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## Is There a Future for American Psychoanalysis?

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The question above would never have been debated in the heyday of analysis in the 1950s. But it began to be discussed in the '60s, was taken seriously in the 70s and declared to be very real in the '80s.

This article deals principally with the American Psychoanalytic Association (called for short, "the American"). I will first discuss the current situation of the American and some of the issues surrounding a lawsuit that involves the question of lay analysis. I will then investigate some of the reasons for the decline of analysis, some aspects of the current problems, and some possible reforms.

In October, 1988, American psychoanalysis reached a most important moment in its history. A lawsuit by members of the American Psychological Association was filed in 1987 against the American alleging breach of Federal anti-trust laws in the restriction of trade. The class action suit, *Welch et al. v. American Psychoanalytic Association et al.*, was filed by five PhD-level psychologists who had been refused entry for full training into institutes of the American because they did not have a medical qualification. Further, they alleged that members of the American were restricted from teaching in non-American institutes which restricted the training available to non-physicians in psychoanalysis.

The American strongly resisted these charges, claiming that they interfered with their autonomy and training, and that these were academic rather than commercial considerations— a view which the judge rejected. Many analysts recognized that it was just a matter of time before the American would have to open its doors to nonphysicians. The process was finally settled out of court in October, 1988, and the settlement was upheld by the U.S. District Court in April, 1989. The result was a victory for the psychologists against

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the American; the settlement reverses the practice of more than a half century in which the American had vehemently opposed non-physicians being trained as full analysts, although recently (and only under pressure of the suit) they had opened their doors a little to nonphysicians.

An out-of-court settlement was reached that ordered the liability insurers for the American to pay \$650,000 in legal costs, allow nonphysicians in for full analytic training for the first time, and permit members of their analytic institutes to teach in institutes run by other analytic organizations. Further, the U.S. was the only country whose Psychoanalytic Association had an agreement with the International Psychoanalytic Association (IPA) that only institutes in America recognized by the American would be recognized by the International. The American gave up this privileged position and then the IPA agreed to affiliate organized analytic societies that were outside the framework of the American. The psychologists' chief plaintiff, Bryant Welch, understandably very pleased with the settlement, said, "Psychiatry has held a monopoly of the medical market and this settlement represents an important step in breaking it" (*The Wall Street Journal*, October 13, 1988, B5). It was seen as "a pocket-book issue" as the President of the American said in 1984; it was a question of controlling the turf and patient referrals (1987, p. 2). It should be noted, however, that some psychologists took exception to the settlement as remaining discriminatory because it required more of psychologists than of MDs who wish to enter psychoanalytic training with the American.

The repercussions of this settlement together with many other contemporary social and scientific factors make for an important time of reckoning for organized American psychoanalysis. What will be the consequences of this opening of analysis? Will it lead to dilution of the purity of analysis or even the elimination of analytic standards? Or, on the contrary, will it lead to a fresh and sorely needed review and revival of analysis which would otherwise have fallen into desuetude? Or perhaps it will make very little difference to the future of analysis as there is no full opening up, but simply the slight widening of the professional field to include professionals who would be relatively easily integrated into the culture without the culture being radically changed in any way. Whatever the results, this is an important crossroads for analysis in America in terms of its

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direction and future as there could be a profound effect on the configuration and organizational culture of analysis.

This is scarcely the first time that nonmedical professionals have complained about the American's medical prerequisites; this debate is as old as psychoanalysis itself. Psychoanalysis has been seen as a medical prerogative but many opposed this view, including Freud, who was vigorously against medical prerequisites. For those opposed to medical prerequisites, psychoanalysis could be seen as an intrinsically open profession bringing in trainees from mental health fields such as clinical psychology and social work, from the humanities and social sciences, or even from an open field. For Freud, psychoanalysis was more than simply a treatment for neurotic disorders, it was a science in its own right with its own object and field—the unconscious—and its own investigative procedures.

The Americans were very keen to achieve professional and scientific recognition. An abstract of a paper given by Clarence Oberndorf to the New York Psychoanalytic Society published in the *International Journal of Psychoanalysts* in 1925 said, "Much propaganda must still be done in America to gain scientific recognition, and to counteract undue, harmful popularity" (p. 522). Oberndorf and his colleagues had made a political decision to embrace medicine directly and eschew popularity, regarding popularity as being the realm for quacks. Oberndorf dismissed other schools of analysis as pure quackery and was most concerned that "correspondence school psychoanalysts" and the like would demean psychoanalysis. In his contribution to the 1927 "Discussion on Lay Analysis" held by the International Psychoanalytic Association, Oberndorf said,

*There is little doubt that following the example of the chiropodists and chiropractors this class will soon be clamoring for special registration as "doctors of psychoanalysis," an ill-trained, uneducated, irresponsible group, free to play at battledore and shuttlecock with a term representing one of the greatest efforts in thinking of the present century.*

(1927b, p. 206)

The vehemence here bespeaks overreaction. It is by no means clear that the route of marking out and controlling the territory through the medical pathway would in fact establish analysis successfully; opponents cannot be simply wished away. With this attitude toward other schools, psychoanalysis in America was closing in on

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itself, marking out the territory in which it could exercise exclusive gatekeeping rights and professional sovereignty. Freud argued in a way that demonstrated a good deal of prescience regarding the present problems of American analysis: while the Americans thought their attack on lay analysis was practical, it was in fact impractical, amounting as it did to being "more or less equivalent to an attempt at repression." It was impossible to prevent the lay analysts carrying out analysis and they could not be wished away. On the contrary, in addition to his principled agreement with lay analysis, Freud (1927, p. 258) thought it politically wiser for the Americans to include them in the analytic field rather than to try to keep them out.

The exclusion of nonmedicals was an important moment in the move toward the professional closure of American analysis. Many of those claiming to be influenced by Freud may well have been charlatans. It may have been important to

use analytic criteria to mark the distinction between “genuine” and “spurious” analysis, but instead this distinction was made equivalent to that between professional analysis by physicians (medicine being the prototypical profession) and the quasiprofessional “rabble” of lay analysts (Eissler, 1965, p. 36). Had the Americans followed Freud's road rather than the medical one, many of the current problems might have been avoided. But it could also be argued that since analysis would not have gained such a foothold in an increasingly thriving psychiatry, it might not have been as popular or successful as it in fact became in the U.S. However, the scene would have been remarkably different: The fact that there are so many other analytic organizations, psychotherapies and a general cultural infusion of analysis, certainly demonstrates a great deal of interest in psychoanalysis in the nonmedical world. Had American analysts taken a different route, it may have led to a powerful movement, but one perhaps based differently, avoiding important pitfalls.

