

The certification debate as a manifestation of our unacknowledged ambivalences

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The tension between the egalitarian professional membership needs of APsaA and the restrictive realities of educational and regulatory functions has reached a point where either the organization will have to “split” up or remain in an untenable state of tension with acrimonious accusations and legal skirmishes which burn precious time and money. The work of furthering psychoanalysis by the organization—professionally, scientifically, as well as for the benefit of society—remains in a subsidiary position to the ongoing tension because there is not enough person power, time, money to accomplish these substantive goals of the organization. At the same time fewer and fewer people put themselves forward to work for the organization in a whole variety of positions and many are withdrawing from participation in the business of the organization.

A creative tension between professional membership functions and educational and regulatory functions can lead to generative productivity of both sets of general functions. This creative tension does not exist; instead, there exists a destructive tension. The aim of this opinion is to urge our leaders, despite perhaps it being too little and too late, to avoid dealing with conflicting views involving educational and regulatory issues via political means and instead address conflicting views in a more scientific manner.

Some of the evidence of this seemingly irresolvable conflict includes two major fault lines.

1. “Local option” or as is currently promulgated “Institute Choice,” versus the consensus that national standards are important for the field. Some institutes resent the “imposition” of rules from the national organization and wish to return to the original structure from over ½ century ago to a confederation of more or less independent Institutes rather than a national organization with authority over the educational standards of the local Institutes. Others feel that a national consensus of standards of educational practices is important for the field.
2. Who has the ultimate decision over national educational/regulatory issues—the Board of Directors (as it legally does) or should the Board of Directors delegate this function to a body whose function may be perceived as anti-democratic and anti-egalitarian, currently BOPS, to develop and implement educational/regulatory policy and principles? Some maintain that academic freedom is the most important principle to follow and that the educational/regulatory functions need to be protected from over-intrusion by the

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general professional needs of a membership organization. Others believe that all parts of the organization (including the educational/regulatory body) need to be directly responsive to all of the rules set by the Board of Directors, including concern for members' welfare over and above educational and regulatory needs. Can, in fact, membership functions and educational/standard functions co-exist in one organization because of the very different set of values? In fact, can a membership organization allow itself to follow Kassirer's recommendation? "In the interest of the public, we should insist that any organization accrediting or certifying physicians apply rigorous standards."³

There are several specific issues (i.e., "symptoms") which are expressions of these two major fault lines.

1. The TA system: Who makes the decision and how is the decision made as to who can conduct the analysis of candidates? Should the national organization set national minimal requirements for who can analyze candidates or can individual institutes have the final say on how these individuals are chosen?
2. Certification: Should there be a national test independently assessing the analytic work of graduates? Should national certification be a requirement for advancement in an individual institute?
3. Frequency of analyses for candidates and supervisory analyses: Who will make the decision of what is the appropriate frequency of such treatments? Should there be national standards or can each institute determine which standards it will follow?

Why are these the three areas where the fault lines are being expressed?

The decision making process in psychoanalytic evaluations and treatment is determined by the individual practitioner's clinical experience and education. This is the industry standard of care in psychoanalysis—the composite clinical wisdom that has accumulated over the first century of psychoanalysis. However, since there is not one composite psychoanalytic theory that is accepted by all analysts⁴, there are a variety of theoretical principles around which educational programs are organized and which influence how graduate analysts understand the psychoanalytic situation.

The clinical model and accumulated clinical wisdom are also applied to the clinical education of psychoanalytic candidates. It is arguable, but many share the idea that the clinical education of psychoanalytic technique is more theory-neutral and less susceptible to the diversities of theoretical perspectives. This conclusion, essentially that "good"

³ See Kassirer, J. P. (1997). The New Surrogates for Board Certification - What Should the Standards Be? *New England Journal of Medicine* 337:43-44. Article is available on request from hoffman.leon@gmail.com.

⁴ Brenner, C. (2006). *Psychoanalysis or Mind and Meaning*, NY: The Psychoanalytic Quarterly Incorporated; Rangell, L. (2007). *The Road to Unity in Psychoanalytic Theory*. NY: Jason Aronson

technique is “good” technique regardless of theoretical preference, is also based on clinical evaluations of a variety of analytic case reports.

