

## **Boundary Violations and the Psychoanalytic Training System<sup>1</sup>**

**Glen O. Gabbard<sup>2,3</sup>**

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*A number of features of psychoanalytic training contribute to boundary violations and their sequelae. Intergenerational transmission of sexual misconduct is well-known and often operates unconsciously in the generation inheriting the legacy. Idealization and loyalty are frequent components of collusion and cover-up when a senior member of an institute is sexually involved with a patient. Other factors include the unique features of the termination of training analysis, the compartmentalization required in analytic work, and the ambivalent attitude towards autonomy and consultation.*

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In the early 1980s, I began studying cases in which psychotherapists, psychoanalysts, and pastoral counselors became sexually involved with their patients or clients. As I pondered the damage done to the patients and the profession, I was astonished that men and women with years of analytic training would embark on such an extraordinarily self-destructive course that would ultimately ruin their professional careers and often their personal lives as well.

I had the somewhat naïve fantasy when I began my study of these situations that a personal psychoanalysis would familiarize future therapists

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<sup>2</sup>Callaway Distinguished Professor, The Menninger Clinic; Director and Training and Supervising Analyst, Topeka Institute for Psychoanalysis.

<sup>3</sup>Correspondence should be directed to Glen Gabbard, M.D., Menninger Foundation, P.O. Box 829, Topeka, KS 66601-0829.

with their unconscious motivations for choosing their careers and perhaps prevent the enactment of sexual boundary violations. Freud was much less optimistic. In "Analysis Terminable and Interminable" (1939), he recommended that a return to analysis later in life was optimal because a training analysis in one's young adulthood would not necessarily serve as prophylaxis against future struggles in later developmental phases.

Some 15 years later I have now seen over 100 therapists who have been involved in severe boundary violations with their patients, and I have consulted with a number of psychoanalytic institutes and societies about the optimal management of these cases. I have reached several conclusions regarding the vulnerability of psychoanalysts to boundary violations:

1. Despite having a personal analytic experience, psychoanalysts are no less (or more) vulnerable than other mental health professionals to enactments of sexual misconduct or nonsexual boundary violations.
2. For a full understanding of the problem, the psychoanalytic training system itself must be examined as well as the intrapsychic and interpersonal aspects of the analyst who transgresses boundaries with patients.
3. In many quarters within organized psychoanalysis, the systematic study of these problems is not welcome.

While in my book coauthored with Eva Lester, *Boundaries and Boundary Violations in Psychoanalysis*, we have talked about the individual dynamics of the therapists and analysts in some detail, here I would like to focus on some of the features of the psychoanalytic training system itself and how they may contribute to the development of boundary violations. I speak as one who has devoted his professional life to psychoanalysis, and my intent is not to bring down the edifice of psychoanalytic training. Rather, I hope to encourage healthy self-examination.

## HISTORICAL CONSIDERATIONS

Because a page of history is worth a volume of logic, a good starting point is a careful consideration of the early history of boundary violations within psychoanalysis (Gabbard, 1995). As with some other issues, Freud had a private position on boundary violations that was quite at odds with his published position statement. In his classic paper on transference love (1915), he made it clear that it would be a disaster for the patient and for the treatment if the patient's sexual overtures were acted on by the analyst.

On the other hand, Freud was surprisingly understanding and empathic in his letter to Jung about his relationship with his patient Sabina Spielrein:

Such experiences, though painful, are necessary and hard to avoid. Without them we cannot really know life and what we are dealing with. I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a *narrow escape*. I believe that only grim necessities weighing on my work, and the fact that I was ten years older than yourself when I came to [psychoanalysis], have saved me from similar experiences. But no lasting harm is done. They help us to develop the thick skin we need to dominate "counter-transference," which is after all a permanent problem for us; they teach us to displace our own affects to best advantage. They are a "*blessing in disguise*." (McGuire, 1974, p. 230-231)

Freud went on to blame female patients for the transgression of the analyst: "The way these women manage to charm us with every conceivable psychic perfection until they have attained their purpose is one of Nature's greatest spectacles" (McGuire, 1974, p. 231).