Freud was always implacably opposed to excluding lay analysts and thought that a medical background could even be harmful to prospective analysts; he even discouraged would-be analysts from studying medicine (Jones, 1953, p. 293). Clarence Oberndorf recorded a meeting with Freud which exemplified Freud's views on the subject:

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*After a few friendly words of initial greeting, Freud's first question to me was, "And tell me, what do you really have against lay analysis?" in a tone of annoyance and impatience. I tried to explain to him that the laws of New York State forbade it, that the members in America thought a knowledge of the physical manifestations of organic illness necessary so that the physician might compare them with those due to psychological disturbance, that especially in America quacks and impostors, extremely ignorant of the elements of psychoanalysis, presumed to hold themselves out as analysts. Freud waved aside my replies with an abrupt "I know all that," turned, and walked very slowly towards the house. (1953, p. 182)*

Freud maintained these views to the end of his life. In a letter dated July 5, 1938 written in English to someone who had inquired if there was any truth in the rumor circulating in the U.S. that he had given up his views on lay analysis, Freud wrote:

*I cannot imagine how that silly rumor of my having changed my view about the problem of Lay Analysis may have originated. The fact is, I have never repudiated these views and I insist on them even more intensely than before, in the face of the obvious American tendency to turn psycho-analysis into a mere housemaid of Psychiatry.*

*(Jones, 1953, pp. 300-301)*

In most countries there is no medical prerequisite in institutes affiliated with the IPA; in these countries there is a mixture of doctors, psychologists and others in the analytic institutes. But the American has been the notable exception with a firm policy against entry by those not medically trained. Rare exceptions could be granted in individual cases through waivers approved by the American's Board on Professional Standards. Training could be undertaken by candidates with nonmedical backgrounds under the rubric of “research” candidacy, but this was on the understanding that upon graduation these candidates would only practice as analysts for research purposes. (This prohibition was often violated.) Furthermore, members of the American were prohibited in fact if not in law from teaching in psychoanalytic training institutes not under the aegis of the American.

*Welch et al.* has had the effect of forcing important changes in policy by the American. Before the settlement, but under the pressure of the suit, the American opened up its clinical training in principle to individual nonmedicals who could be nominated by

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their local institute for acceptance by the national organization for full clinical training. It ought to be noted, however, that nonmedical candidates must surmount hurdles over and above those of medical candidates under the Gaskill-Davis process presently in place in the American and continued under the Settlement. These include: special screening procedures, the need for a total of nine clinical consultations in which their therapeutic work is presented to three institute

analysts for evaluation and the necessity of demonstrating significantly greater clinical experience, knowledge, and competence than MDs. Further, psychologists accepted by their local institute must be finally evaluated by the Davis Committee of the American. As Los Angeles psychologist Robert Stolorow (1989) observed in a letter to the judge involved in the settlement agreement before the settlement was finally confirmed by the Court: In the proposed settlement

*psychologist applicants will continue to be required to agree that they are inherently inferior to their physician counterparts and that they need additional close scrutiny and should meet more stringent standards of competence before they can be deemed worthy of psychoanalytic training. This, clearly, is discrimination masquerading as an opening up.*

The covenant between the American and the IPA giving the exclusive franchise of psychoanalysis to the American has been altered so that individual organizations in the United States can apply to the IPA for direct affiliation. This was approved in December, 1987 by an 85 percent majority in a vote of the membership of the IPA.

On the face of it, this is a strange state of affairs existing within a scientific community. It is more reminiscent of a business approach or of a guild that aims at preserving and expanding its own turf. Monopoly trade practice and anti-trust laws are issues of economics rather than science. Fear of competition from nonmedical analysts who would undercut medical analysts' fees and take away patients has been a major reason for excluding nonmedicals. IPA President Dr. Robert Wallerstein stated at an Executive Council meeting of the IPA in 1983 that the resistance to training non-MDs was increasing for two reasons:

*One is economic: there are less patients and people will say quite openly: "We've got to keep the patient population for ourselves, the M.D.s, but also the reimbursement through the national insurance systems, and if we've got any chance of getting in on that, we've got to*

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*cut ourselves off from the non-M.D.s." The economic pressure is very strong. But there is another reason: "We want to maintain our position with Medicine and with Psychiatry, again by distancing ourselves from our nonmedical colleagues."*

(1987, p. 66)

The American's own Survey of Psychoanalytic Practice concluded that the pool of patients was expanding more slowly than the pool of analysts graduating and that "graduates on the average have fewer patients than they did five years ago." The average analytic case load had been declining dramatically: In 1976 it was two per analyst and it has been continuing to decline (Pulver, 1978). The situation today is far worse. For example, a survey of Boston analysts (Lifson, 1987) found that there was a further decrease in analytic patients for nontraining analysts, insufficiency of funds among patients cited as by far the strongest factor. This particular survey noted an increase in analysts' satisfaction with their professional life, but this is I believe attributable to local factors and is not representative of the general climate. These factors include the fact that Boston is a university city where many analysts (and patients) have academic affiliations; the healing of the split in the Boston Institute which took place around the time of the 1976 survey; and the increased level of responsiveness to needs and openness of the Boston Institute.

But here I feel it necessary to make a point that cuts across the dichotomy between medical and lay analysis. A distinction can be made between *critical* and *professionalized* psychoanalysis. Critical psychoanalysis focuses on an open investigation of the field of the unconscious using the psychoanalytic investigative procedure while professionalized psychoanalysis treats primarily the derivatives of this procedure— the therapy and the collection of information. Critical psychoanalysis takes truth to be its only goal; Freud regarded the analytic relation as "based on a love of truth" (1937, p. 248). "During my whole life," Freud said, "I have endeavored to uncover truths." He added, perhaps somewhat disingenuously, "I had no other intention and everything else was completely a matter of indifference to me. My single motive was the love of truth" (quoted in Sterba, 1982, p. 115). Critical psychoanalysis investigates why this goal, the love of truth, meets with very powerful and often successful resistances that result in mental, theoretical, and institutional formations based on our need to *avoid* the truth; the very object and tool of psychoanalytic investigation, the human mind, often produces obstacles to understanding

it. Freud never wanted the therapy to stand in the way of an open perspective and was critical of what he saw as the American approach:

