached where the analysis can go up no further—to carry on, it must come down to earth again. There one will find psychoanalytic gold once more, pure and unalloyed, especially if one examines Freud's metaphor and its misuse in professional politics.

For the reasons given, the training should not begin with the training analysis or with a personal analysis prior to the aspiring analyst having become acquainted with the institute. In order to raise the standard to that of a good technical and trade school, it is appropriate that analysts allow an insight to be gained into their therapeutic thinking and acting by means of ongoing case seminars. It is likely that some participants will then reconsider, perhaps on advice of teachers, their decision to become an analyst and give up even before they start their analysis. This part of the reform proposal could be put into practice independent of any other innovations. With a changed curriculum in place, the training analysis could then be started after some 18 months or so. Discussion of important subjects, relating to clinical technique and theory within the context of the cases presented, would enable the candidate to begin with supervised analyses soon after the start of his own training analysis. The candidate would, therefore, have enough opportunities—not only in the supervision but also in his own analysis—to discuss any disquieting countertransferences.

## **Quantity and Quality**

It is incumbent upon institutes and professional associations to strive for the best possible training. The well-being of patients depends on the qualification of the analysts. The inadequate specification of qualitative criteria and the imbalance in the training system have, however, led to the frequently criticized over-evaluation of quantity. That the best intentions have had the opposite effect I have described in numerous contexts, so the reader will not be surprised by these paradoxical words: "Less would be more." In my



reform proposal, I plead for a limit to be set to the length of the training analysis and for qualitative aspects to be introduced into the scientifically based training. In order to avoid misunderstandings such as those that led to an attack by **Beland (1992)**, I would like to make it quite clear: I do not imply at all that training analysts are not concerned with the quality of their work, as if they replace qualitative by quantitative considerations. My point is that qualitative assessments of the training analyses (and of the training analysts for that matter) are impossible in principle (**Thomä, 1992**).

As has already been mentioned, it is only on an abstract level that the therapeutic goal of the training analysis can be separated from its didactic function (see “Didactics and Therapy” section of this paper). At the same time, the less one is prepared to keep the various aspects of the training analysis apart, at least in the mind, the more insolvable the practical problems become. As is known, the training analysis at first had no therapeutic function but had as its goal the removal of limitations in perception due to complexes and of emotionally based prejudgments. Unconscious defense processes lead to cognitive and affective blind spots, which are able to evade detection by self-awareness or self-analysis. Unless one knows from personal experience that what takes place in a particular interpersonal relationship and how it is determined and colored by the influence of unconscious motives, it is almost impossible, geniuses excepted, to understand and treat patients analytically. The training analysis, in this didactic sense, is a testing out on oneself, of the first order, to which every psychotherapist should voluntarily submit himself as a duty to his patients.

Whatever it is in the training analysis that the candidate seeks and finds, for both life-shaping and therapeutic reasons, is his private affair and no business of the training institute. In any case, assessment of the candidate, insofar as his psychoanalytic thinking and clinical competence are concerned, must, according to the official version at least in the nonreporting system, be made independently of the state of the training analysis about which nothing may be known. Nevertheless, again and

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again judgment are made about the “personality” against a background of vague conjectures about changes that it is anticipated and hoped the continuation of the training analysis will effect. “A further period on the couch” becomes a device for deferment. Instead of reaching decisions on the strength of clinical and scientific discussions and linking them firmly to established criteria, the personal analysis is burdened with expectations, which are often not fulfilled. Furthermore, in an atmosphere of justified suspicion, initially harmless latent transference predispositions become retrospectively distorted, in the sense of Freud's discovery of *Nachträglichkeit* (**Thomä and Cheshire, 1991**), and exaggerated out of all proportion, so that their analysis leads further and further away from the conflicts that are active in the present.

With respect to the termination of analyses, **Ticho (1972)** made an important distinction between “treatment goals and life goals.” Many analyses are conducted not with manifest therapeutic aims but because the analysand hopes to achieve more easily his personal goals in life. In general, because of the emotional demands and the financial investments involved, the resulting analyses in the sense of Ticho's “life goals” would be of short duration, unless the analysand can convince himself, to put it simply, that the

effort is worthwhile. Anyone who decides to spend his money on a lengthy analysis—often at the expense of more easily attained rewards—so that he can come to lead a more fruitful life, frequently becomes the object of derision.