Freud clearly regarded women as dangerous seducers that the male analyst had to learn how to manage. Moreover, he did not really believe that any lasting harm was done to the female patients who were sexually involved with a male analyst. Freud left a legacy that continues to influence the thinking of analysts today. I have been repeatedly struck at how many analysts do not really believe that sexual relations with the analyst harm the patient. Indeed, there continues to be a pervasive cultural myth that sex with the right man might even be *helpful*. A prominent analyst in the American Psychoanalytic Association told me that one of his supervisors told him when he was in training that all his patient needed was "a good schtupp." When training programs were almost completely dominated by men, the persistent view was that "boys will be boys" and "the woman patient was asking for it and got what she deserved." This view of the woman patient as a malignant seducer really began to change within organized psychoanalysis only in the last 10 to 20 years when substantial numbers of women analysts and trainees entered the profession.

Freud did not really expect analysts to be able to abstain from the temptations of the analytic situation. In a little known letter to the Protestant minister Oscar Pfister, who was also a practicing analyst, Freud made the following observation:

Ethics are remote from me . . . I do not break my head very much about good and evil, but I have found little that is "good" about human beings on the whole. In my experience most of them are trash, no matter whether they publicly subscribe to this or that ethical doctrine or to none at all. If we are to talk of ethics, I subscribe to a high ideal from which most of the human beings I have come across depart most lamentably. (Quoted in Roazen, 1975, p. 146)

As a result of this view Freud did not have a great deal of concern when one disciple after another became involved in sexual transgressions with their patients. Ernest Jones married a former patient. Sándor Ferenczi

professed his love for one of his patients and kissed her as she sat on the couch. Otto Gross, who believed that the healthy solution to neurosis was sexual promiscuity, was engaged in group orgies to help others relieve themselves of their inhibitions (Eissler, 1983). Wilhelm Stekel was well known as a “seducer” (Kerr, 1993).

While as far as we know Freud did not actually engage in sexual relations with a patient, he clearly applied a double standard to what others were supposed to do and what he himself could do (Mahoney, 1993). He told Ferenczi in a letter dated February 17, 1918, “The day before yesterday a patient left behind a bonus of 10,000 crowns for the cure of his masochism, with which I am now playing the rich man with regard to children and relatives” (quoted by Falzeder et al., 1996). In addition, he allowed Anton von Freund, a former analysand, to endow the International Psychoanalytic Press.

Perhaps the most egregious example of his ethical expediency was the Horace Frink case. Recent discussions of the Frink case have made it clear that Freud was willing to lift his proscription against analyst-patient sexual relations if the cause of analysis might be advanced as a result (Edmunds, 1988; Gabbard, 1994; Mahony, 1993; Warner, 1994). When Horace Frink, a young American analyst, came to Freud for analysis in 1921, he told Freud that he was madly in love with one of his former patients, Angelica Bijur. Freud encouraged Frink to divorce his wife and marry Bijur. He also told Bijur that she should divorce her husband and marry Frink to avoid a nervous breakdown. Bijur was the heiress of a wealthy banking family, and clearly Freud saw the marriage between Frink and Bijur as potentially leading to a large donation to further the cause of psychoanalysis. In November 1921, he made the following comment in a letter to Frink:

May I still suggest to you that your idea of Mrs. B[ijur] had lost part of her beauty may be turned into her having lost part of her money. Your complaint that you cannot grasp your homosexuality implies that you are not yet aware of your fantasy of making me a rich man. If matters turn out all right, let us change this imaginary gift into a real contribution to the Psychoanalytic Funds. (Quoted in Mahony, 1993, p. 1031)

The results of this marriage were disastrous, and Freud’s behavior can only be viewed as reprehensible.

In essence, what Freud promulgated was a standard technique complete with ethical guidelines, all of which could be dispensed of if he felt it might be expedient to do so. His attitude was reminiscent of Groucho Marx’s oft-quoted comment: “These are my principles, and if you don’t like them, I have some others.”

A common style of teaching among senior analysts in many psychoanalytic institutes is to extol the virtue of being “unorthodox.” Even analysts

who are regarded as “classical” or “conservative,” often take great pleasure in describing instances in which they departed radically from standard psychoanalytic technique and said something outrageous to the patient. These departures have become part of psychoanalytic lore and are handed down from one generation to the next. The message is often that when one is well established, he or she can do things differently from what is taught. Indeed, beginning with Freud, there is a long-standing psychoanalytic tradition of writing about one form of technique while practicing another. This observation may be highly conflictual for a candidate in a training analysis who sees that his or her analyst is “breaking the rules” by talking about other patients, self-disclosing personal problems, or giving the patient a hug after the session is over. The analysand may secretly feel that he or she is special while at the same time knowing that something is awry (Gabbard & Lester, 1995). The analysand may ultimately resolve the inner tension by deciding that it is “okay” to be unorthodox if you know what you are doing.