*Therapeutic ambition is only halfway useful for science, for it is too tendentious. Free investigation is tremendously hampered by it. Therapeutic ambition leads to a kind of pragmatism, as in America, where everything is judged by its dollar value. As a scientific investigator, one should not take therapy into consideration,*

*(quoted in Sterba, 1982, p. 111)*

He even maintained: "I have always been of the opinion that the extramedical applications of psychoanalysis are as significant as the medical ones, indeed that the former might perhaps have a greater influence on the mental orientation of humanity" (quoted in Gay, 1988, p. 310.). On the other hand, professionalized psychoanalysis concentrates on the therapy as an end in itself and does not normally deeply question its theoretical underpinnings, regarding them as established truths. Thus, while sometimes superficially appearing empiricist and using quasiscientific jargon, in reality it resembles an institutionalized secular religion.

So there are a number of aspects and tensions here. There is the issue of medical versus lay analysis and the related questions of psychoanalysis as a profession, business, or science. Freud saw psychoanalysis as a psychological method, a theory of the mind, a form of psychological inquiry, a form of psychological therapy, and a theory of civilization. Leading American analysts Arnold Cooper and Robert Michels (1978) added two other aspects: psychoanalysis is an organized profession and a powerful movement within society. In a recent article, Michels (1988) adds that the interrelations among these, such as "the effect of the structure of the profession on the method and the theory, or the effect of broad social attitudes on the utilization of the therapy" (p. 167), may have even greater impact than any of these alone.

To complicate matters these issues still more, we must make further distinctions: What kind of profession, trade, or science is it? In an article in *the Journal of the American Psychoanalytic Association*, Otto Kernberg asks what model psychoanalysis assumes and ought to assume. Is it based on the model of a seminary, a trade school, an art academy, or a university? Kernberg argues that present-day American psychoanalysis finds itself between a seminary and a trade

school, whereas it ought to occupy the terrain somewhere between a university and an art academy (Kernberg, 1986).

But the development of professionalization cuts across all of these types; on any model professionalization has its own consequences. Gatekeepers for the profession exact different requirements, but the more established the profession, the more power they exert even where it simply comes to interpreting rules. The rise of professionalism is associated with the ascendancy of what Max Weber termed "rationalization" in Western society. Rationalization involves the use of reason in every area, with an emphasis on measurement and the efficient gaining of given ends. It is epitomized in modern accounting and management techniques, and especially in the idea of the modern State as a "rational-legal bureaucracy" as it has developed into a technocracy.

Whether analysis is run by doctors of medicine or psychology or social work, it may ultimately make little difference to the emphasis on the pre-eminence of the therapy which Freud was afraid would destroy the science of psychoanalysis (Freud, 1927b, p. 254; see also Holzman, 1985). As John Gedo (1984) has observed, "American psychoanalysis has become more and more therapeutic in its orientation; we have largely abandoned Freud's intellectual program of supplying the psychological core for a science of man" (p. 180). If this is the case, there are drastic implications for psychoanalysis in general. For the conscious and unconscious perspective from which analysis is approached (what Bion calls a "vertex") will determine the character of the analyst's observations and work. This cuts across traditional categories such as medical versus nonmedical, and instead involves the motivations of the analyst whether financial, religious, scientific, or

whatever (Bion, 1970, pp. 83-86).

I regard the overarching “vertex” in American analysis as a *professionalizing* one which dictates the attitude toward the science (see Kirsner, 1990). This vertex has subvertices such as money, prestige, cure, and security. Whether analysts belong to the American or alternative analytic organizations may make little difference in terms of the vertex from which they approach analysis. These other analytic organizations include: the American Academy of Psychoanalysis which acts as an umbrella organization for institutes with less-orthodox orientations such as those of Karen Homey and Harry Stack Sullivan; Division 39, which is the division of psychoanalysis of the

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American Psychological Association; or the National Association for the Advancement of Psychoanalysis (NAAP), which is an organization of nonmedical institutes including those with Jungian and Adlerian perspectives. I write only in general terms here. There are specific institutes and many individuals who do not follow this approach. But apart from those outside the American who, in identifying with analytic orthodoxy, wish to be “more royal than the king,” there are many relatively low in the pecking order of power and prestige who have more open attitudes; those advocating lay analysis are by and large more likely to be critically inclined than those who are not. The lay versus medical distinction covers over another more fundamental one: The struggle over turf should be seen as a guild struggle in which the aims and approaches of the protagonists are not so very different from each other—they all basically wish to be a part of and boost professionalized psychoanalysis which is the kind of psychoanalysis so deeply entrenched in America.

The relative decline of the psychoanalysis of the American over the last forty years can be ascribed to a number of factors, some external, from outside the American and some internal, emanating from within the American. The external ones include the following:

the impact of psychopharmacology;

alternative psychotherapeutic modalities often spawned by psychoanalysis which was once the only nonpersuasive psychotherapy,

the decline in economic conditions which has made patients' costs harder to meet;

economic conditions caused by third party insurance refusing to pay beyond a minimum for analysis;

the rise of nonmedicals often undercutting the medical practitioners;

other practitioners have increased the pool of practitioners while the pool of patients has declined.

Further, the world has become increasingly swayed by concepts anadiema to psychoanalysis, such as “give me more for less and give it to me fast.” Psychoanalysis has been, as one leading analyst said to me, “popular everywhere where people have pursued long range goals.” Also, die success of analysis hjwas hitched to the fate of psychiatry.

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But as psychiatry changed, the number of people interested in analysis changed and declined, especially the number of candidates coming from psychiatry into institutes.

