

The Profession of Psychoanalysis - Past Failures and Future Possibilities

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For Freud in 1937, psychoanalysis may have been one of the “impossible professions,” along with teaching and politics, but it had unquestionably taken its place among the privileged occupations of the modern world. It was a profession.

Earlier, in 1916, it had been a “movement,” earlier still a “cause.” But gradually over the years it seemed to achieve the status for which it had slowly and inexorably striven. That is, like other professions, it possessed an esoteric and specialized body of knowledge, which it sought to develop and extend through journals, books, and conferences, it established institutes to train practitioners in the skillful use of that knowledge, it monitored standards of competence through professional associations, and it developed standards of ethical practice. As a result, psychoanalysts were coming to have a certain recognizable social identity and, like other professionals, lay claim to a corresponding social status.

The professionalization of psychoanalysis in this period paralleled the development of other professions out of relatively unorganized, unregulated and vulnerable vocations. Social theorists in the earlier part of the century, such as Weber and Durkheim, essentially agreed with the professions’ own self-assessment as self-regulating, and stable occupations occupying a unique, privileged social position. For them, the idealized position of the professions stemmed in large part from the idea that professions took responsibility for their own development and practice, providing an alternative to the unbridled competition of the marketplace. And, no doubt, it was this idealized concept of the professions that Freud had in mind when he staked the claim of psychoanalysis.

But recent sociology of the professions questions this claim, calling attention to the “project” of professionalization, the process by means of which a practice or vocation acquires and sustains the status of a profession. They have stressed the benefits to practitioners of professionalization. As Macdonald (1995) recently put it, the question has changed, “from ‘What part do the professions play in the established order of society?’ to ‘How do such occupations persuade society to grant them a privileged position?’” (p. xii)

Larson (1977), who spearheaded this shift, has pointed out that the issues of social status and market control are intimately linked: “all the devices mobilized for the construction of a professional market and the organization of the corresponding area of the social division of labor also serve the professions’ drive towards respectability and social standing” (p. 66). Thus, as a result of a successful “professional project,” practitioners enjoy social status as well as a high degree of control over their work and a certain independence in the marketplace.

As a result of such thinking, the very idea of a profession now is coming to be seen as a “folk concept,” that is, a concept that has credibility and public acceptance but is lacking in scientific standing or logical clarity. As Freidson has put it: “One attempts to determine not so much what a profession is in an absolute sense as how people in a society determine who is a professional and who is not, how they ‘make’ or ‘accomplish’ professions by their activities, and what the consequences are for the way they see themselves and perform their work.” (1986, pp. 35-36)

This approach to the professions illuminates the current dilemma of psychoanalysis. Rather than think of psychoanalysis as being a profession by definition, or by virtue of some inherent properties, we can examine how it has taken up -- and currently takes up -- its “professional project.” Thus it can help us to see more clearly how psychoanalysis has failed -- and continues to fail -- at establishing itself in the eyes of the public as the profession Freud hoped and believed it had become.

I should say at the outset, however, that this is not an easy or comfortable topic to raise. I am a psychoanalyst myself, actively engaged in the management of the institute that trained me. I also teach and supervise. Moreover, I have consulted to several other institutes and other psychoanalytic organizations. Psychoanalysis, in short, is my world. Still, it is a world in serious -- perhaps terminal -- trouble. My struggle in this paper is to be direct and uncompromising in pointing out the shortcomings and contradictions that have undermined the pursuit of our professional standing. Not that we are entirely responsible for our current state of decline, but I believe it is essential to highlight what our responsibility for it has been. Having done that, I believe, we can address the question of remedies, a topic I take up in the final sections of this paper.

It did seem for a while as if, after an unprecedented and unexpected rise to prominence, psychoanalysis had in fact established a secure place for itself in the world of professions. It had unquestionable authority in the eyes of the public. Practices were full, and analysts migrated across the country and, indeed, across the world, setting up new training institutes.

Professional associations proliferated, journals multiplied and expanded, and the publication of books testified to the increasing base of knowledge and skill practitioners could draw upon. In the 50's, 60's and 70's candidates vied for the opportunity to train.

Along with this startling success, though, was a history of internal conflict and dissent, suggesting the presence of underlying problems, but also compromising public respect. For one thing, the psychoanalytic past is littered with casualties, scapegoats who have been driven from their professional communities, labeled as deviants and rebels for developing new theories. Moreover, psychoanalytic institutes and other professional organizations have been repeatedly riven by destructive schisms, forcing the unwelcome analogy of religious wars.

And then the status of the profession began to crumble. Indeed, it seemed to fall as rapidly as it had risen, and for reasons just as difficult to discern. Freud became the target of criticisms for his theoretical shortcomings, his false scientific claims, for neglecting the impact of childhood trauma, for patronizing women. His human shortcomings were also exposed. And because during its period of success -- indeed hegemony over competing theories and treatments for mental distress -- psychoanalysts neglected to store up evidence of their therapeutic efficacy, they were scarcely able to defend themselves when skepticism began to surface. Indeed, for the most part, they seemed simply to deny the existence of the challenge to their status. Psychoanalysis, as a result, now suffers a dubious role in the eyes of a more skeptical public as well as challenges from a medical profession that questions its results.

But its status in the world of medicine is only a limited aspect of the problem. Freud always saw psychoanalysis as much more than treatment for mental disorders. Indeed, he complained repeatedly of the Americans, that they treated it as a mere "handmaiden of psychiatry." In his 1923 encyclopedia article, he defined psychoanalysis as three things: "the name (1) of a procedure for the investigation of mental processes which are almost inaccessible in any other way, (2) of a method (based on that investigation) for the treatment of neurotic disorders and (3) of a collection of psychological information obtained along those lines, which is gradually being accumulated into a new scientific discipline" (p. 235). The "new scientific discipline" was the knowledge base for the emergent new profession; its applications were wide and varied as exemplified by his own writings on history, literature, anthropology, group process, biography, religion and myth, as well as the psychopathology of everyday life.