Clinical methods are also used in the evaluations of the clinical competence of individuals who are seeking professional advancement in the field (whether the advancement is requested by the individual from independent institutions or from institutions whose standards are set by a national organization such as APsaA). All of the three important educational/regulatory functions (Assessment for TA appointment, Certification, and Frequency of Training analyses and Supervised analyses) are clinical functions and are evaluated, judged and decided by the clinical method, that is, via the historic method of psychoanalysis: the clinical case study method.

A central problem with sole reliance on the clinical case study method in the evaluation of competence of analysts is that when it is applied in a non-systematic, non-blind fashion, judgments can be perceived to be or in fact are influenced by **the examiner’s authority and the applicant’s perception of justness or unjustness in the process.** There are several ways in which one can view the role of authority in relation to clinical “truths” and whether the actions of the authority are considered to be just or unjust.

1. The arbitrator/s of clinical “truths” (examiners) can be considered to have legitimate authority as a result of their prestige, knowledge and experience
2. The arbitrator/s of clinical “truths” (examiners) can be considered to use their authority in an arbitrary and capricious manner
3. The recipient of the judgment (applicant) by the clinical authority can consider the judgment to be just or unjust
4. Particular administrative bodies (individual institute’s administration, national organization’s regulatory body) can be viewed as applying clinical methods in a just or unjust fashion

In the last decade the field as a whole has progressed so that systematic and blind qualitative and quantitative methods are beginning to be applied to the study of various aspects of the psychoanalytic situation. This has begun as well in the study of the certification process (although recently suspended as a result of perceived political pressure on the scientific work by those who are conducting the scientific work).

What are the solutions being proffered for the organization’s dilemma?

1. Develop a legal structure so that some or all of the educational/regulatory functions are more or less independent of the membership organization
2. The educational/regulatory arm of the organization affirmatively accept the legal power of the Board of Directors of the organization as legitimate, **including the over-riding influence of democratically arrived-at judgments of the membership as a whole.**

What are the problems with these solutions?

1. A complete legal separation would result in real damage to the prestige and functioning of both the membership and the educational/regulatory organizations
2. Attempts to develop a collaborative semi-autonomous relationship between membership and educational/regulatory functions have failed. We do not have evidence that future attempts to develop such a collaborative relationship would succeed
3. Educational/regulatory functions cannot function legitimately with undue pressures from professional/membership needs

Are there alternative solutions?

In order to arrive at pragmatic and satisfactory solution/s, we need to understand not just the proximal causes of current disaffections and distrusts but also try to hypothesize as to what might be the underlying causes of our decade of discontent.

Hypotheses for our discontent

1. **A psychological hypothesis: inherent deleterious side effects of the analytic relationship between candidate and analyst—the intense power of unacknowledged ambivalences**

In 1972, Jack Arlow⁵ stated:

“When a training analysis is viewed by both analyst and analysand as a form of initiation, they may both tacitly accept this concept and perpetuate unresolved ambivalent transference attitudes. The most common and perhaps the most dramatic unfavorable development to grow out of this situation is the nagging feeling of discontent which pervades many colleagues who are not appointed training analysts. Some inhibition of creativity may result, and a timidity in presenting one's views has been ascribed by some to this two-class system of membership within the society. If, in effect, the outcome of training is to bring an identification with the training analyst, it is easy to understand why, in the conscious and unconscious thinking of many analysts, it is only the appointment as a training analyst which represents the ultimate certification of the completion of training and the true termination point of the personal analysis. Many phenomena in the organizational life of the societies and in the mythology and the behavior of the students can be traced to the persistence in the individual and in the group of the psychology of the initiation rites.

The trends just mentioned are intensified by the effects of the second fantasy, which is complementary to the Moses/Prometheus myth. It is the most widespread and the most easily demonstrable of fantasies—the family romance. As a group, psychoanalysts are recruited from the ranks of the middle-class, liberal, intellectual stratum of our society. For the most part they have put behind them any sense of identification with family, religion, or national group. They tend to demean their origins. Psychoanalysis serves as

