

#6. Drew Clemens:

It is a privilege to be part of this fascinating summit conference, and I hope that meaningful results will emerge that will enhance the future of psychoanalytic education.

In preparation, it was suggested that we read Jurgen Reeder's "Hate and Love in Psychoanalytic Institutions," which I recommend to all psychoanalytic leaders, especially leaders of training programs. This is a very scholarly and interesting book that will raise our consciousness about how we relate to each other. I felt that it rather overemphasized "hate," because that's where the problems arise, with roots in persistent transferences and the institutional superego. "Love" appears in the institutional ego ideal and in what Reeder defines as the psychoanalytic "ethos," but it gets a lot less attention than hate. I doubt that psychoanalysis could have survived without love – love of our patients, our work, and each other – that has carried the field forward for over a hundred years and brings us here today.

I have been asked to discuss the situation of the American Psychoanalytic Association in regard to psychoanalytic education. I'll address the current challenges we face in APsaA, particularly regarding the Board on Professional Standards (BOPS), made up of representatives of the 31 institutes. BOPS is charged with establishing and implementing standards of psychoanalytic training and practice. It oversees the accreditation of the APsaA institutes and the certification of individual members. Through its extensive program of site visits to APsaA institutes, it works in collegial consultation to enhance the quality of psychoanalytic education and assist institutes in meeting the standards.

Current challenges arise from controversy about implementing the longstanding charge to maintain these standards. Critics attack the Board's commitment to national standards as opposed to "Local Option" on the part of each institute to determine the qualifications of training and supervising analysts (TSAs). Of particular concern is the requirement of certification as a precondition for this appointment, which limits the supply of potential TSAs. There is heated controversy about the requirement that candidates must be in analysis with a TSA, even if it means changing analysts. Some members advocate for eliminating the designation of TSA altogether – a change that would be inconsistent with the IPA standards that govern us, the Berlin model. Others would separate designations of training analysts from supervising analysts.

A vocal group of members fiercely criticize the process of certification of graduate analysts, based on the assessment of clinical presentations. Certification is optional, but necessary to become a TSA. It can also be viewed as a peer review process conducted by the larger community of analysts, getting beyond local idiosyncrasies. The critics claim that it is invalid, unreliable, hurtful, and open to bias related to presumed theoretical orientation.

The unusual situation of having an accrediting and certifying body housed in a membership organization has raised concerns about interference with the independence of these functions, so that serious proposals for separation of those functions into an affiliated but autonomous organization have now emerged and have gained support at both extremes of the political spectrum. For BOPS leaders it is an issue of academic freedom; for those concerned with membership functions it is a matter of inclusiveness and avoiding hierarchical domination.

In all of this controversy, I believe that what is most relevant for this conference is the core issue of the nature of psychoanalysis and what it takes to train someone to do it. I don't believe that APsaA has come to a satisfactory conclusion about the central essence of the *psychoanalytic experience*, which Dr. Reeder also views as central: where is that threshold of intensity and primary focus on the interrelationship between analyst and analysand that allows the psychoanalytic experience to take place? Since it is quite variable from patient to patient, can it be translated into measurable dimensions such as frequency of visits or the use of the couch or the number of transference interpretations – or enactments – per week? Should we set the bar higher for candidates than is our practice in general? And derivative from this, how can we best assure that our candidates will have a good enough experience of the real thing in their own analyses – so that they understand themselves better and can be more attuned to their analysands, so that they know what experience they are trying to provide for them, and so that their own personal issues will not raise insurmountable obstacles to doing so? In my view, this is the only justification for having training analysts and making an extra effort to assess their clinical competence. In other words – APsaA has been struggling with the same issues that we have been addressing for the last day and a half.