The psychoanalyst was to be a generalist, applying his analytic skills in tracing the role of the unconscious in human behavior. Indeed, this was one of the critical reasons why, in Freud's mind, the question of lay analysis was so important. Indeed, I think it fair to say that all of those who closely identified psychoanalysis with medicine, who, in Knight's terms, saw it as a "specialty within a specialty" (1953, p. 213), borrowed the professional identity of medicine to cover their psychoanalytic identities and, in so doing, inadvertently, undermined the efforts of psychoanalysis to establish a professional identity in its own right. (Eisold, 1998)

This issue continues to play itself out as a kind of subversive leitmotif in the history of psychoanalysis. Psychologists in America, largely excluded by psychiatrists from participation in the professional life of mainstream psychoanalysis, developed their own distinct careers and professional identities as psychologist-psychoanalysts (Bornstein, 2001), as well as separate training, credentialing, and licensing procedures to support it. So did social workers. The result is a bewildering array of overlapping identities, professional associations, and competing claims. One has to be an insider to understand it all. Clearly, the public does not.

My aim here is to look at three tasks that psychoanalysis needed to address in order to succeed at its "professional project," three problems they failed adequately to resolve. The first is its fragmentation, its failure to present a united or at least coherent face to the public. The second is its inability to establish its professional authority in a consistent and convincing manner. The third is a persistent ambiguity about the nature of the service it offers to the public, the work it undertakes to provide. Taken together, these failures have undermined its success as a profession. Having examined these failures, then I will go on to reconsider how the professional project of psychoanalysis might be reconceived.

1. Fragmentation

Psychoanalysts have tended to isolate themselves in their professional communities. Their focus is inward. Freud, of course, modeled this, preoccupied as he was with establishing the shibboleths that would expose the internal enemies, discriminate those who belonged, the real psychoanalysts, from those who should be expelled.

This inward focus has led to an extraordinary history of schisms and splits, the institutional effects of which still divide the analytic landscape

and prevent its professional organizations from speaking with one voice. In the 1940's in New York, two groups split off from the New York Psychoanalytic Society (see Frosch, 1990; Eckhardt, 1978). One group suffered two schisms in turn, leading to the formation of the William Alanson White Institute and to the Comprehensive Course in Psychoanalysis at the New York Medical College, a group which split yet again. The second group formed the Columbia Institute. At virtually the same time, the British Psychoanalytical Society narrowly averted a split by agreeing to form into virtually autonomous Kleinian and Freudian sub-groups; subsequently a third or "Middle Group" separated out. In European institutes, schisms have occurred in Germany, Austria, France, Sweden, and Norway (Eckhardt, 1978). In France, the controversies surrounding Lacan produced at least four surviving institutes (Turkle, 1978). Gitelson (1983), in addition, notes schisms that have occurred in Spain, Brazil, Mexico, Argentina, and Venezuela, as well as, in this country, in Washington/Baltimore, Philadelphia, Boston, Cleveland, and Los Angeles. Arlow (1972) refers to half a dozen splits in the American Psychoanalytic Association, as well as many narrowly averted splits, and adds to the census of splits abroad Columbia and Australia.

In addition, the exclusion of psychologists from the American Psychoanalytic Association led them to form the Division of Psychoanalysis (Division 39) of the American Psychological Association, an organization which further subdivided into warring sections. Social workers formed their own national organization. Other national professional organizations were formed, such as the American Academy of Psychoanalysis. Internationally, the International Federation of Psychoanalytic Societies rivals the International Psychoanalytic Association. And this is only a partial list.

Freud alone is not responsible for this history, of course, though by insisting on his proprietorship of psychoanalysis and establishing shibboleths of orthodoxy he set it firmly on this path. A major reason for this dramatic history of fragmentation is that the allegiances that analysts develop in their training tends to be to their analysts, supervisors and teachers, a focus that encourages the projection of differences outward into rival analysts or other analytic communities. This has led to the development of a characteristic paranoid cast to the organizational world of psychoanalysis. Analysts have been, first and foremost, identified with their analytic lineages, secondarily with their local "schools" of psychoanalytic thought, lastly with the field as a whole.

Some belong to strict or strong schools: Kleinian, Lacanian, Interpersonalists, Ego Psychologists, and so forth. Others are more eclectic, more accepting of the current pluralistic world. But in either

case they have absorbed what they have been exposed to and trained to understand. Their interpretive frameworks, an aspect of their identifications with their analysts, supervisors and teachers, bind them to their institutes. For analysts, what and how they think is who they are.

Thus as they work with patients in their consulting rooms, they are powerfully bound to their local communities, on whom they also rely for referrals, for help with professional matters, for political collaboration in institute management, etc. But, even more importantly, as I have been trying to suggest, they rely on them because they are the groups to which they belong, the groups that sustain their identities, that keep them from being outcast, fragmented, alone. Even the most alienated and isolated analyst knows exactly from which professional group he is estranged.

The Italian psychoanalyst Nissan Momigliano provides a beautiful example of a moment in which she came in touch with this level of her clinical anxiety. Reflecting on the intense pressure she was subject to from a patient who demanded that she depart from her traditional practice of abstinence, she wrote: "It would, I felt, be an unbearable experience of defeat, failure, and surrender to someone I felt to be stronger than me . . . and anxiety at the risk involved in abandoning something apparently safe and reliable, rather like the feelings of a climber who loses his foothold and begins to plunge headlong -- in other words something reminiscent of entering an unknown dimension I was not sure I would be able to master or control and which therefore ultimately threatened a loss of identity" (Momigliano, 1992, p. 68).