### IDEALIZATION AND LOYALTY

In a discussion of the analyst’s identifications, Smith (1998) noted that some degree of idealization almost always accompanies the early stages of identification. In the optimal situation, analytic identifications should become increasingly realistic, but they may well remain idealized, particularly in instances where the training analyst is needy of such idealization. Misgivings about what the analyst is saying or doing may be buried under the idealization of one’s own training analyst.

In the 1970s, the American Psychoanalytic Association’s Committee on Psychoanalytic Education sponsored a study group that examined training analysis in some detail. In the report of this study group to the Board of Professional Standards (Stein, 1974) they stressed that one of the significant problems in training analysis was a tendency of the analyst to avoid analyzing hostile or negative transference in the candidate. They specifically linked this problem to the phenomenon of unanalyzed idealization of the analyst, which was viewed as a common defense against access to conflicted aggression.

Perhaps the most insidious problem in training analysis is the training analyst’s narcissistic need to control the candidate (Greenacre, 1966; Symington, 1998). While there are few analysts who would disagree with the notion that increasingly the analysand’s freedom of thought is an important goal for psychoanalytic treatment, in practice many training analysts appear to be highly invested in making the patient think like they do. Subtle

transference gratifications are often provided when the patient complies with the analyst's narcissistic needs (Greenacre, 1966). There is often an implicit or explicit expectation that a good outcome would be for the analysand to "see the light" regarding the analyst's theoretical viewpoint and continue after the analysis as a disciple. The following vignette illustrates a particularly problematic version of this dynamic.

### THE CASE OF DR. A

Dr. A was a 32 year old married candidate who started her training analysis with one of the leading senior analysts in her institute. He began indulging her by telling her how special she was to him and what a bright future he thought she had. He even told her that when he was making public presentations, he often thought about her and how she would react to what he was saying. As the analysis progressed, he actually invited her to be on programs with him. Dr. A felt like the "apple of his eye" but also was concerned that he wasn't adhering to professional boundaries.

He began talking about his own personal causes within their psychoanalytic institute during her hours. He even told her that if she would support his causes in her role as a leader of the candidates, he would reciprocate by making sure that she ultimately became a training analyst after she graduated. Dr. A felt flattered and wanted to assure her professional advancement. At the same time, she recognized that he was demanding loyalty of her and that something was peculiar about such a demand coming from an analyst.

When she began analyzing her control cases, she went for supervision from a prominent female analyst, who was her training analyst's rival in the institute. She was extremely impressed with her supervisor, and she told her training analyst how brilliant she was. Her training analyst said that her comments were making him jealous and made him feel that he was not as smart as his rival. Dr. A immediately felt guilty at having hurt her analyst's feelings and tried to reassure him that he too was smart, hoping that would shore up his self-esteem. On the one hand, she was flattered that she was so powerful and influential that she could affect her analyst's feelings in that way. On the other hand, she felt that there was a role reversal going on in which she had to worry about his self-esteem rather than to analyze her own problems.

At a scientific meeting of the analytic society associated with their institute, both the analyst and Dr. A were in the audience. Following a presentation by a distinguished visitor, Dr. A stood up and made a supportive comment about the presenter's point of view. In a social gathering

immediately after the society meeting, Dr. A's analyst scolded her in front of a number of colleagues: "How could you publicly support an analyst of an entirely different theoretical orientation than our own?" The analyst raised his voice to such an extent that the analyst's wife eventually told him to be quiet and pulled him away from Dr. A.

When termination was approaching, the analyst made no secret of how difficult it would be for him to lose Dr. A as a patient. He suggested to her that following termination, they would be freed up to have a more collegial relationship. They had been meeting Friday afternoon at 5:00, which was the last appointment of the week for both of them. He suggested that they both might simply keep the hour open so that they could meet over a drink every Friday afternoon and discuss the politics of the institute, the analytic literature, and possible projects on which they might collaborate.

After initially going along with this arrangement, Dr. A put an end to it because she recognized that termination was being bypassed. Moreover, she became aware that it was an arrangement that would force her to always be in a subordinate position to her former training analyst. She could never truly become his peer, let alone surpass him.