On the other hand, the interminable analysis can continue without any question as to how far the one or the other psychoanalytic process contributes to the attainment of the treatment—or life—goals. The pathologizing, by the personal considerations that are so popular, is frequently accompanied by the insinuation that this or the other colleague did not go deep enough in his analysis, not back to the earliest phase of life, and that at least future candidates should have particularly deep analyses. One finally ends up with the schoolspecific psychopathogens from which, it seems, a broad spectrum of human experience originates. According to Balint, it is the “basic fault” caused by a traumatization, and the person who is in the state of “new beginning” must go back beyond it in order to be able to live reasonably harmoniously. In Winnicott's theory, the rediscovery of transitional objects would be essential for a creative existence. In the school of Melanie Klein, the universal psychopathogenesis is firmly linked to the psychotic core. It should also not be difficult to find in every human being some aspects of the narcissistic splitting which constitutes the basis of self-doubts and illnesses, in Kohut's self psychology. In Lacan's sphere of influence, the mirror phase would certainly have to be repeated in the complete analysis. Without claiming to have surveyed the entire field, I

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reach the end of my list by returning to Freud. After all, the Oedipus complex, its reemergence in the transference, its renewed decline or its lifelong waning, in **Loewald's sense (1980)**, is now as ever an essential point in the schema for explaining unconsciously determined human experiences. Freud, in his self-analysis, succeeded in discovering the Oedipus complex unaided. Analytic knowledge and competence facilitate and accelerate the rediscovery in therapies. If one knows what is required so that a neurosis can be dealt with, analyses can reach a successful conclusion in a short time. This opinion of **Freud's (1918)** includes questions about therapeutically effective transmission of knowledge which are better solved today than they were 70 years ago. There is no doubt that psychoanalytic knowledge can further therapeutic changes and maturation processes in the patient. The argument that the deeper causes of severe mental illnesses have only been discovered in the last few years and that patients with these illnesses are now more frequently treated than before, requires critical investigations (**Reiche, 1991**).

In my view, introductory courses akin to practice could begin after admission and should be introduced even if all other ideas for reform run aground. So that the psychoanalytic evening schools could at least be turned into good technical schools, and so that indoctrination is counteracted, it is imperative that the candidate of the future is introduced to psychoanalytic thinking and doing by several masters of the discipline. The learning process is furthered when several analysts continuously report on ongoing cases. It is harmful that generally “the candidate's only intimate contact with a psychoanalysis by an experienced analyst is in his own psychoanalysis” (**Holzman, 1976p. 255**). Indeed, candidates learn from their colleagues in clinical technique seminars how it should not be done! In a recent survey **Morris (1992)** regretted that **Loewald's (1956)** “encouragement

for experienced faculty to present their case material to students has not become a reality, but also current candidates have less and less opportunity to participate in and benefit from continuous case discussion or supervision of a case through termination” (p. 1209). Morris expressed surprise about the following finding: “In none of the 28 institutes of the American Psychoanalytic Association is it the practice to have training analysts or even junior faculty ever present in continuous case conferences.... Thus, the only completed analysis that a candidate experiences longitudinally is his or her own” (p. 1200). All other data of Morris's research questionnaire demonstrate the deficiencies that are typical of almost all psychoanalytic institutes of the IPA. Thus we are in bitter need of reforms!

Learning by negative example has been a characteristic of analytic training that must be replaced by case reports given by experienced

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analysts. This is the only way in which the discussion about the relationships among the various forms of analytic psychotherapy and psychoanalysis can be removed from the abstract and led toward clinical reality. Low-frequency analyses can be freed from the odium that they are unanalytic in that, during continuous case seminars, various types of analytic therapies are presented—and by experienced therapists.

Participation in such seminars brings the average candidate to a point, after one or two years, where he can begin treatments under supervision. Skills can be self-critically tested by comparison with role models and within the group of candidates, and can be judged by the lecturers. On this basis, former decisions can be revised even before the training analysis has begun.

Deviating from the rules that have been followed up to now, the training analysis begins only after the introductory courses. Thanks to this postponement, the one-sided identification with the training analyst comes about less easily and his influence is mitigated. In this respect, my proposal differs from both of the otherwise quite different “open” and “closed” models. The duration of the training analysis should be limited, with the added proviso that it should mostly be conducted on a high-frequency basis. There is no doubt that the unfolding of unconscious processes can be intensified by three to four sessions per week, but the candidate should also gain experience of less-frequent sessions. Just as high-frequency analyses are effective in one way, lower frequency analyses have certain consequences with which analysts should become familiar through personal experience, so that they can assess the part played by continuity and discontinuity in the formation of the helpful alliance with respect to the transference.