To be sure, in describing this moment of terror, she does not explicitly refer to her community. Most of us, indeed, do not think of it that way. But that is what the risk of losing our footing ultimately is all about; that is the ground on which we stand. Another way of putting this is that analytic identities and theories have an important defensive aspect -- but one that is often out of awareness because those identities are, by and large, not personally constructed by the analyst alone. They are provided by their training, imperceptibly woven into the way they have learned to think about their work.

The important point here, however, is that the defensive forces stemming from analytic identities also interfere with the ability to establish a collective professional identity. Wallerstein (1990) has called for the establishment of the "common ground" in clinical theories. It now seems far more likely that psychoanalysis is moving towards a pluralistic view of theoretical differences, a solution that is extremely attractive politically as a means of maximizing tolerance and minimizing the need to be defensive. But pluralism as an expedient solution to internal

conflicts contains the danger that it perpetuates an image of psychoanalysis as inconsistent and irresolute -- and expedient. Pluralism, in itself, hardly provides the united front of a coherent and confident profession.

The interlocking goals of a professional project are unity and monopoly (Macdonald, 1995). Unity means that the profession can speak convincingly with one voice to a public that can feel, as a result, confidence and trust in the professions' stewardship of its esoteric knowledge and expertise. Monopoly, correspondingly, means that the profession can impose its ways of doing business, including the setting of fees, on the public. Clearly, to the degree it is unified it can more easily impose monopolistic control. And often, then, it can persuade government to recognize and support that control.

But psychoanalysis has yet to demonstrate its ability to rise above the historic divisions that has conferred upon it, in the eyes of a bewildered public, the image of religious sectarianism.

2. Authority

In recent years, we have come to be far more sensitive to the fact that a false note is introduced into an analysis if interpretations are accepted simply on the basis of professional authority. Indeed, resistance to authority can be seen as an essential aspect of a patient's or a client's developing autonomy. On the other hand, the usefulness of professional authority is experienced in the rough patches of an analysis, particularly in managing a strong negative transference. In such phases, patients remember that they have experienced their analysts differently in the past, but they also recall that analysts are qualified professionals, and this lends a crucial element of doubt to their current experience and a willingness to go forward: "they must know what they are doing".

But far more importantly, if psychoanalysts did not have some form of credible authority no one would come to them in the first place. Their professional authority is their collective credibility, their claim upon the public's trust, particularly in the face of competing professions and vocations.

Our psychoanalytic forebears worked hard to establish that authority by developing standards for training, rigorous procedures for certification, and professional organizations charged with monitoring the effectiveness of those standards and procedures. Indeed, that is a good part of what

we look to professional organizations to do. It is not something professionals can do for themselves, as individuals.

Thus candidates are subject to the authority of their training and certifying institutions as part of the effort that needs to be mounted on behalf of the profession to establish and maintain its professional authority. This is all the more vitally important and difficult to achieve as psychoanalysis has, for the most part, charted an independent course outside universities and medical schools. The issue of lay analysis, in one sense, is the insistence that psychoanalysis is an independent profession that will have to establish its own professional authority.

But the professional authority of psychoanalysis is deeply flawed. In its early years, of course, it benefited from and relied upon the charismatic authority of Freud, aided by the strong, hidden management of the “secret committee”. That phase was succeeded by the “apostolic era” in which his disciples, dispersed by Nazi persecution, spread the gospel throughout the world. But, as Weber pointed out, charismatic authority must eventually give way to technical authority for a profession to become established, and this is precisely where psychoanalysis has struggled indecisively.

Indeed, I don't think it is too much to say that psychoanalysis currently suffers from a crisis of authority pervading virtually all aspects of its work. Let me try to spell that out.

First of all, in the eyes of the public, not only does psychoanalysis present a fragmented and confused picture, rife with conflict and competing claims, it has not done a credible job of demonstrating its effectiveness. Research into the outcomes of psychoanalytic practice is thin and inconclusive.

In large part, of course, this stems from the fact that individual practitioners do not have the resources or the motivation to do research. The push for it and the support for it has to come from institutions, and there are few institutions that have been willing and able to do that, despite scattered and impressive example of studies that have been done in academic settings. But, for the most part, psychoanalytic institutions have not taken up the challenge. During the period of greatest public recognition and success, most psychoanalysts were able to persuade themselves that indeed they were doing research of a sort with each patient, that psychoanalysis itself was all the research it needed. And, no doubt, individual case histories were often convincing to readers, filled with resonant meaning and emotional authenticity. But when the need arose to set those results against the achievements of biological

psychiatry, psychoanalysis had very little to show apart from its stories of cure. It came to seem as if the emperor had no clothes.

Now the field is hard pressed to prove to a skeptical public what it can do. The best current research allows us to say is that psychotherapy seems to work, but we cannot convincingly assert that the talking cure is more effective than the behavioral cure, that individual help is better than group help, or that three or four times a week is better than once, or three years better than three months. The evidence is extremely thin.

A second point: The inability of psychoanalysis to claim authority from its results is paralleled by its growing inability to claim authority from its procedures for training and certification. The burden of managing these processes tends to fall to the senior, more established practitioners, who supervise, analyze, teach, examine, and ultimately approve new practitioners. To be sure, they often do their best to think carefully about candidates and what changes in the curriculum of institutes might be needed. But the fact of the matter is, there is very little evidence about how training works and few alternative models. Indeed, the field has fallen into the routine practice of replicating “the hallowed tri-partite” model (Wallerstein, 1993, p. 175) originally established 80 years ago, never seriously challenged or systematically studied. Most institutes simply go on doing what they have done before, what other institutes do, perhaps tinkering with the curriculum or the process of selecting faculty, etc. Few start out trying to think the process through freshly. The truth is that the regulation of psychoanalytic training and certification is largely a matter of convention.