This ghastly miscarriage of the training analysis by the training analyst's narcissistic needs is unfortunately not rare. In every training analysis there is a potential dual relationship that must be constantly under scrutiny by both patient and analyst. The former analysand will indeed become a colleague of the training analyst and may be involved in a variety of institute and society activities following termination that involve the former analyst. Bernardi and Nieto (1992) noted the problematic nature of this situation when they said, "The paradox is that while no one would take a patient with whom such an enterprise was shared, in this case, this is precisely what is necessary" (p. 142). As in the case of Dr. A and her training analyst, there may be a wish to bypass the mourning and grief inherent in termination by denying the ending of the relationship and simply regarding it as the beginning of a new collegial relationship. The risk here is that the training situation has an intrinsic problem: The termination modeled for the candidate is unlike any other termination that the candidate will oversee as an analyst.

One of the leading psychoanalytic educators of our modern era, Joan Fleming, made an extraordinary statement: "Having worked so hard at being a patient, the student analyst must now work equally hard at shifting to another level, that of colleague and friend" (1969, p. 79). She argued that to do otherwise maintains the analysand in an infantilized position, as though the patient is a child who never grows up. In my view, this approach robs the patient of a period of internalization and mourning necessary to

work through termination and come to one's own terms about the pros and cons of the analysis and one's analytic identity.

Moreover, every study of posttermination contacts indicated that transference is never fully resolved and persists in perpetuity. Friendships between former analysts and analysands may readily lead to subtle forms of exploitation, in which the former patient becomes a disciple of the analyst and attempts to curry favor through loyalty. In many cases former analysands have literally taken care of their former analysts who may become too disabled or demented to take care of themselves. Even when the former analyst remains in good health, the expectation of discipleship may be difficult for the analysand to analyze and understand. The Controversial Discussions in the British Society during the 1940s illustrated how powerful and charismatic leaders may demand loyalty from former analysands.

As long ago as 1966, Phyllis Greenacre noted that inadequate attention is devoted in training programs to the ongoing narcissistic pressures the analyst faces when analyzing candidates, especially the countertransference wish to maintain the candidate's allegiance after termination. Over 30 years later, this area of education remains neglected. In an era in which consciousness has been raised about boundary violations, there needs to be greater awareness of the meta-communication that is often conveyed with a rapid transition from analysand to friend—namely, that professional boundaries are not *really* important and can be tossed aside with relative ease when the two members of the dyad are involved in a training analysis.

## COLLUSION

In my years of consultation with cases of boundary violations, I have come to recognize a recurring theme. The essence of the theme is that members of the psychoanalytic institute or society suspected boundary violations long before they came to light with a particular analyst. The following comments are often heard: "It's no surprise to me. He had terrible boundaries in supervision;" "He always kept women in analysis way longer than anyone else did;" "I saw his car parked at one of his patient's houses while she was still in analysis with him;" or "He had a habit of sexualizing any comment made in social conversation." Although these comments reflect long-standing concern, they generally have been private thoughts never brought to the attention of an ethics committee.

Why is it that a psychoanalytic training community so often colludes with ongoing corruption among prominent training and supervising analysts? The reasons are multiple and complex. In some cases a boundary violator is also a charming, smooth, and charismatic leader in the psychoana-



lytic community who has decided that the usual rules do not apply to him or her. He or she may have multiple contacts within the mental health community and be a major referral source for other analysts and trainees, who are loathe to blow the whistle on a wheeler-dealer who supplies them with patients.

In addition, a whistle-blower's motives are often questioned. In an institute in another country, when a prominent training analyst was reported for having sex with multiple patients, the education committee rallied around the training analyst and impugned the motives of the two individuals who reported the sexual misconduct. They suggested that the whistle-blowers were anti-Semitic because the accused training analyst was Jewish, and they interpreted their motives as wishing to bring down a father figure so they could replace him. Often the power base in a psychoanalytic institute, which generally involves a group of training analysts in a decision-making committee, exploits transferences *outside* the treatment setting by taking a paternalistic or maternalistic stance that "father" or "mother" knows best in situations of questionable ethics. The message to younger colleagues is that they should mind their own business.

Another reason that members of a psychoanalytic community are reluctant to blow the whistle or intervene concerning rumors is that analysts are taught that the psychoanalytic relationship is a radically private one. Indeed, there is something quasi-incestuous about it, in that the dyad works intimately together over a number of years without any intrusion from a third observing party. Those who observe something amiss in the dyadic relationship may feel that they are voyeuristic in their curiosity and that they are looking into a forbidden relationship where they do not belong.