This variation in the frequency should not be confused with Alexander's proposal that the transference should be influenced by the frequency of the sessions. In retrospect one must, with Kohut (1984p. 78), regret that Alexander's “corrective emotional experience”—thanks to being linked with conscious manipulation of the counter-transference—was brought within the context of the analytic short therapy. Through the ego psychology critique, which found its spokesman in Eissler, once again a polarization about the curative function of experience and insight came about (see Thomä, 1983a; Wallerstein, 1990). The baby—the corrective and new emotional experience—was thrown out with the bath water. The curative importance of the novel experience of the relationship to the analyst is today acknowledged by well-known analysts of all schools to

be one of the most influential curative elements, and it is highly valued quite independently of Alexander's special technique (see **Marohn, 1990; Miller, 1990; Segal, 1990; Wolf, 1990**). The baby is grown up now and

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has liberated itself from the context into which Alexander placed it. Now we see the corrective emotional experience in a new guise. If one considers **J. Sandles's (1976)** way of seeing transference and counter transference as interaction with role responsiveness, and follows it through with technique, one ends up close to **Alexander's (1961)** proposal that the countertransference should, in a complimentary way, be deliberately brought into play in reacting to the transference so as to afford the patient a new experience.

I hope to have saved my proposal to vary the frequency of some sections of the analysis from being misunderstood. Mutually agreeing to change the setting, for quasi-experimental reasons, is the very reverse of manipulation taking place behind the patient's back. When the frequency of the session is reduced in one phase from four to three or two per week or, conversely, increased, on didactic grounds, the candidate can experience on his own person how the frequency affects transference, resistance, and regression; the experiences gained in this way will increase the capacity for empathy in the case of later, less frequent therapies. They will also contribute to solving the question of what effect the frequency has on the psychoanalytic process.

Only the training guidelines speak against my proposal, but they do not take into account that a two to three sessions weekly is characteristic of today's average psychoanalytic practice in all countries. For this a comprehensive training is required in addition to the self-experience of the frequency variation just outlined. Furthermore, it is well to remember that the high frequency, of five to six sessions per week, stems from a time when the didactic analyses were of relatively short duration. In this connection, I wish to mention a conversation between Erik H. Erikson, Horst Kächele, and myself in San Francisco in 1976 that has remained unforgettable for me. Erikson explained to us why the interminable training analysis is questionable when seen against a background of a deeper understanding of the typical phases of the life cycle. As he had failed to achieve the acceptance of a regular delimitation to approximately 200 sessions, he registered his protest by renouncing his function as training analyst. It is Erikson's position that the time he proposed is sufficient to establish familiarity with the working of the unconscious without adversely disturbing a young person who is in the process of building up his outer and inner independence.

In line with the previously quoted saying that "less is more," I suggest that a temporal delimitation of the training analysis should be taken up as a rule in the training guidelines. It is paradoxical that I should consider such a limitation, albeit within an essentially modified training system, to be the only way of raising the standard of quality. Instead of citing

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minimal requirements while, without actually saying so, presupposing the supertherapy and using numbers as a measure, uppermost limits should be recommended. With some hesitation, I give the range of 300 to 400 as a limit to the length of the prescribed analysis. The average candidate can comprehend the didactic function within this time span.

Exceptionally gifted candidates should be given the opportunity to put what they consider to be their psychoanalytic competence and knowledge to the test, even after a shorter training analysis. On the other hand, it should, of course, be left for each candidate to decide whether or not he wishes, for personal reasons, to continue after the request has been fulfilled. This intermission also allows for a change of analyst; should the candidate, at the point where the formal requirement has ended, find that none of his therapeutic expectations has been fulfilled and that his insight into the unconscious backgrounds of his experiences and behavior has led to hardly any noticeable changes, the time has come for some interim stocktaking. If the candidate, after 300 to 400 sessions, can still see no changes or improvements, this cannot be due to the severity of the psychopathology, because we have learned from patients that improvements, as a rule, do occur within this time span.