As a result, institute training has become infiltrated over the years with assumptions and practices that are essentially social defenses, serving more to protect the psychoanalytic faculty (including training and supervising analysts) from anxiety than to advance the development of competencies in candidates. (Eisold, in press)

Let me briefly detail some of these social defenses. Institute faculty, by and large, do not need to explain or justify their decisions, as candidates must. It is presumed that their psychoanalytic competence protects them from irrationality in decision-making about selecting candidates, advancing them, or promoting themselves to advanced positions. Faculty, by and large, do not present their own work to candidates, despite repeated calls to do so. There is a well established and recognized “caste system” in most institutes, in which senior analysts benefit from the presumption of superior competence in all areas of functioning. They also benefit from exclusive access to the pool of candidates who can patronize only them during their training. There is a

pervasive passivity about even minor changes in procedures or curriculum. Finally, despite repeated recognition over the years that the current system fosters dependency (Balint, 1948), conformity (Arlow, 1972), and lack of creativity (Kernberg, 1996), there is extremely little movement towards self-reflection on why that is so or how it might be changed.

Thus the authority that senior faculty, training and supervising analysts, claim for themselves in managing the process of training and credentialing is often seen to be authoritarian. By “authoritarian” I simply mean authority not grounded in rational need, authority disconnected from the actual requirements of a particular task. Moreover, since it is extremely difficult to know the point at which adequate professional authority has been established through training and credentialing, as a result of which there are inevitably serious and valid disagreements about what is necessary to sustain it, virtually all aspects of the internal management of psychoanalysis can and will arouse fears and feelings of authoritarian control.

To summarize: Because there is inadequate demonstration of the effectiveness of psychoanalysis, because there is so little experimentation with training, because evaluation of the procedures used to assess competence is rare, because institutes and other professional organizations tend to be conservative in defending established practices, the authority of those charged with maintaining the professional authority of psychoanalysis is itself profoundly compromised. One repeatedly hears from one’s colleagues private judgments about the motives of those who seek institutional authority, criticisms of the judgments that are made, skepticism about how institutes are run, and so forth. Indeed, the profession is riddled with alienation and privately expressed feelings of contempt.

On the larger stage, this plays itself out as competing forms of legitimization. Different professional and accrediting associations within psychoanalysis vie for recognition and, in the process, of course, undermine each other’s credibility. Moreover, most forms of accreditation are tied to existing institutes. Thus individual practitioners are certified as practitioners on their successful completion of local standards. Guidelines for those standards may be set nationally or internationally, but it is the institutes which have to meet them, which are themselves accredited, and which become as a result essentially the gatekeepers to the profession. Rarely are candidates evaluated independently according to criteria based on competency. The effect of this is not only to perpetuate fragmentation in the field but to insure that candidates become dependent upon their institutes.

Could psychoanalysis develop a uniform credentialing process, apart from any existing professional association? Currently, efforts are being made towards this by many in leadership positions, but they are hamstrung by the existing web of political interests and alliances.

In the meanwhile, most practitioners enjoy a form of dual citizenship, in effect, that protects them in the eyes of the public and buffers them from the problem. Analysts who are psychiatrists, psychologists, and social workers are licensed by the state by virtue of their pre-analytic professional training and credentialing procedures. They can afford, in effect, to neglect the question of their professional standing as psychoanalysts because their prior disciplines provide standing in the eyes of the public, the law, as well as insurance companies.

As a result of this complex and confused approach to professional authority, many psychoanalysts no longer value or even believe that there is such a thing as legitimate professional authority in their field and do not grasp the importance of their dependence upon it. And while the case can be made, particularly in a time such as ours where all forms of authority are problematic and highly contingent, the field languishes in its absence.

3. Our Task

Engineers build structures, physicians heal patients, lawyers represent clients before the law -- but what do psychoanalysts do? At the very least, what do they aim to accomplish? As we have seen, a key aspect of all traditional professions is their guardianship of an esoteric body of knowledge, one that requires specialized training to master, certification procedures to judge competence in, and professional associations to continue developing. But, in each case, using that esoteric knowledge is a form of work. The public turns to a professional to perform some work he or she has become expert in by virtue of mastering that knowledge.

This may seem all too obvious and hardly worth stating, but it is an aspect of psychoanalysis that has remained muddled and obscure. The historic stress on correct theory and the subsequent organization of the discipline into different schools has emphasized the question of what psychoanalysts must believe in order to belong to their respective schools or to the field as a whole. To be sure, we could reframe that as an emphasis on how a psychoanalyst thinks, or how a particular school approaches human behavior. But in any event, psychoanalysts have not been able adequately to describe for themselves -- or convey to the public

-- what as professionals they actually propose to do (Eisold, 2000; Zeddies, 2000).

To be sure, there are slogans to repeat when pressed, catch phrases based on statements made by Freud at different points in the development of his thinking. Reflecting the topographic perspective, for example, psychoanalysts can claim to “make the unconscious conscious,” which can also be characterized as promoting “insight” or “overcoming resistance.” The structural theory has given us: “where id was there shall ego be,” or in terms of later structural theory, restoring the balance between the tripartite elements of the personality: id, ego, and super-ego. Object relations theory speaks of integrating split off parts of the personality, Self Psychology of restoring developmental arrests. But all such formulaic statements are dependent upon a given theoretical framework to make sense.

In a somewhat different vein, Freud also said the goal of psychoanalysis is “replacing neurotic suffering with ordinary human misery.” But virtually any psychotherapeutic process can be said to have such a modest aim. What actually sets psychoanalysis apart from other psychotherapies? The point is not that we do not have an answer to this question. We have too many answers. A recent issue of The Psychoanalytic Quarterly on “The Goals of Clinical Psychoanalysis,” highlighted this dilemma. In reviewing the papers, Gabbard (2001a) noted a disturbing lack of agreement, adding: “we had better have some idea of which outcomes are unique to analysis if we are to retain credibility” (p. 188).