⁵ Arlow, J. A. (1972). Some Dilemmas in Psychoanalytic Education. *Journal of the American Psychoanalytic Association* 20:556-566

the family romance of psychoanalysts. This is an aspect of the transference which I am certain I must have missed several times until it was called to my attention by a candidate whose life situation and childhood neurosis were so closely interwoven with a family romance pattern as to emerge in the analysis with striking clarity. How often, for example, have we heard from the couch something similar to the following: Until I came into analysis with you, or until I was really advanced in my psychoanalytic studies, my horizons were narrow. I had no outlook on the world. Things made no sense, no connections for me. My parents were ignorant, narrow-minded, uneducated, uncultured, religious, old-fashioned, etc., etc. What my teachers, or even my psychiatry professors (nonanalytic, of course) taught me pales into nothingness compared with analysis. In you, (or in Dr. X, and especially in Freud) I have someone I can follow, someone I can emulate, admire—someone with whom I can maintain an everlasting connection, etc.

(It is hard to resist such flattery, or to rebuff with interpretation a future colleague so ready to espouse the cause.) To continue our fictitious analysis, one can anticipate the training analyst preparing his next report on the candidate: "Dr. X has made remarkable progress of late. His professional personality is emerging. He is completely identified with psychoanalysis. I think he is entering the phase of termination, and I look forward to his developing into a dedicated and devoted psychoanalyst.

The family romance, like other fantasies, indicates ambivalence. **The elevated teacher and the degraded teacher, like their counterparts the parental figures, are, after all, two aspects of the same object, one good and one bad. Sooner or later the unanalyzed hostility, cemented by group formations and alliances with like-minded individuals, is projected outward and displaced onto figures inside and outside of the analytic world who are regarded as either unreliable or as enemies of analysis** (my emphasis). As Reik (1951) pointed out, underlying doubt, a result of ambivalence, ultimately gives way to dogmatism. **The stronger the repressed ambivalence, the greater the dogmatism** (my emphasis). Sometimes in the analysis of the family romance the displacement from father to analyst to Freud is missed, and the persistent neurotic tie stemming from childhood continues to influence in an unfavorable way the subsequent course of the candidate and practitioner.”

2. **A sociological hypothesis: the effects of social forces on the psychoanalytic practice of our members**

In 1978, Daniel Shapiro⁶ “concluded that, to no one's surprise, the Survey demonstrates that a minority among us are anxious about our dwindling numbers of analytic patients. Many more are concerned about our future if analysis is not included under national health insurance. While the majority of analysts are deeply committed to psychoanalysis and satisfied with the quality of their professional lives, this satisfaction is attenuated for a perhaps increasing minority. It behooves us to study with great care the nature and substance of the discontents and grievances of this minority. As everywhere in

⁶ Jaffe, D. S. and Pulver, S. E. (1978). Survey of Psychoanalytic Practice 1976; Some Trends and Implications. *Journal of the American Psychoanalytic Association* 26:615-631

organizational life, it is often the disgruntled who can innovate, energize, and point the way to future directions. Further study is needed to identify the sources of discontent and the extent to which they are related. What are the characteristics of our discontented membership? Do communalities in educational background, region of the country, income, or other personal or professional attributes characterize this group? Does their practice vary from traditional patterns? Further study of the data will help us to answer these questions and to build an organization that is responsive to its membership and supports the kind and level of professional practice we value.”

What can we do?

- Has the field addressed Arlow’s conjectures about the negative sequelae of the psychoanalytic situation and the continued power of our internal unacknowledged ambivalences towards our teachers, our leaders, and the field?
- Thirty years after Daniel Shapiro’s comments, the “anxious minority” is probably an “anxious majority” and an “anxious organization”

If we accept these hypotheses as contributing to our discontent, can we conjecture as how they may have contributed to current fault lines and their organizational expressions.

These hypotheses entail two assumptions which may be assumed to be real:

- One cannot doubt that discontent in the field is real and that social forces have had and continue to have a real impact on the daily life of the psychoanalyst (concern that the field will survive)
- A combination of over-valuation of ideals and idols and devaluation of authority figures (that is ambivalence towards parental figures and their surrogates) are universal psychological phenomena

Assuming that these two factors are accurate, we can entertain an integrated hypothesis as to the underlying cause of our organizational dysfunction and which then can help us address this dysfunction more effectively.