Many of these external factors have important sequelae within analytic organizations. Some of the internal factors in the decline include the following:

the quality of analysts who were training candidates after the war was very high; led by those who had escaped Hitler. The quality of the teachers may have declined with time since many of the cream of European analysis emigrated to America and, upon retiring, were not generally replaced with analysts of equivalent quality;

psychoanalysts did not do certain things they should have. They were slow with follow-up studies and research. There was little integration with universities and medical schools. Their attitude was too isolated—"ivory tower"—and they enjoyed their success too much. They did not reach out into the universities, nor even beyond the medical schools;

psychoanalysis was oversold; some of its popularity was a fad and irrational;

psychoanalysis in America was not made *sui generis*, a profession of its own kind. Thus, many were excluded in terms of training and a monopoly situation prevailed;

furthermore, as psychoanalysis was so attached to psychiatry, not enough was made to differentiate it from psychiatry and make clear its own advantages, and where it was in fact inferior to others. In other words, insufficient attention was paid to the distinctiveness of analysis as science or theory or therapy. The therapy may have significantly destroyed the science of analysis, and in previous decades become the handmaiden of psychiatry, being listed only as one among many therapies. By hitching its fate in theory and therapy to psychiatry, and forbidding lay analysis in the 1920s, American analysts brought about success as a movement but not in its own terms. The leaders of American analysis even went so far as to deceive the International Psychoanalytic Association by claiming that there was a New York law allowing only physicians to practice analysis. A search of the statutes of the period reveals no such law, and there has never been any use made

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later of any such a law in the U.S. Psychoanalysis was reliant on recognition within psychiatry and, as is well known, psychiatric fashions change frequently.

The social impact of psychoanalysis has been great but its zenith has passed. In an article on the future of psychoanalysis, Robert Michels describes the present situation thus:

*The greatest social impact of the treatment has been through its influence on other treatments in psychiatry and mental health. This has been immense, notwithstanding its own relatively declining popularity as a treatment. As for psychoanalysis itself as a treatment, a very generous estimate would be that perhaps one in ten thousand Americans is an analysand, and there are many geographic communities, social and ethnic groups for which the figure is zero. Although the direct therapeutic impact is on relatively few individuals, they are a highly selected group marked by education, affluence, and a very high percentage of health and mental health professionals and their families. This does not correspond with the epidemiology of any known mental disorder, but it does help to account for the impact of psychoanalysis on a broad range of mental health practice. It has also made the practice of psychoanalysis vulnerable to criticisms of social elitism and has highlighted some of its differences from most other medical practice.*

(1988, p. 182)

In this situation of decline, I believe that the future for American psychoanalysis lies in focusing on what is the special or proper nature of psychoanalysis— the science of the unconscious. Psychoanalysis is not psychiatry, psychotherapy, behavior therapy, nor for that matter literary criticism. Insofar as it is confused with other modalities and compared with them in terms of outcome for the same diagnosis, it is bound to be relatively unsuccessful. If psychoanalysis is looked on as a cure in the same way that other therapies are, then quite rightly it needs to be examined in terms of its outcomes. No end of proclaiming the sanctity of the method will alter the figures that by and large do not demonstrate psychoanalysis to be a powerful tool for cure. However, the emphasis should lie on what psychoanalysis can do best; the understanding of the unconscious or inner world through examining transference and resistances. The illumination that psychoanalysis can give in this domain is unparalleled by other methods. The mapping of the domain of psychoanalysis and the question of prerequisites through psychiatry, social work, or psychology should be largely irrelevant since analysis is *sui generis*,

of its own kind. Perhaps some kind of clinical experience ought to be required for training so that analysts would be acquainted with the nature of clinical work. But this is a far cry from the requirements of PhDs, MDs, and the like. Psychoanalysis does not have an obvious home in medical, psychology, or social work schools. Although there are some institutes connected with medical schools, the connection is loose, at best. The problem of integrating psychoanalysis into a university has never been solved—there is still the issue of psychoanalytic training requires personal analysis. Psychoanalysis should be seen as an independent profession having links with others. The psychoanalytic approach occupies a different register from other forms and is intrinsically related to Freud's view of analysis itself. Freud wrote to Pfister in 1928 that

*I do not know if you have detected the secret link between the Lay Analysis and the Illusion. In the former I wish to protect analysis from the doctors and in the latter from the priests. I should like to hand it over to a profession which does not yet exist, a profession of lay curers of souls who need not be doctors and should not be priests.*

*(Freud and Pfister, 1928, p. 28)*

Freud also saw the psychoanalytic profession as *sui generis*, that training had its own intrinsic and independent framework different from other approaches, particularly from medicine; instead, it had its own meaning and structure.

Psychoanalysis thus needs to be distinguished from other methods and approaches. Very often the trappings of analysis, such as lying on the couch versus sitting up, how many times a week the patient is seen, how much is said by the analyst, whether the analyst is a perfect blank or mirror, and so on, are issues that are addressed by analysts; issues of deviance and orthodoxy are often approached in such terms. Further, the issue of prerequisites for training always comes up—psychiatry has been seen as the best prerequisite, and now, perhaps, under the pressure of *Welch et al.*, PhDs in psychology will be. Yet, this is looking at the situation the wrong way around; now is a good time for analysts in America to look afresh at what is special to their science, at what goes beyond the epiphenomena—the setting, the trappings, and the external paraphernalia. Much as Aristotle argued in his *Metaphysics* (e.g., 1064a), psychoanalysis could be seen as having its own essence or “whatness,” with its own distinctive aims and methods; the science of the unconscious which uses

transference and resistance as important methods of investigation. Psychoanalysis could be seen as a *field of inquiry* whose object is the unconscious, instead of as a particular set or sets of theories about neurosis (see Kohut, 1980, p. 488; 1981, p. 409). This would entail a pluralism of thought as there ought to be in scientific investigations—the answers are not there to begin with and there is no body of knowledge assumed to be given.

The view that psychoanalysis should be seen as a body of knowledge which belongs to a profession is taken by Vann Spruiell (1989). Spruiell defines psychoanalysis not only as a therapy, a theory, or an organization of people involved with these, but as “*a body of knowledge, techniques, and work, together with a professional group defined by and committed to this body*” (p. 3; original emphasis). He sees analysis as taking place largely under the aegis of the American although there are some in the American who are not committed psychoanalysts and a few outside who are (pp. 11-12). He regards committed psychoanalysts as being just as much professionals as are chemists committed to chemistry (p. 4). This analogy does not, however, work to Spruiell's advantage; for chemists are committed to the *field* of chemistry, to investigating the particular *object* of chemistry, not to particular accepted theories of chemistry. A professional chemist normally has a higher degree in the field and studies chemistry, but this does not involve the mandatory acceptance of particular chemical theories. On that analogy, psychoanalysts would be committed to the study or science of the field of the unconscious, not to particular theories about it. Committed psychoanalysts would be defined in terms of their interest in the unconscious, not their acceptance of particular theories about it. Psychoanalysis would be distinguished by its field of study, not by the belief in drive theory, the primacy of the Oedipus complex or other theories. Psychoanalysis as a

science needs to be defined in terms of its object, not in terms of a discipline which relies on a body of knowledge assumed by its professional membership. Thus, it is not at all obvious, for example, that most psychoanalysts in America would belong to the American and that most of the remainder of those calling themselves “psychoanalysts” would therefore use this designation erroneously. It has been all too common, especially among members of the American, for the American to be regarded as the guardian of the science and outsiders as being outside the field itself. And too often even those within the

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American who question particular concepts, theories, and techniques are also seen as outside the field because they have questioned part of an accepted body of knowledge.