Here again, I believe that many psychoanalysts take refuge in the larger identity of psychotherapists. They can claim to cure or at least ameliorate mental or emotional suffering, and they can draw upon the large body of experience acquired in hospitals, clinics, community health services, and private practices, much of it heavily influenced by training in “psychoanalytically oriented psychotherapy,” an even broader and vaguer concept than psychoanalysis itself. In so doing, however, they both adapt to the demands of the clinical work they are required to do and open themselves up to Freud’s charge that they make psychoanalysis into a mere “handmaiden of psychiatry.” They abandon what was for him the paramount goal of psychoanalysis, the amassing “of psychological information . . . accumulated into a new scientific discipline” (Freud, 1923, p. 235) and his particular interest in applying psychoanalytic insights to literature, anthropology, society, etc.

Actually much can be said for abandoning Freud's goal. For one thing, it is now difficult to sustain the concept of psychoanalysis as a science. Psychoanalysis now is less certain of what kind of a discipline it is -- indeed, what form of knowledge it possesses. For another, the focus on acquiring information has often been in conflict with the goal of helping patients or clients, as, indeed, Freud's own case histories make clear it often was for him. The scientific pretension of psychoanalysis has fed its lack of concern with finding evidence of its therapeutic efficacy. Historically, analysts have had difficulty, as Owen Renik (1998) has put it, of "getting real" in our work.

On the other hand, we cannot say what sets psychoanalysis apart from other practices or disciplines, what defines psychoanalysts or psychoanalytically-oriented practitioners. Externally, as a result, psychoanalysis cannot clearly differentiate itself from the competition. The public is understandably confused.

But there are other consequences for this inability to define the work of psychoanalysis, consequences at least as damaging. I want to focus on two of them. The first has to do with understanding psychoanalytic competence. Without clarity about the nature of the work we engage in, and hence the skills it requires, the field is hampered in thinking about training and continuing professional development. The second has to do with the burgeoning fields of applied psychoanalysis. What is the meaning of a "psychoanalytic approach" or a "psychoanalytic orientation"?

As for training, let me state the obvious: if psychoanalysts cannot specify the nature of the work they do, how can they specify the actual competencies they try to train candidates to develop, much less continue to develop within themselves. And they are compromised when it comes to claiming the ability to evaluate and certify practitioners.

I am not saying that the field is riddled with incompetence as a result of lacking such clarity. On the contrary, I am often impressed with how seriously the task of training and evaluation is taken and how much time is devoted to scrutinizing the work of candidates and, even, the degree to which candidates benefit from their training.

But I am saying that, to a large extent, analysts are operating in the dark, relying on intuition and tradition to guide them in areas where they need to be sharper and more critical. The ritualistic reaffirmation of the "hallowed tripartite model" speaks to a self-imposed constraint in thinking of new ways of training much less addressing shortcomings in the current system (Kachele & Thoma, 2000). "At this time in our history,

knowledge about what we need to teach neophyte psychotherapists is limited and infirm” (Matarazzo & Garner, 1992, p. 870), wrote two psychologists recently in a review of research on training. Moreover, there has been a striking absence of research into the effectiveness of decision-making about selecting and advancing candidates, much less promoting faculty to senior roles. (See Holt & Luborsky, 1955; Weinshel, 1982; Kappelle, 1996.) As a result, faculty are essentially “anointed,” as Kirsner (2000) has pointed out.

My point here is that an absence of thought on the essential work of psychoanalysis contributes to this pattern of conservatism and resistance to change. Were the question to be raised in a serious and consistent way, it would be more difficult to assert that practitioners need to have certain number of hours of prescribed experiences or that they need to work with particular privileged experts or that they must be exposed to specific texts. The focus would shift to competence and effectiveness.

The second area where lack of clarity about the work of psychoanalysis has a significant impact is in its applications to other than individual therapeutic aims. “Applied psychoanalysis” takes many forms, but what concerns me here are the practices that involve working with others: “psychoanalytically oriented” individual or family therapy, psychoanalytic group work, the psychoanalytic study of organizations. What is “psychoanalytic” about such practices?

I suspect that there are many answers to this question, having to do with paying attention to unconscious motivation or unconscious fantasy, or transference and countertransference, or attunement to the suppressed emotional aspects of relationships, or diagnosing how anxiety and defenses against anxiety bring about resistance to change, and so forth. All of these are good answers -- but, again, there are too many answers and too little consistency among them.

This mirrors the larger problem of psychoanalysis itself. If those working in applied forms of psychoanalysis cannot explain convincingly what it is they offer to do for their clients, they rely on good will, they cannot differentiate themselves from the competition, and they are impaired in understanding how their work fits in with or doesn't fit in with what others do. Without clarity about their work, they cannot assess their own competence in any meaningful way or carry on a helpful dialogue about the competencies they need to develop.

4. Antithesis

Having pushed the issue of the flawed professional project this far, an antithetical point of view now begins to come into view. Perhaps it was a mistake for psychoanalysis to have aspired to professional status as it did. Perhaps the project was misconceived from the start, put into motion before psychoanalysis could clarify the role it might actually play in the world.

In other words, Freud's 1923 threefold definition of psychoanalysis may have been premature, contaminated by the pressure to give an authoritative public endorsement to the particular form psychoanalysis had assumed at that point in its development. Perhaps the burgeoning "professional project" of psychoanalysis, as it was then seen, led Freud to attempt to describe and endorse the complex hybrid shape that had evolved, not the shape most suited to its real potential.

That is, he may have stressed the "treatment of neurotic disorders" -- despite his misgivings about the medicalization of psychoanalysis -- because that is what patients came to receive. His followers would have required that endorsement, as that was how they too earned their livings. And he stressed the accumulation of "psychological information" because, apart from the fact that he himself sought and believed he had found reliable knowledge of the unconscious, that "information" was the esoteric and specialized knowledge that any profession needed to have in order to stake its claim to professional status. Without a body of specialized knowledge there is no profession.