The reason for a negative course of events can usually be found in the analyst's technique being unsuitable for the candidate or patient. In that case, a change of therapist should be considered. The didactic part of the analysis can, nevertheless, have been sufficient, because removal of the blind spots can lead to an increase in the diagnostic and therapeutic abilities even in cases where the increase of self-knowledge has not had a therapeutic effect in the candidate himself. Besides, conclusions on the professional qualification of the analyst cannot be drawn on the basis of persistence of symptoms or characterological peculiarities.

Setting a limit to the length of the training analysis is the only way to free this essential part of the training from manifold encumbrances. Candidate and training analyst can devote their entire attention to observing the intersubjective genesis of all psychic phenomena under the influence of unconscious motives. The candidate is judged entirely on the evidence of theoretical knowledge and therapeutic competence. The standards for this should be determined by criteria. It is the responsibility of the institute to ensure that the ongoing evaluation of the candidate follows the high ideals of psychoanalysis.

Without stipulation of uppermost limits for the didactic part of the analysis—separable only in the abstract—candidates frequently stay tied to a training analyst with whom a not particularly favorable relationship is established. In the category of well-documented and valid findings of empirical research in psychoanalysis is **Luborsky's (1984)** discovery that

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the emergence of a helping alliance can be apparent in the first sessions and is a reliable prognostic indicator.

It is to be expected that limitation of the training analysis in favor of the candidate's personal decision on the duration of his therapy—be it based on treatment goals or life goals (**Ticho, 1972**)—would be misunderstood in spite of my thorough argumentation. Although I am for protection against an externally imposed length of therapy, one can interpret my proposal as an intervention into the psychoanalytic process, as if, by setting an upper limit to the training analysis, it will be decided when the candidate must stop analysis altogether. For methodological and ethical reasons, the candidate must be given the opportunity, without the institute's knowledge and without any direct or indirect harmful repercussions on his training, to change his analyst at a generally specified point



in time, namely, at the termination of the 300 to 400 sessions of the training analysis.

## **Regression and Timelessness**

An argument that could be brought against limiting the prescribed training analysis is that three years do not suffice for a deep regression. This argument is often linked to the assertion that analysis of the early and earliest causes presupposes that the analyst himself has repeated the experiences of his first years of life in the transference so that, when it comes to his own countertransference vis-à-vis very ill patients, he will have the capacity for empathic insight. Accompanying these ideas is an antirational attitude that does as little justice to the cognitive process in discoveries as it does to the diagnostics and therapy of mental and psychosomatic illnesses. It is not necessary to have repeated all phases and positions of early childhood development in the transference to be able to understand and treat deep helplessness or paranoid processes. It should give food for thought that neither Sigmund Freud nor Melanie Klein made their discoveries on the basis of their own therapeutic regression! The knowledge accumulated since then facilitates, by means of a shorter route, the rediscovery and its critical verification by every psychoanalyst.

Besides, the Kleinian technique, in contrast to Freud's and his closest successors' analysis of the resistance, bases itself on the fact that, by means of deep interpretations, it is possible to operate behind the back of the resistance and that interpretations of the earliest anxieties are immediately possible, indeed necessary (see **Thomä and Kächele, 1992**p. 132 ff.). The uniform streamlining in the extension of the training analysis by all orientations, has little to do with the fact that regression to

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the earliest phase of life is a professional prerequisite. If an analyst were able to understand his patients and treat them successfully only after he had completely recapitulated his own past, one lifetime would not be enough. If one makes the ability to have psychoanalytic insight depend on the reliving in one's own analysis, time would really have to stand still. Only then could one familiarize oneself in training analyses with the differing conceptions about early childhood, not to mention intrauterine life (cf. **Thomä, 1990**). It is fortunate that this is neither possible nor necessary: The subjective limitations, the "personal equation," can be counterbalanced by a wealth of experiences gained within and outside the profession, as long as a critical eye is encouraged during the training. For then, looking for instance at regression, one can see that different theories on the etiology of mental illnesses are being transferred to a lopsided understanding of the analytic situation.

Freud's explanatory theory says that all psychopathological phenomena show aspects of regression. The field of symptoms, therefore, contains a partial regression: It is there when the patient first arrives, it may become more apparent in the course of the therapy, and it may also become stronger. To quote **Arlow (1975)**: "The oft repeated statement that psychoanalytic technique induces regression in the patient ... is a principle which has been quoted and circulated without challenge for a long time. It seems to me what the psychoanalytic situation does is to create an atmosphere, a set of conditions, which permit regressive aspects of the patient's mental functioning, long present, to reemerge in forms

that are dearer and easier to observe” (p. 73).