Ironically, a focus on the nature of analysis itself apart from its trappings or particular theories might help develop the professional guild interests of analysis. Merton Gill told me that he was giving analysts an “out” in the situation of declining interest in five times a week analysis. He asked:

*What kind of therapy will we actually conduct? What do we do with these people twice a week? Will we put them on a couch and proceed as if it were an analysis and try to make do with twice a week? Or will we say, since we can't see them four or five times a week, and it's dangerous to, as we all would say, analyze the transference if you don't see the patient regularly because of all the acting out and all the horrible things that are going to happen. Will we say, we have to now restrict ourselves to doing psychotherapy with these people? What will we do? I'm giving them an out I think by trying to show them that we can continue to use this technique as best one can within the circumstances. Granted that you can't, what big deal is it to recognize that you can't do the same thing twice a week that you could four times a week? Although of course that really trivializes the question. The question is, is it quantitatively different, or is it just a matter of being able to accomplish less. I think we are convinced that it is qualitatively different, (personal communication, 1981)*

Gill is interested in paring down what is distinctive in analysis and has focused on analysis of the transference as an important distinguishing feature. Further, for Gill, psychoanalysis needs to emphasize the person point of view rather than the energy discharge approach, and this has consequences for clinical work (Gill, 1983). Psychoanalysis is different from psychotherapy in its goals, methods, and essence, a difference that needs to be marked if analysis is to develop (Gill, 1984).

Psychoanalysis is a profession that at its heart needs to be self-critical, that is, a negating profession, in the sense that its essence lies in its self-questioning rather than the assumption of a given body of knowledge. This requires that there be major changes in the internal culture of American psychoanalysis before there are transformations of its external situation. Critical openness, rather than orthodoxy, is required.

If professional closure is to be countered several related issues

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need to be addressed. I will briefly discuss four of these: research, training, links with the academic community, and the treatment of dissidence.

Research has had a very low priority in American analysis, being regarded as totally secondary to the “laboratory of the analytic hour,” which has been used as an excuse for doing very little research. The state of the art is summed up by Robert Michels: “What is interesting to psychoanalysis is largely not scientific, and what is scientific is not yet interesting.” Michels observes that the lack of interest in science is anathema to development of analysis:

*I think that this will change only if the very structure of the profession is altered, so that some of its members have interests other than current practice, while at the same time its systematic inquiry is designed to be relevant to future practice. An exciting possibility is that the next era of psychoanalysis will be one in which new methods emerge that allow us to progress beyond our current knowledge, which is almost totally based on the personal experiences and impressions of talented practitioners.*

(1988, p. 175)

Michels notes that professions are not only supposed to train new members and care for the quality of their work, but also to go beyond the preservation of knowledge and develop new ideas. He points to the peculiar structure of psychoanalysis:

*Psychoanalysis is unusual in that it has placed far greater emphasis on preserving knowledge and training practitioners than on developing new knowledge, particularly when contrasted with other clinical or health professions. This is related to die unusual social structure of psychoanalysis, which consists of several loosely affiliated networks of mosdy free-standing institutes with members who are primarily self-employed practitioners outside of the institute, and who are only secondarily part-time members of die institute itself. These institutes' primary function is training, and most of them have only minimal relations with other educational or research institutions or with other scientists or scholars. Systematic encouragement of research and ongoing inquiry is decidedly secondary to their mission of training and clinical practice. A small number of institutes are affiliated with universities, but even these have essentially the same structure as die free-standing ones, and have few or no members whose primary identity is their university-institute role rather than clinician supervisor.*

(1988, pp. 177-178)

These institutes are not directly affiliated with universities however, they are affiliated with medical schools which are in turn affiliated with universities. Michels points out that with the greater

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involvement of the public in the professions and the need to provide assurance of quality, psychoanalysts will need to reassess their prerequisites. He writes:

*The primary importance of character, intelligence, and innate ability will be recognized; but in addition, the question of the optimal relationship of psychoanalysis to other professions and to aspiring nonprofessionals will be considered from a new perspective. The question of what will provide the greatest assurance of quality to the public will replace the more familiar concerns with equity among the several professions, opportunity for gifted applicants, and adequate numbers of students for institute educational programs.*

(1988, p. 17)

Authoritarianism needs to be eliminated from training, and an open, student-centered approach needs to prevail in which pronouncements by teachers, Freud, or his epigones are not regarded as sacrosanct. As Bernfeld observed:

*If the student submits to the requirements, he will receive a diploma or its equivalent in money and prestige. Under such a system there seems hardly any need, perhaps no place, for progressive theories of education. In no way does the training need to be student-centered. Most students will gladly accept what they are given, as long as the money and prestige, supplied in due time by the diploma, appear worthy of their efforts.*

(1962, p. 461)

Psychoanalytic students are men and women in their thirties and even forties who have undergone probably twenty years of education—they are not undergraduates or high school students. The authoritarian approach contrasted with Freud's own, which Bernfeld pointed out

*tended to let the analysis grow into a relationship between two colleagues, one of whom happened to know little more than the other. From the first to the very end, Freud kept his didactic cases absolutely free from interference by rules, administrative directives, or political considerations. His teaching was completely student-centered ... or more simply he acted as a psychoanalyst should. He continued this long after the establishment of institutes, to the dismay and embarrassment of "the authorities," as he sometimes, and a little ironically, referred to them.*

(1962, p. 462)

Analysis for candidates is of course important, but why should it be undertaken by "training analysts"? Why should not a therapeutic

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analysis be taken by someone outside the teaching environment whose only qualification is that of being an accredited analyst? But one could counter that training analysts are in general better qualified than analysts in general if only because they must have practiced at least five years and a significant part of their practice must be analytic. But one could even grant this argument and not have a caste of training analysts; certain conditions could be stipulated for the analysts of candidates— they must have five years' analytic experience after graduation and they must do a given number of hours analysis per week. But these objective criteria are a far cry from the appointment of training analysts through Institute committees and the American. Abolishing the class of training analysts appointed by people in institutions rather than by objective and publicly observable criteria would remove many fights for political power within institutes, fights which mainly devolve over the issue of who appoints and who become training analysts. It would also remove the oedipal structure of identifications with the analyst who is in an important sense part of the establishment of the training institute; the training analyst is not only a transference figure for the candidate, but part of the reality of institutional life and politics, as well as of the group, with all its real oedipal gratifications, to which the candidate will graduate.