Another factor involved in the collusion is that we must never underestimate the secret admiration that we all have for a good con artist. An analyst who may be entering forbidden territory with a patient may hold a morbid fascination for all of us because he or she is doing what we would secretly like to do. Often the individual is extraordinarily likable, and there is a willing suspension of disbelief. When a well-known and well-loved leader of one psychoanalytic community had three different female patients charge him with sexual misconduct, a younger colleague said that he was going to reserve judgment. I said to him that with three complainants it seemed very unlikely that all the charges were fabricated. I asked him directly, "Do you really believe he didn't do it?" He sheepishly responded, "I guess not, but I don't *want* it to be true." My private thought was that his disbelief masked an unconscious wish that it *were* true and that he might get away with it.

There is a long-standing, peculiarly American fascination with the gladdening, smooth-talking, charismatic con man. In Herman Melville's 1857

classic, *The Confidence Man*, two observers chat about a quack selling a variant of snake oil:

He is not wholly at heart a knave, I fancy, among whose dupes is himself. Did you not see our quack friend apply to himself his own quackery? A fanatic quack; essentially a fool, though effectively a knave.

I can't conceive how you, in any way, can hold him a fool. How he talked—so glib, so pat, so well.

A smart fool always talks well; takes a smart fool to be tonguey. (p. 935)

At this point in the story, the quack reappears and offers to devote half of his proceeds to charity. The two observers then continue:

Aye, and where is your fine knavery now? Knavery to devote the half of one's receipts to charity? He's a fool I say again.

Others might call him an original genius.

Yes, being original in his folly. Genius? His genius is a cracked pate, and, as this age goes, not much originality about that. (p. 937)

Indeed, the sexual transgressor in a position of leadership may be a complex mixture of knave (or psychopath), genius, wise teacher, and fool. There may be much to admire and envy. Symington (1980) describes disbelief and collusion as two of the common reactions to a psychopath. Often the disbelief is fueled by the presence of indisputable charm and intellectual gifts.

There is a broader collusion within the profession as well. When I first started writing in this area, there were many senior analysts who discouraged me. They would make comments like, "There's really nothing to study here. We already know everything we need to know. It's basically simple—the flesh is weak." Others suggested that I was airing the profession's dirty laundry in public, and the press might get hold of it and ruin us. The more I made efforts to understand this reluctance, the more I realized how much of a threat to family secrets this sort of study represents. If questions are raised about analytic mothers and fathers, there is a potential to open up questions about everyone else's analysis. If marrying a former patient is unacceptable, what does it mean to the other analysands of that analyst who married his or her former patient? What does it mean about the efficacy of psychoanalysis if analyzed individuals are exploiting patients who spend a great deal of time and money trying to understand themselves?

### THE NEED FOR COMPARTMENTALIZATION

The majority of cases of severe boundary violations do not involve con artists or predators. More common are essentially well-intentioned individuals who have become seriously misguided in times of crisis in their personal lives or because of entrenched characterological patterns that

lead them to have difficulties setting limits (Gabbard & Lester, 1995). It behooves us to examine unique aspects of the work and the training that may contribute to the development of boundary violations. As I mentioned earlier, the radical privacy necessary for analysis also carries with it an immense burden of confidentiality.

Analysts must develop the capacity to compartmentalize certain information they hear from the couch on a daily basis. In other words, if I am to be an ethical practitioner, I must take the information I hear from the couch and place it in an imaginary file connected with that patient. That file can never be opened in any other context, and the information I hear in that context can never be used in any other setting. If I hear from a patient that Mary and Bill, two members of the mental health community, are getting a divorce, I must for all practical purposes not know that information. Hence if I run into Bill later that day, I cannot say that I know about his divorce, nor can I even ask questions or make comments to elicit that information from Bill. I must engage in a kind of concealment that may feel somewhat dishonest to me but is in the service of a higher ethical principle.

This type of compartmentalization is found in so many cases of sexual misconduct that I have come to view it as a highly influential factor. A type of intrapsychic splitting is taught and encouraged by supervisors. The analyst knows but does not know at the same time. Indeed, in sexual misconduct cases, the analyst often effectively compartmentalizes what is going on with the patient such that it is and is not happening, often with rather elaborate rationalizations. This compartmentalization partially explains why when other analysts of an analyst charged with sexual misconduct are interviewed, they frequently report highly professional and effective analytic work in their own analyses.