**Gill (1984a)** voiced his agreement with Arlow's opinion and added “that the usual analytic setting often induces an additional unnecessary, if not even harmful, iatrogenic regression” (p. 170). The very different types of regression in various schools of psychoanalysis prove the heavy impact of the contribution of the analyst on regressive movements. Regression in the psychoanalytic situation and regression in the etiological theory are different issues only loosely related to each other. **Balint (1968)** reminded us that “regression is not only an intrapsychic phenomenon, but also an interpersonal one; for its therapeutic usefulness, its interpersonal aspects are decisive. In order to understand the full meaning of regression and to deal with it in the analytic situation, it is important to bear in mind that the form in which the regression is expressed depends only partly on the patient, his personality, and his illness, but partly also on the object...” (p. 147).

**Etchegoyen (1991)** underestimates the influence of the analyst upon regression.

The therapeutic potential of the psychoanalytic method can be fully exploited when shifts in the regression, in the sense of Freud's theory of

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the mastery of longstanding anxieties, are made possible. Then regression and progression go hand in hand. Malignant regressions, on the other hand, can be partly attributed to the analyst (**Kris, 1936**) if he fails to create favorable conditions for “regression in the service of the ego.”

Freeing the training analysis from overt or hidden institutional expectations with regard to changes in the candidate is accompanied, in the model I propose, by an intensification of the psychoanalytic training. The candidate must be judged purely and solely on how his knowledge and competence are developing. The excessive weighting of the training analysis has not contributed to an improvement in the quality of the psychoanalytic training over the last decades, although a fascination with numbers—to which, it seems, psychoanalysts are also prone—would lead one to expect otherwise. The triad of treatment, teaching, and research, based on the tradition of the university and taken over by Freud as an ideal (keeping in mind particularly the claim to universality made by him), must be reestablished. Although it is not to be expected that full-time training will soon become a reality, a plea is made for cooperation with research units in universities and elsewhere, which can redress the balance of pseudomedicalization (psychoanalytic training without systematic therapy research). This would also stimulate interdisciplinary exchange. The candidate should establish his claim to qualification by the manner in which he can turn into practice his knowledge of psychoanalytic theories and the findings of research. These qualifying attributes can be attained and demanded more readily when the teachers lead the way by their good example.

Although it sometimes appears that in psychoanalysis, as in philosophy, Feyerabend's ironic words “anything goes” are apt, in reality by no means everything is possible, and this is due only partly to the fact that rules are a necessary factor in therapy. Some theories are more or less well supported, others not at all. The multiplicity of psychoanalytic theories, techniques, and systems of interpretation speaks for the vitality of psychoanalysis and for the openness to new ideas. It is not the multiplicity as such that poses problems, but the inadequate willingness of groups and schools to test the

respective etiological and therapeutic theories' validity. The length of analyses, particularly of training analyses (hence a considerable number), is substantiated on the grounds of school-bound etiological theories that are claimed to be universal but that, in fact, are inconsistent in themselves, divergent from each other, and indeed mutually exclusive.

It is essential for candidates to have knowledge of the criteria by which the theories can be tested. The proposed reform would lead to a rise in the requirements of the examination. Exceeding the minimal standards of the duration of the training analysis gives the appearance of increased

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quality. In fact, for decades candidates usually have been examined leniently in the end-of-training colloquy, and the critical confrontation between teachers and pupils was neglected.

If it is the case that the candidate, before the beginning of his own analysis, has heard to reports given by experienced analysts, he will use them for comparison when it comes to the experiences in his own analysis, and he will form critical questions. This is done also by patients who undergo a second therapy. The comparisons will give rise to many helpful possibilities of interpretation. That a candidate can gain deeply penetrating experiences and insights more quickly if he begins his analysis without any presentiment may be conceivable, but experience with second treatments contradicts this thesis. Whatever one's opinion may be on the subject of the rule of neutrality, or abstinence, it can certainly not be transgressed by a candidate's learning, before or during his analysis, something about how other analysis think and actually work.

## **Training Analysis and Supervision**

Despite limiting the length, it is guaranteed that the candidate will still be in analysis when he begins treatments under supervision. It is a widely held opinion that it is advantageous for candidates to have the opportunity to speak about their countertransference not only in the supervision but also with their own analyst. In the Hungarian model, the candidate stayed with his training analyst for the supervision of his first case-literally, therefore, on the couch. I mention this variant, which, presumably, because it strengthens the dependency on the training analyst, was not taken up elsewhere, to draw attention to the broad spectrum that exists even in this field.