Why should those that teach Freud and analysis be confined to members of the institute? Freud had envisaged that analytic institutes would cover a wide range of issues well beyond medicine. Analytic training ideally, he wrote, "must include elements from the mental sciences, from psychology, the history of civilization and sociology, as well as from anatomy, biology and the study of evolution" (1927b, p. 252). Some institutes do have teachers from the humanities but these are few in number and often teach only final year electives.

Painting a somewhat rosy picture, Cooper writes of

*an enormous change from the many decades during which official bodies could, by pronouncement, declare whether ideas were true or false or at least whether they were psychoanalytic. Although some tattered remnants of such authority may remain, the rush of ideas has passed them by, and the interest of the discipline now lies in its lively openness, with sharp disagreements concerning the meaning and relevance of established concepts, the introduction of newer ones, and increased uncertainty concerning the definition and boundaries of*

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*psychoanalysis. With this release from the authoritarianism so important in our beginnings, our field is beginning to resemble other scientific and intellectual disciplines in which dispute is open, ostracism is almost impossible, and ultimately arguments are decided through some combination of the elegance of the ideas, the data that can be mustered in support of an idea, the persuasiveness and power of the advocate, and the propensities of the audience.*

(1987, p. 285)

It should be noted that Cooper admits the authoritarianism and deadness of American psychoanalysis for many decades and that the "rush of ideas" has passed analysts by. He provides no explanation for the "release" from authoritarianism, for there has certainly been little change in organizational structures.

Eissler notes that in Freud's early psychoanalytic meetings

*no one seems to have cared particularly about the previous education of the current profession of those who participated... Men of all varieties of learning gathered around Freud, and it is improbable that this group regarded psychoanalysis as a medical specialty. ... As time went on, not only did the number of Freud's followers increase, but also the theory became more and more complicated. Concomitantly, organizational and administrative aspects gained in importance, until such giant organizations as the American Psychoanalytic Association evolved, with its semiannual national meetings, its numerous committees, its strict membership requirements, and its quarterly Journal. Administration is, of course, also top-heavy in the local societies, and what was once the loosest possible association of like-minded people interested in or dedicated to the growth of the new psychology became a firmly knit, solidified organization, to acquire membership in which is a most difficult task, requiring, under optimal conditions, at least ten years of graduate work.*

(1965, p. 33)

The structure of analytic organizations, being little different from decades gone by, means that the actual direction of analysis is not very different from before. There have been many discussions about the need for change and

recommendations for altering the structure, but to little effect. Problems of analytic education discussed by the Conference on Psychoanalytic Education and Research involved the consequences of “the syncretistic dilemma between our concern with training for a profession and educating for a science” and the problem that “we are not doing well enough and that in fact we are in increasing danger as a science, and thus ultimately as a profession” (Wallerstein, 1977, p. 315). There were recommendations

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that the pool of candidates be widened, that a full track system be introduced, that candidacy begin considerably earlier, that research be carried out into outcomes and the nature of psychoanalysis itself and that interdisciplinary collaborative research be encouraged (Wallerstein, 1977, pp. 316-320). Grandest of all was the idea of a “true University institute” which would be

*a full and autonomous university department or even school of psychoanalysis, separate from but with links and traffic with all other related domains.... In this school of psychoanalysis there would be a professional school, graduate and undergraduate academic divisions, and psychoanalytic residencies.*

*(Wallerstein, 1977, pp. 318-319)*

The American has not attempted to carry out any of these recommendations. Individual members such as Robert Wallerstein in his Doctorate of Mental Health Program at the University of California at San Francisco have made moves in these directions. But this has been scarcely general; indeed, the UCSF had to stop after thirteen years: “a variety of forces led to the program's demise: economic pressures; adverse political pressures of the organized professions, psychiatry and medicine; and antagonisms within the university bureaucracy itself” (Shane, 1988, p. 10). The Chicago Institute's proposal for a Doctorate in Psychoanalysis was defeated by the American. Further, the limited widening of the candidate pool has occurred under external pressure. Recommendations at other times, such as one to alter the organizational structure to accord equal representation for the professional, educational, and scientific aspects of analysis in the American (see Kohut, 1970, p. 612), have never come near to being approved, and the “rush of ideas” continues to bear the stamp of kosher and nonkosher inked upon it.

It is true that there has been a “Reformation” of a kind, often under stress from external factors, but dissidence is still anathema and entry into new areas strongly resisted. It has only been under pressure— mainly external— that the American is being dragged into a more open position in which restructuring on some level is being forced upon it. The Executive Council, which has been traditionally more liberal than the Board on Professional Standards, has made relatively little impact on the structure and direction of American analysis. The American's reaction to change has been at best “too little too late”—or even shutting the door after the horse has bolted!

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Organizationally, medical analysis will be undercut and swamped by lay analysis. There are probably more people calling themselves analysts now in the U.S. than ever—psychologists, social workers, psychiatrists, and other mental health workers all trained in a variety of institutes—but they are not primarily from the American.