First and foremost, though, he identified the process of inquiry in his definition, the "procedure for the investigation of mental processes," because that is where he started and what underlay the complex range of discoveries and applications that intrigued him. By itself, however, that process may have seemed at once too radical, too subversive of social conventions, and too bare, too empty of applications.

As Laplanche and Pontalis (1973) have pointed out the term "Psychoanalyse" first made its appearance in 1896, signaling Freud's abandonment of hypnotism and suggestion in favor of free association. That was before any of the psychoanalytic "discoveries" hardened into shibboleths. Indeed, the term can be taken to imply a continual probing beneath the surface, a potentially endless deconstruction of psychological certitude. Only now, after a hundred years of psychoanalytic practice, the technique of free association has evolved from "a procedure" to a diverse and rich collection of methods and techniques for uncovering neglected, suppressed or inattended aspects of experience (see Rubovitz-Seitz, 1998).

If we can free ourselves of Freud's threefold definition and, for a moment, stand apart from our own enmeshment in the "profession" we have collectively brought about, it might be possible to see that it is this "procedure" of inquiry that, indeed, forms the central thread of psychoanalysis. (See Reisner, 1999.) This is what sets us apart from all other professions, the core activity defining the "psychoanalytic."

Uncovering the unwanted and disowned parts of individual experience opens up new understandings of our collective reality and inevitably takes us to new and frequently unwanted ideas. (See Benjamin, 1997.) Psychoanalysis in the beginning thrust Freud into the struggle against the sexual hypocrisy of his time, as a result of which he acquired a not unwelcome if somewhat uncomfortable reputation as an embattled social radical. As Jacoby (1983) has reminded us: "It is frequently forgotten (repressed?) that Freud himself championed a reform of sexual mores and codes" (p. 38, see Freud, 1908). And many others in the early movement found themselves espousing radical views of sexual conduct and associating with sexual reformers.

The point here is not that Freud was -- or was not -- a sexual reformer, but that the early work of psychoanalysis placed it on the edge where such a role almost came to seem inevitable. In exploring the unknown, many uncomfortable, censored and disavowed aspects of human experience will be uncovered. Moreover, the process of inquiry will inevitably suggest new and sometimes radical theories of development, theories of psychic structure, theories of motives, meanings, and so forth. And, of course, those ideas will inevitably change under the pressure of continual probing, as they did for Freud who initially stressed the role of actual seduction in the etiology of hysteria, moved on to stress the role of fantasy, which led to the exploration of infantile sexuality, the hypothesis of libidinal energy, the drives, etc.

The important point here is that psychoanalysis continues a process of radical inquiry, struggling to clear away the encrustations of custom and conventional wisdom, of old habits, rationalizations, dogmas, and beliefs that obscure and circumscribe human experience.

The two other parts of Freud's 1923 definition introduced limitations and complexities into the psychoanalytic project that have bedeviled not only its own internal history but its relations with other disciplines and professions as well. Indeed, they have contributed to the isolation and arrogance the field still struggles to shake off.

We are familiar with the long history of conflict that the search to find and organize "a collection of psychological information" has led to.

Detecting relevant information and assembling it into coherent theories has been an endless source of psychoanalytic battles as different schools have fought over what information properly belongs to psychoanalysis and which explanatory constructs are most faithful to the tradition. But quite apart from these bitter struggles, the quest to assemble psychoanalytic information has isolated psychoanalysis from other disciplines which on their own and in their own sometimes non-psychoanalytic ways have also been accumulating relevant and potentially useful information about human behavior. At one point, Hartmann (1959) claimed, “psychoanalysis always aimed at a comprehensive general psychology” (p. 342), as if from the start it aspired to displace all other psychologies. As Kernberg has pointed out, though, it was “an illusion that we were a universal science when we were in fact totally isolated” (in Bergman, 2000, p. 230). The point is that psychoanalysis -- if it does not have to maintain a claim to hegemony -- can legitimately aspire to take its place among the “psychologies.”

In recent years, the erosion of the boundary between the information of psychology and more privileged information of psychoanalysis has begun to occur. Developmental psychology, attachment theory in particular, is a case in point. Slade (2000) recently noted the cost of Bowlby’s isolation from the psychoanalytic establishment stemming from his departures from orthodox theory: “from the standpoint of psychoanalysis . . . attachment theory all but ceased to exist for at least three decades” (p. 1148). Even infant observation at the start was highly controversial.

It goes the other way, as well. Psychoanalysts have begun to appreciate that other disciplines can provide support for some of their more fundamental guiding concepts and thus help to gain standing for psychoanalysis in the outside world. Westen (1998, 1999) has reviewed the relevant psychological research, but, as he points out, the data support some -- by no means all -- traditional ideas. We can’t easily accept one side without the other.

The second part of Freud’s definition, similarly, has led to the establishment of a self-defeating and confusing boundary: psychoanalysis as “a . . . treatment of neurotic disorders.” Though he himself, as we have seen, continually complained about the danger to psychoanalysis of being incorporated into psychiatry, he did include that therapeutic intent in his definition. And there were good reasons for his doing so. Apart from the fact that that was how analysts made their living, how the new profession sustained itself economically, it was also how he hoped to find new information as well as demonstrate the truth of the claims of discovery, through the psychic changes and cures that treatment brought about. Indeed, an extremely significant reason for the early acceptance of

psychoanalysis among psychiatrists and neurologists was that it promised to be -- and often was -- an effective treatment at a time when there was virtually no serious competition. (See Hale, 1971)

But that was before what Rieff (1966) has called the “Triumph of the Therapeutic,” before the psychoanalytic movement was, as he put it, “ruined by the popular (and commercial) pressure upon it to help produce a symbolic for the reorganization of personality” (p. 21). Psychoanalysis came to be seen as psychotherapy, first and foremost, obscuring virtually all other aspects of its enterprise. Indeed, the analysis of its “failure” with which I began this paper is based on the widely held assumption that, as a profession, psychoanalysis is essentially that. The fragmented and competing schools represent different approaches to therapy, the shortcomings in its professional authority stem from failures to demonstrate therapeutic outcomes or effective training in providing therapy, and the ambiguity about its work speaks to the multiplicity of versions about its therapeutic goals.