## **AUTONOMY AND CONSULTATION**

One of the highest risk factors for boundary violations is isolation. It follows from this premise that one of the best preventive strategies is the regular use of consultation from colleagues on difficult cases. Yet we have a rather peculiar attitude about professional autonomy.

For the years of candidacy, the candidate is taught in a supervisory context, where whatever happens in the analysis is systematically reported to a mentor or supervisor who helps contextualize what is happening and assists the supervisee in formulating psychodynamic themes and interventions. When the candidate graduates, he or she is suddenly expected to operate entirely independently, as though discussions of cases with colleagues are no longer important. In some training centers, the use of consul-

tation after graduation is seen as a kind of failing, reflecting the notion that the analyst was not really ready to graduate because autonomy is so difficult for the young analyst to embrace. Many analysts will not seek consultation with a variety of rationalizations to explain their reluctance: It costs too much; It is too time consuming; No one else would know what to do any better than he or she does; or No one would understand the special needs of this patient.

Another prominent reason for the avoidance of consultation involves the difference between the public analyst and the private analyst. A major problem in the psychoanalytic field is that analysts often teach and write about analysis in a substantially different way than they actually practice it in the privacy of their consulting rooms. Beginning in candidacy, young analysts may feel that when they meet with their supervisor they cannot truly share what is going on in the sessions because of a fear of disapproval. Hence there is often a version of the analysis presented in supervision that omits many strong countertransference feelings and many interventions about which the candidate has doubts. This pattern evolves into a reluctance to seek consultation for fear of disapproval about what one is doing. Feelings of passionate love or hate must be taught as expectable and understandable (Gabbard, 1996; Mayer, 1994). Their acknowledgment should be encouraged as part of the supervisory process rather than viewed as aberrant and highly problematic.

## TOWARD PREVENTION

After outlining some of the inherent difficulties in the psychoanalytic training system and how they may relate to boundary violations, I would now like to present some ideas about measures that may help prevent boundary violations in future generations of analysts.

Firstly, we need to be appropriately humble. We will never prevent all boundary violations because of the very nature of the privacy of the analytic relationship. There will always be a few predatory types who manage to gain admission despite intensive screening efforts by admissions committees and who will have nothing but contempt for the ethics of the profession. Our only hope is to catch these individuals early in the course of their dishonest or unethical behavior and assure that they do not practice analysis.

While we cannot change the history of psychoanalysis, we *can* study it. Family secrets can be brought out into the light of day and examined instead of being reenacted from one generation to the next. Similarly, the collusion and cover-up of such boundary violations should also be examined

and understood. Sometimes cases in one's own institute are shrouded in privacy because of concerns about litigation and confidentiality, so historical cases may need to be studied instead.

The use of regular consultation should be encouraged for all analysts and should not be subtly frowned upon by the profession. Each analyst should monitor countertransference issues and seek consultation early, before a point of no return is crossed (Gabbard & Lester, 1995).

Analysis should be taught as, at least in part, a two-person psychology. Hence, in didactic instruction and in supervision, countertransference issues should be freely discussed without any connotation that it is wrong or a sign of inadequate analysis to experience countertransference with a patient. Without trying to reconstruct the analyst's childhood conflicts, a supervisor can still look at the here-and-now aspects of the countertransference as they relate to both patient and analyst.

Rumors about boundary violations arising from somewhere other than the couch should be discussed with a colleague with the possibility of action in mind. Two members of the ethics committee, for example, may visit an analyst and inform him or her that rumors are being circulated about possible boundary violations with a patient. Such interventions should be done in a spirit of helpfulness rather than punishment. If the rumors were false, the analyst would certainly want to know about them. If they were true, the analyst would know that he or she has the possibility of getting consultation from two concerned colleagues.

Another preventive measure is to examine more systematically the posttermination boundaries in training analysis. While sexual contact is certainly off limits, many other forms of posttermination contact constitute a gray area. More open discussions about the posttermination situation between training analyst and former analysand would be helpful in developing a body of literature on this subject. It is also of critical importance for the training analyst to be attuned to his or her own wish to minimize and deny grief and loss during the period of termination. Similarly, all analysts owe it to their patients to work diligently at analyzing their own narcissistic needs and their own wishes to be idealized so that the patient's freedom of thought is encouraged and not subtly undermined. Just as we must encourage our students to use regular consultation, training analysts must also avail themselves of consultation, preferably with colleagues in other cities as a way of maximizing the preservation of confidentiality.