The key conclusion is that there are real social pressures impinging on the field of psychoanalysis and individual psychoanalysts. Unfortunately there are no easy or obvious solutions in sight. As a result individual analysts and psychoanalytic organizations, not only APsaA, experience a profound sense of helplessness with regard to addressing the obstacles created in the real world. Organizationally psychoanalysts in APsaA have dealt with the sense of impotence and helplessness by intensifying and “splitting” our normal human ambivalence

- One group (those identified with the educational/regulatory functions of the national organization) over-values the educational/regulatory functions, as well as those analysts who are perceived to have superior capacities. In a demonized way, from an outside perspective this group can be seen as suffering from idolatry (and

- a wish to keep down those who do not worship the same ideals and idols which they do).
- The other group devalues the sense of authority promulgated by the educational/regulatory group and promotes a sense of egalitarianism. In a demonized way, from an outside perspective this group can be seen as suffering from the wish to destroy all educational/regulatory ideals and idols (and create its own set of ideal and idols)

Can this understanding help us make a creative leap?

- All of us who are participants in this debate (regardless of which side of the ambivalence we stress) have one passion—psychoanalysis as a scientific, clinical, and intellectual enterprise.
- At the same time, all of us, when we are in our most impassioned states, harbor deep aggressive feelings against those who stress the opposite side of the ambivalence, because we cannot effectively direct this aggression towards the outside world.
- The persistence of this publicly unacknowledged aggression perpetuates the organizational ambivalence and prevents the organization from addressing social, clinical, scientific, and intellectual issues in a more neutralized (sublimated) interpersonally effective fashion.

Addressing the split ambivalence

Personal feelings run so deep (and polarities have taken the form of religious wars) that it seems impossible to resolve our differences organizationally, except by enacting the “splitting of the ambivalence” by working towards an eventual externalization of the educational and regulatory body. Will this work or will the ever-present, unacknowledged ambivalence rear its head in yet another unanticipated fashion in both the membership organization and in the standard-setting organization?

Can both sides accept a moratorium so that no action for change occurs for a period of time? Those who clamor for a more egalitarian organization can view this period of non-action as a reinforcement of the “ancien régime.” Those who wish their authority to be accepted can view a period of non-action as simply a way for the other side to use the “cease fire” as a way to reinforce themselves for the “eventual takeover” of the organization. What can a moratorium accomplish?

Will the god science simply become another golden calf to be destroyed?

My contention is that the organization should not continue to focus on trying to find political solutions to our inherent ambivalence conflicts. Examining the possibility of how to approach externalization of the educational and regulatory functions, in my opinion, will fail psychoanalysis as it will result in two much weaker organizations. Rather, we should recognize that all of our ambivalences will continue and we should direct our energies in a more productive manner.

Even though the application of accumulated clinical wisdom has served the field well, the reliance on only clinical data for the future development of the field, as well as for the development of testing methods that are perceived to be fair, the field cannot continue to rely solely on clinical methods. It seems to me that evaluations of individuals to determine their professional advancement needs to utilize systematically obtained data. This idea holds whether the decisions are made by local institutes or by the national organization.

Certainly, the organization values more and more the utility of systematic methods of investigation. More systematic studies are being conducted, more courses are being offered on empirical studies, and more presentations of systematic empirical investigations are being made in our scientific meetings. The attitude to systematic investigations has come very far since Freud's letter in 1934 to the experimentalist, Saul Rosenzweig (who recently died at the age of 97). Freud wrote, "I have examined your experimental studies for the verification of the psychoanalytic assertions with interest. I cannot put much value on these confirmations because the wealth of reliable observations on which these assertions rest make them independent of experimental verification. Still, it can do no harm."⁷

Can a consensus be reached that underscores that systematic investigation is the best way we have to try to resolve the profound differences in approach to the three major symptomatic expressions of our discontent listed earlier?

- The TA system
- Certification
- Frequency of analyses for candidates and supervisory analyses

The systematic study of the certification process has begun and needs to be continued. As we study other functions and we gain more knowledge certain clinical practices will certainly be modified (in either direction) and others will remain, but with greater confidence in their utility.

In my opinion, if an interregnum in our wars can hold, and we can address our issues systematically and in a more neutral and more peaceful interpersonal manner, perhaps we will be able to learn more about psychoanalytic principles, to be more effective among ourselves and only then with the general public.

⁷ Quoted by Wallerstein, R. S. (1991). Psychoanalytic Education and Research: A Transformative Proposal. *Psychoanalytic Inquiry* 11: 196-226