In the “controversial discussions” that wracked the British Psycho-Analytic Society in the 40’s, however, it was a point of pride with both sides to stress their primary commitment to the “science” of psychoanalysis, their search for knowledge. Superior truth, not more effective cure, was the rallying cry of each camp (King & Steiner, 1991). Today, of course, such strident claims for truth are seldom made. Nor am I suggesting that psychoanalysis should resume its claims for scientific truth. But, clearly, the tables have turned. Now, instead of tension between truth and therapy, psychoanalysis struggles to establish and define its relation to “psychotherapy.” Indeed, the effort to distinguish the two is the subject of virtually unending and inconclusive contemporary debate that is symptomatic, I believe, of an underlying contradiction.

Recently, Greenberg (2001) has pointed out the on-going tension between the aim of psychoanalysis as an investigative activity, which he believes we can and do understand, and the nature of its therapeutic action, which we do not and, perhaps, cannot understand. He approvingly cites Michaels’ straightforward characterization of the psychoanalytic goal of helping “patients appreciate the meaningfulness of their experience,” especially, of course, disavowed or repudiated experience. He believes, correctly I think, that most analysts would agree with some such statement, a statement which closely parallels what I have suggested is the central thread of psychoanalysis stemming from the first part of Freud’s 1923 definition. On the other hand, we cannot account for our therapeutic effects, though we debate it endlessly and tirelessly link concepts of therapeutic action to our various theories.

This is a strong argument for the value of our current pluralism. The tension of this disparity, he suggests, can be a source of creativity for the analyst, who needs to be continually alert to the different openings and strategies that might lead to change. But more important, here, is the importance of the underlying distinction between the psychoanalytic aim and the psychotherapeutic effect. From the perspective of the argument I am developing here, that discrepancy is an artifact of the underlying confusion in the relationship between psychoanalysis and psychotherapy. The question of therapeutic action is, of course, vital and important – but it is a question relevant to psychotherapy in general, and once psychotherapy has been disentangled from its complex and confusing relationship with psychoanalysis and more able to explore the variety of its approaches, I believe, it will be easier – if not easy – to address. But now, given our ignorance of therapeutic action, Greenberg stresses (his italics): “it is difficult to argue that psychoanalysis has any unique place as a therapeutic modality.”

In attempting so endlessly to differentiate itself from “psychotherapy,” psychoanalysis is implicitly claiming a privileged status. Indeed, the continual efforts at differentiation not only places “psychotherapy” in the lesser role as the degraded “other” but also perpetuates the delusion that there is a single thing known as “psychotherapy” rather than a vast array of interesting and sometimes useful techniques that have evolved in response to a burgeoning social need. Only a resolute aversion from contemporary reality could sustain such an idea.

To summarize, Freud’s definition of psychoanalysis as “a collection of psychological information” led to the establishment of a rigid boundary between psychology and psychoanalysis, which we are only recently coming to dismantle. And his definition of it as a “treatment for neurotic disorders” led to the virtually endless effort to define a boundary with “psychotherapy” in the attempt to sustain a privileged apartness. Loosening those boundaries will inevitably bring psychoanalysis closer to the larger worlds of psychology and psychotherapy, relieving it from the contradictions of its superior aloofness. It will also, I believe, help to clarify its primary mission.

5. A New Project?

If it were possible to agree on the essential psychoanalytic task of inquiry and exploration, how would that affect the nature of our “professional project”? What would psychoanalysis look like?

For one thing, such a psychoanalysis would have to see itself in the context of other professions and disciplines, abandoning its tendency towards isolation and aloofness, its tendency to see itself as uniquely qualified and hierarchically privileged. We would need to work at building links with other fields, demonstrating our willingness and interest in collaborating -- and, of course, our ability to do so.

How, for example, could the “pure gold” of psychoanalytic inquiry link with therapeutic practice? Can we pry them apart, and maintain a meaningful relationship? Two possibilities come to mind. One has to do with psychoanalysis taking a critical -- and self-critical -- role within psychotherapy. Here it embraces medicine or, at least, the healing arts. The other has to do with its standing apart from medicine and psychotherapy as it is traditionally understood.

Thirty years ago, a group of sociologists (Henry, Sims, & Spray, 1971) argued in The Fifth Profession that social workers, psychologists, psychiatrists, and psychoanalysts together constitute the beginnings of a new emergent profession of psychotherapy. They found that not only did the work of the four professions overlap, but that there was significant overlap in their attitudes, values and socio-economic backgrounds: “There are differences in ideology and in particular therapeutic activities, but they are minimal, and, far more important, they do not differ along lines of the professions of which these therapists are members. . . . their relevance to the production and final character of the psychotherapist is negligible.” (p. 182)

This radical suggestion, so outmoded and impractical sounding, illustrates the degree to which psychoanalysis had become thoroughly identified as a branch of psychotherapy to those outside the field. But it also sets the stage for considering how it might fit in.

If we think of psychoanalytic training as providing particular skills in reflecting, questioning and self-questioning, constructing and deconstructing narratives, inherently perspectival, might it not offer to examine and reflect upon psychotherapeutic technique in general. Aware of the complexity and layering of human behavior, trained to appreciate the limits of all observation, the unexpected effects of any intervention, might not psychoanalysis, in short, take up a management or consultative role to the profession of psychotherapy?