Although in psychoanalysis immense experiences are gathered and worked through, particularly in the supervision (cf. **Fleming and Benedek, 1966**; **Wallerstein, 1981**; **Szecsody, 1990**), there are, to my knowledge, no empirical investigation into some simple questions regarding the relationship between supervision and personal analysis. It goes without saying that There are manifold ways in which supervision and training analysis interrelate in the experience of the candidate. It follows from the intimacy in the training analysis that there is a barrier between it and the supervision, but, according to **DeBell's (1963)** suggestion this is not in force in the reverse direction. It is, for instance, entirely up to the candidate whether, and in what manner, he follows up a suggestion by his supervisor to go more deeply into some patient-related theme in his own analysis. The direction taken by the training analyst's interpretation of the transference is in any case

broadly outside the scope of communication in the supervision. In view of these

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complicated circumstances, already much would be gained if data existed on simple questions, which candidates would make available, as was done in an exemplary way by **Martin et al. (1978)**. There would be, in the context discussed here, a wealth of meaningful data which could help us to know more about the advantages and disadvantages of arranging for the supervision and the analysis to run a parallel course. In the meantime one must be glad for the fact that, among others, **Denzler (1988)**, **Junker (1988)**, and **Vergopoulos (1988)** have raised this subject for discussion without bias. The fact that the advantages and disadvantages of simultaneous supervision and training analysis are being weighed indicates an increasingly critical attitude toward stereotyped opinions.

## Summary

Taking an overall view of my proposals for reform, bear in mind that the critical appropriation of psychoanalytic and humanistic knowledge and therapeutic competence are central to it. Evidence for qualification is to be produced, step by step, entirely and solely within the training institute, and in close cooperation with the teachers, who should present their therapeutic thinking and acting as examples.

In the tripartite training system, the personal analysis loses its primacy. The temporal delimitation promises success in freeing the training analysis from any overt or hidden expectations of therapy or personality change on the part of the institute. Because the reform that Anna Freud and Otto Kernberg called for, and reforms implied in the quoted publications of well-known analysts, are not realizable within the foreseeable future, it would be a great step forward if influential analysts were to make available for discussion their therapeutic thinking and doing in a manner akin to clinical process and outcome research. This reorganization would cause the harmful side effects mentioned in Anna Freud's motto to fall away. Freed of complications, which have increased over the decades, the candidates and the professional community would no longer be burdened by the considerable tensions that I have traced historically and systematically.

The proposed reform serves an improvement in quality. My proposal takes into account those points of views that are immanent in the teaching and the therapy. If, on account of the arguments presented, one can support the principle of setting a time limit to the didactic aspects of the training analysis, 100 sessions more or less are of no importance. It is left entirely for the candidate to decide whether, for purely personal reasons, he wishes to continue after the termination of the officially requested training analysis or not. In my experience, in the case of mild or

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semisevere neuroses, much—a cure or a considerable improvement—can be achieved during 300 sessions at three to four sessions weekly. If one assumes that the personal problems of a candidate are no more grave than those of patients, the time span mentioned should suffice to fulfill immanent therapeutic expectations. Three to four hundred sessions suffice for gaining both the self-experience required for the analyst's profession and the experience of the dynamics of the unconscious in the transference and resistance.

From didactic points of view, it is sufficient now, as ever (**Freud, 1937**), if the training analysis “gives the learner a firm conviction of the existence of the unconscious, if it enables him, when repressed material emerges, to perceive in himself things which would otherwise be incredible to him, and if it shows him a first sample of the technique which has proved to be the only effective one in analytic work” (p. 248). The accompanying therapeutic changes are impressive and convincing personal experiences. If not, it is time for a change!

There is still too much resistance against the founding of psychoanalytic training centers to make full-time education and systematic research possible. In view of this situation, a sound scientific basis for psychoanalytic training depends on the institutes' cooperating with research centers, which should be financed by public means. It is a scandal that the psychotherapeutic care of the population has, for decades, been essentially assured through private training institutes that could not exist but for the spirit of self-sacrifice on the part of psychoanalysts in practice. Realization of the triad of teaching, treatment, and research as the basis of my proposals for reform requires the same investment of resources that the government makes in all other fields of medicine.

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