All too briefly I have discussed a number of internal and external factors affecting the future of American analysis. Yet, we are still left with the problem of why it has come to its present position. There are certainly external factors that have made for the rise and decline of analysis, but these do not really account adequately for the situation. On the contrary, I believe that most of the problem has been due to *internal factors*, to the *defense by analysts themselves against the Freudian discovery*. There is of course a collusion with others in this defense; external factors set the stage upon which internal factors of resistance can operate more or less easily. I would venture a psychoanalytic speculation which focuses on internal factors in an attempt to account for the stasis and decline of American analysis. This statement by Freud (cited in part earlier in this article) provides a clue:

*The resolution passed by our American colleagues against lay analysis, based as it essentially is upon practical reasons, appears to me nevertheless to be unpractical; for it cannot affect any of the factors which govern the situation. It is more or less equivalent to an attempt at repression. It is impossible to prevent the lay analysts from pursuing their activities and if the public does not support the campaign against them, would it not be more expedient to recognize the fact of their existence by offering them opportunities for training? Might it not be possible in this way to gain some influence over them? And if they were offered as an inducement the possibility of receiving the approval of the medical profession and of being invited to co-operate, might they not have some interest in raising their own ethical and intellectual level?*

(1927b, p. 258; emphasis added)

I believe that the culture of medical analysts that took hold in the U.S. can be seen as defensive, as having the status of a symptom which derived from the repression. (Unfortunately, space does not permit me to be other than schematic here about my hypotheses, but it is greatly enlarged in my book [in press].) The organizational culture of American psychoanalysis can be viewed as having an *obsessional structure* which has functioned to contain anxiety until relatively recently. The symptom can function as a social defense system

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organized to avoid anxiety. Rigidification can be seen as a result of an obsessional defense against the anxiety that had been repressed. Freud wrote of institutionalized religion as a “universal obsessional neurosis” (1907, pp. 126-127) and saw the obsessional defense as providing some resolution to anxiety.

Freud (1927a) viewed the development of organized institutional religion from a psychoanalytic perspective which emphasized its obsessional aspects. I do not believe it to be accidental that, especially in the U.S., the psychoanalytic movement—with all its ceremonials, rites, rigidities, orthodoxies, and schisms—has been so often regarded as a secular religion. The Americans in particular erected an organization based on an obsessional defense against analysis itself. This set the scene for the very great difficulty in transforming the situation. Chances are it is too late.

Psychoanalysis is double-edged; not only is it a means of exploration of the human mind, but it is also a way of *avoiding* such an exploration. Claiming to explain the unconscious, it can simply make us feel safer through ersatz “knowledge,” a defensive knowledge which can be enshrined in received dogma. It can be used defensively as a way of filling up a hole, bringing fantasized control of and protection from anxiety. Freud's discoveries, such as the power of the id, the decentering of the subject, the pain of facing the human condition, and the pain of not knowing, can be psychologically difficult to accept for anyone— including analysts— for good psychoanalytic reasons! Unless analytic organizations and training are developed in ways that deal with this, psychoanalysis for analysts will often function far more as a defense than it will as a critical means of exploration.

When they entered New York Harbor en route to Clark University in 1909, Freud said to Jung, “They don't realize we're bringing them the plague.” A plague is dangerous and unwanted, it is difficult to bear. Psychoanalysis can be seen as threatening and brings anxiety, making it attractive to mask anxiety through its normalization. Freud was wont to point out that psychoanalysis instituted the most significant blow against human megalomania by seeking “to prove to the ego that it is not even master in its own house.” He went on to argue that this occasioned “the general revolt against our science” (1916-1917, p. 285), but neglected to point to *the defenses of analysts themselves to the Freudian discovery* for the very same reason. Indeed, it

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could be argued that the defenses might be greater among analysts since it is harder for them to avoid confronting the discomforting discovery! Freud often argued that people do not so much seek truth as comfort through illusion in a world in which we would otherwise feel helpless (1927a, p. 18). Psychoanalysis can be seen as a method for unmasking the ways we avoid the truth about ourselves and our world. It is a search for what is hidden or missing; its object however is not concrete but lies in psychical reality.

American psychoanalysis stands in great immediate need of two rather contemporary sounding things borrowed from another domain: *glasnost*, opening, and *perestroika*, restructuring. The present situation is tantamount to a crisis for American analysis, though the issue should not be seen in terms of medical versus non medical analysis, but rather in terms of professionalized analysis which has used the model of medicine as its paradigm versus critical analysis. The psychologists and social workers together with other analytic groups have modeled themselves on the medical analysts seeing medicine as the prototypical profession. Although they may differ in degree from the medical analysts, they are not much different in kind in terms of their aims and aspirations for analysis. They generally do not doubt the excellence of orthodox analysis, for example; they simply want to get into the act as well. The crisis may bring about greater questioning and openness with the pressure of *Welch et al.* and its consequences in which the citadel has been stormed and the enemy is now within. Of course, the enemies that have so far entered are the PhD psychologists, who will not undercut medical fees so much as others might. They will, however, compete in the same pool for analysands, though that pool will probably also become larger. The door has been opened a little, and the way has been made clearer for others without MDs, PhDs, or DSWs to enter the institutes of the American. There is also the reality that many members of the American will openly teach in other analytic institutes run by organizations such as those under the umbrella of the NAAP which will bring greater prestige, credibility, and trade to other analytic organizations. In the end, the analysts of the American will be undercut and the American will probably decline still further, even if they do something drastic to change.

Before concluding, two things should be made clear. First, I do not want to give the impression that American psychoanalysis is

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totally monolithic; there has been and there is currently good work being done. There are many individuals who are creative despite the dominant culture, and some analysts are connected with universities that sometimes provide more open environments. There is also some opening up of discussion, in the *Journal of the American Psychoanalytic Association* as well as in some institutes (such as Boston). But the general tenor of events is unfortunately as I have described it. I am not trying to ascribe blame; I am attempting rather to understand how and why the American has reached its present situation. Second, it is important to recognize that there have been some valuable discussions on the situation of psychoanalysis in America by members of the American. To cite examples already referred to: Philip Holzman (1985), Otto Kernberg (1986), and Robert Michels (1988). Some other important articles include Jacob Arlow (1969, 1970, 1972), Gitelson (1973), and Wallerstein (1983).

Analysis may well do best finally when it is not the Establishment, when it knows itself to be the underdog, and is forced into taking a self-critical approach. There may be a beginning to the long haul of overcoming the return of the repressed. There will be a greater questioning of the aims of analysis and a greater involvement with other areas, including academic ones. What analysis has to offer as its own specialty, its own science, may come more into focus. American psychoanalysis must learn not only to accommodate, but to structurally encourage what Bion referred to as “mystics”—innovators and reformers with new ideas (Kirsner, 1990). Because living under illusion can provide only short-term solutions for a limited period—and that period is now well and truly over—the way out for American analysis is a total rethinking of its role and the restructuring to go with it— psychoanalysis needs to serve knowledge rather than defense. In this way, it is possible that there will be some move of American analysis in a creative direction. If not it will continue to decline markedly as an anachronism.