Recent articles reviewing the history of psychoanalytic treatments for OCD, including such classic cases as Freud’s Wolf Man, provide an example of what this might look like. “There is no avoiding the fact that the weight of clinical and research evidence on OCD is not favorable to

psychoanalysis” concludes Esman (2001, p. 153). Biological and behavioral approaches are demonstrably more effective. But that does not mean that psychoanalytic thinking is without relevance. As Gabbard (2001b) pointed out, “The characterological features of individuals with OCD tend to undermine treatment in many cases” (p, 218). Work on the meaning of symptoms and family dynamics mobilized around specific resistances to treatment can often be crucial. He concludes: “OCD serves as a model illness to demonstrate the value of an integrated approach to the treatment of major psychiatric disorders” (p. 219).

With its awareness of the complexity of human behavior and its ability to shift perspectives, indeed, psychoanalysis may be the only mental health discipline able to take on the role of managing the complex and varying integration that each case would require. To be sure, such managers would have to be better informed than most psychoanalysts currently are about other forms of available treatment, but given their experience with pluralism and ambiguity they might best be able to take it on.

It is even more apparent in the realm of applied psychoanalysis that psychoanalysis offers not competing but supplementary perspectives on behavior. In group, family, and organizational work, psychoanalysis does not supplant other modalities, but offers additional perspectives through the clinical ability to reflect and reframe, taking into account such factors as the role of the observing instrument, the unconscious aspects of behavior, including conflict, the role of anxiety and defenses against anxiety, secondary gains, and so forth. Perhaps, most importantly, in these areas psychoanalysis offers its familiarity with ambiguity and uncertainty, an ability to tolerate not knowing, what has sometimes been called, after Keats, “negative capability.”

The second answer points to a reframing of therapy itself, out of medicine altogether. Mitchell (1993) has suggested that the role of contemporary psychoanalysis has shifted from the treatment of more or less well defined clinical entities, as in Freud’s day, to an exploration of the false adaptations people have made to their cultures: “what the patient needs is a revitalization and expansion of his own capacity to generate experience that feels fresh, meaningful, and valuable” (p. 24). And while this shift represents a development within psychoanalysis -- he cites Loewald, Winnicott, Kohut, Bion, Bollas, Benjamin, etc. to bolster this point -- he notes: “It is part of a search for a new context of meanings to house the psychoanalytic process” (p. 24).

This view of psychoanalysis addresses the need of patients for authentic and vital experience, increasingly rendered problematic by our highly organized, controlled, and competitive social order. It represents a shift

away from the treatment of what has been called “mental illness” or discrete pathological entities. That shift also resembles, I believe, a view of psychoanalysis shared by those who have drawn parallels with religion. Symington (1994), for example, has argued that the primary issue addressed by psychoanalysis is narcissism, which he defines as “a deep emotional refusal in the face of crisis” (p. 123). The goal of psychoanalysis, for him, is to help the patient face up to the crisis, open himself to reality, a goal he sees as essentially “spiritual,” having been carried by religion in the past.

My only point here is that one can see how this view links with the definition of the essential psychoanalytic task we have been pursuing. The search for the hidden, obscured aspects of human behavior clearly includes the search for spontaneous experience, for the authentic and real that lies behind contemporary false selves and compliant adaptations. And it is necessarily open ended, not confined to particular symptoms and discrete goals. In that, as well, it addresses the criticisms of Cushman (1990, 1993), Jacoby (1983) and others concerning the collusion of psychoanalysis and psychotherapy with the contemporary social order -- though, in so doing, it necessarily evokes serious questions about the degree of psychoanalysis’s current engagement with the established mental health system.

Let me summarize. I am suggesting three pathways for a reconsidered psychoanalytic project: (1) The path of partner in the psychotherapies, offering the benefits of insight and inquiry in the treatment of psychiatric disorders; (2) A comparable partnership in the “applied” fields of organizational, family and group work, allied with other disciplines and professions; (3) The path of inquiry into false adaptations, social identities that block authentic and full human experience. There may well be other paths to be chartered, but I believe that we are already on these paths now and can take steps to clarify our goals.

For psychoanalysis to reposition itself with respect to psychotherapy and other professions would require internal changes. We would need to be more accepting of our divisions and differences, seeing that as a source of useful diversity in addressing a range of different problems with a range of different skills. In this, we might model a flexibility appropriate to professions that are facing rapidly changing and unstable circumstances and demands. We might also, then, model more appropriate versions of professional authority, based less on uniformity and control and more on collaborative and shared conversations and negotiations. (For a parallel in psychology, see Benjamin, 2001.) If we could be seen to be working with each other in reasonable competition,

respecting the authority we have achieved in our respective areas of work, that would lend credibility to our claims for professional authority with the public.

On the other hand, for psychoanalysis to separate itself out from the psychotherapies, as a practice that addresses the search for authentic experience rather than providing cures for mental illness, would require giving up the benefits of medicalization. That might mean abandoning the quest for outcome studies; success in the realm of real experience may prove difficult to measure. It would certainly mean abandoning the claim for reimbursement from third parties; we would not be dealing with traditional diagnostic categories.

Such a new “professional project,” pursued along three such pathways, would require a renewed emphasis on training, the development of enlarged skills and competencies. Collaboration with other disciplines would require extended exposure to allied fields, not merely psychotherapy. Not only would training need to provide a more culturally diverse range of offerings, suggesting how psychoanalysis could be enriched by and could, in turn, enrich other disciplines, training would need to include exposure to other clinical areas as well, in larger systems such as groups, families and organizations, in order to gain some familiarity with complex clinical phenomena.

But such a new “professional project” would be significantly enhanced if we were able to develop means of self-governance that were inclusive and cooperative, despite differences and disagreements (see Richards, 1999). Eventually, we might be able to put to rest the accusation that we are sectarian zealots engaged in self-perpetuating delusions.

Obviously much would have to change were psychoanalysis to redirect itself away from its “failed” current project. This could only be a sketch of what such a new project -- and a new profession -- might look like. But perhaps it could stimulate an engagement with alternative visions.

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