We need to think of variations of the training analyst system so that power and authority is not vested in a small group in each institute which has authority over the progression of all candidates. While the movement toward nonreporting has been helpful in making a training analysis as much like a personal analysis as possible, there may be merit in thinking of other

models, such as the French model in which one's analysis is basically on one's own without being embedded in the hierarchy or power structure of the training institute.

Finally, we must continue to expand the teaching of ethics and professional boundaries in psychoanalytic institutes. These courses should be clinically focused so that issues of transference and countertransference are maximized, and philosophical abstraction is minimized. We also need to develop the courage to confront colleagues who are hurting their patients rather than retreat into a passivity that is a parody of empathic understanding.

## REFERENCES

- Bernardi, R. & Nieto, M. (1992). What makes the training analysis "good enough"? *International Review of Psycho-Analysis*, 19, 137-164.
- Edmunds, L. (1988). His master's choice. *Johns Hopkins Magazine*, April, 40.
- Eissler, K. R. (1983). *Victor Tausk's suicide*. New York: International Universities Press.
- Falzedder, F., Brabant, E., Giampieri-Deutsch, P., & Haynal, A. (Eds.) (1996). *The correspondence of Sigmund Freud and Sándor Ferenczi*, Vol. 2, 1914-1919, P. T. Hoffer (trans.). Cambridge: Harvard University Press.
- Fleming, J. (1967). The training analyst as an educator. In. S. S. Weiss (Ed.), *The teaching and learning of psychoanalysis: Selected papers of Joan Fleming* (pp. 62-80). (1987). New York: Guilford Press.
- Freud, S. (1937). Analysis terminable and interminable. *The standard edition of the complete psychological works of Sigmund Freud*, 23, (pp. 209-253). (1964). London: Hogarth Press.
- Gabbard, G. O. (1994). On love and lust in the erotic transference. *Journal of the American Psychoanalytic Association*, 42, 385-403.
- Gabbard, G. O. (1995). The early history of boundary violations. *Journal of the American Psychoanalytic Association*, 43(4), 115-1136.
- Gabbard, G. O. (1996). *Love and hate in the analytic setting*. Northvale, NJ: Jason Aronson.
- Gabbard, G. O. & Lester, E. P. (1995). *Boundaries and boundary violations in psychoanalysis*. New York: Basic Books.
- Greenacre, P. (1966). Problems of training analysis. *Psychoanalytic Quarterly*, 35, 540-567.
- Kerr, J. (1993). *A most dangerous method: The story of Jung, Freud, and Sabina Spielrein*. New York: Knopf.
- Mahoney, P. J. (1993). Freud's cases: Are they valuable today? *International Journal of Psycho-Analysis*, 74, 1017-1035.
- Mayer, E. L. (December 1994). A case of "severe boundary violations" between analyst and patient. Presented to the Panel on Enactments of Boundary Violations at the meeting of the American Psychoanalytic Association, New York.
- Melville, H. (1984). *Pierre . . . or, the ambiguities*; *Israel Potter*; *The Piazza tales*; *The confidence-man*; *uncollected prose*; *Billy Budd, sailor*. H. Hayford. (Ed.). New York: Library of America.
- McGuire, W. (Ed.) (1974). *The Freud/Jung letters: The correspondence between Sigmund Freud and C. G. Jung*. Princeton, NJ: Princeton University Press.
- Roazen, P. (1975). *Freud and his followers*. New York: Knopf.
- Smith, H. F. (May 1998). Hearing voices: The fate of the analyst's identifications. Presented at the American Psychoanalytic Association meeting, Toronto; Ontario.

- Stein, M. (December 1974). Report to the Board of Professional Standards of study group on training analysis at the American Psychoanalytic Association.
- Symington, N. (1980). The response aroused by the psychopath. *International Review of Psycho-Analysis*, 7, 291-298.
- Symington, N. (January 1998). The corruption of interpretation by narcissism. Presented to the Topeka Psychoanalytic Society.
- Warner, S.L. (1994). Freud's analysis of Horace Frink, M.D.: A previously unexplained therapeutic disaster. *Journal of the American Psychoanalytic Association*, 22, 137-152.