The psychoanalytic movement has been partly kept together by sharing the ego ideal of an idealized imago of Freud (Kohut, 1976, p. 798), with identifications with the father as leader of the movement (see Freud, 1921). After Freud's death his archaic image lived on; Kohut argued that Freud needed to die a second time. On his second death “the community of analysts will realize that they have not inherited an identification, goal-setting as well as curbing, but

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have been given the legacy of an opened door, allowing entry into the vast unexplored area into which the first explorers could make only a few halting steps" (Kohut, 1973, p. 667).

## References

- Arlow, J. A.** ( 1969) Myth and Ritual in Psychoanalytic Training. In Three Institute Conferences on Psychoanalytic Training. Pittsburgh, PA: Pittsburgh Psychoanalytic Institute.
- Arlow, J. A.** ( 1970) Group Psychology and the Study of Institutes. Address to Board on Professional Standards. Unpublished typescript.
- Arlow, J. A.** ( 1972) Ten Years of COPE: Perspectives on Psychoanalytic Education. *J. Amer. Psychoanal. Assn.*, 20: 556-566.
- Bernfeld, S.** ( 1962) On Psychoanalytic Training. *Psychoanal. Q.*, 31: 453-482.
- Bion, W. R.** ( 1970) Attention and Interpretation. London: Tavistock.
- Cooper, A.** ( 1987) The Changing Culture of Psychoanalysis. *J. Amer. Psychoanal. Assn.*, 15: 283-291.
- Cooper, A. & Michels, R.** ( 1978) Psychoanalysis and Future Growth. In J. M. Quen and E. T. Carlson (eds.), *American Psychoanalysis: Origins and Development*. New York: Brunner/Mazel.
- Eissler, K. R.** ( 1965) Medical Orthodoxy and the Future of Psychoanalysis. New York: International Universities.
- Freud, S.** ( 1907) Obsessive Actions and Religious Practices. Standard Edition, 9: 115-127.
- Freud, S.** ( 1916-1917) Introductory Lectures on Psychoanalysis. Standard Edition, 16.
- Freud, S.** ( 1921) Group Psychology and the Analysis of the Ego. Standard Edition, 18: 69-143.
- Freud, S.** ( 1927a) The Future of an Illusion. Standard Edition, 21: 5-56.
- Freud, S.** ( 1927b) Postscript to The Question of Lay Analysis. Standard Edition, 20: 251-258.
- Freud, S.** ( 1937) Analysis Terminable and Interminable. Standard Edition, 23: 216-253.
- Freud, S. & Pfister, O.** ( 1928) Freud, Psychoanalysis and Faith: Letters of Freud and Pfister. New York: Basic.
- Gay, P.** ( 1988) Freud: A Life for Our Time. New York: Norton.
- Gedo, J.** ( 1984) Psychoanalysis and Its Discontents. New York: Guilford.
- Gill, M.** ( 1983) The Point of View of Psychoanalysis: Energy Discharge or Person? *Psychoanal. Contemp. Thought*, 6: 523-551.
- Gill, M.** ( 1984) Psychoanalysis and Psychotherapy: A Revision. *Int. Rev. Psycho-Anal.*, 11: 161-179.
- Gitelson, M.** ( 1973) Psychoanalysis: Science and Profession. New York: International Universities.
- Holzman, P. S.** ( 1985) Psychoanalysis: Is the Therapy Destroying the Science? *J. Amer. Psychoanal. Assn.*, 33: 725-770.

**Jones, E.** ( 1953) Sigmund Freud: Life and Wbrk (vol. 3). London: Hogarth.

**Kernberg, O. F.** ( 1986) Institutional Problems of Psychoanalytic Education. *J. Amer. Psychoanal. Assn.*, 34: 799-834.

**Kirsner, D.** ( 1990) Mystics and Professionals in the Culture of American Psychoanalysis. *Free Associations*, 20.

199

**Kisner, D.** (In press) American Psychoanalysis and Its Discontents. New York: New York University Press.

**Kohut, H.** ( 1970) Scientific Activities of the American Psychoanalytic Association: An Inquiry. In P. Ornstein (ed.), *The Search for the Self: Selected Writings of Heinz Kohut, 1950-1978* (vol. 2). New York: International Universities.

**P. Ornstein** (ed.) ( 1973) The Future of Psychoanalysis. In *The Search for the Self: Selected Writings of Heinz Kohut, 1950-1978* (vol. 2). New York: International Universities.

**P. Ornstein** (ed.) ( 1976) Creativeness, Charisma, Group Psychology: Reflections on die Self-analysis of Freud. In *The Search for the Self: Selected Writings of Heinz Kohut, 1950-1978* (vol. 2). New York: International Universities.

**P. Ornstein** (ed.) ( 1980) Reflections on Advances in Self Psychology. In A. Goldberg (ed.), *Advances in Self Psychology*. New York: International Universities.

**A. Goldberg** (ed.) ( 1981) Selected Problems of Self Psychological Theory. In J. D. Lichtenberg and S. Kaplan (eds.), *Reflections on Self Psychology*. Hillsdale, NJ: Analytic.

**Lifson, L. E.** ( 1987) Analysis of a Psychoanalytic Society: Boston 1984. *Amer. Psychoanal. Assoc. Newsletter*, 21 (3): Fall.

**Lifson, L. E.** ( 1987, Oct. 14) Memorandum in Support of Plaintiffs' Motion for Class Certification. In *Welch et al. v. American Psychoanalytic Association et al.* Washington, DC: Hogan & Hartson.

**Michels, R.** ( 1988) The Future of Psychoanalysis. *Psychoanal. Q.*, 57: 167-182.

**Oberndorf, C.** ( 1953) A History of Psychoanalysis in America. New York: Harper & Row.

**Pulver, S.** ( 1978) Survey of Psychoanalytic Practice 1976: Some Trends and Implications. *J. Amer. Psychoanal. Assn.*, 26: 615-631.

**Shane, E.** ( 1988) Robert S. Wallerstein: Researcher, Educator and Organizer (interview). *Amer. Psychoanal. Assoc. Newsletter*, 22 (3): Fall.

**Spruiell, V.** ( 1989) The Future of Psychoanalysis. *Psychoanal. Q.*, 58: 1-28.

**Sterba, R. F.** ( 1982) Reminiscences of a Viennese Psychoanalyst. Detroit: Wayne State University Press.

**Stolorow, R.** ( 1989, Feb. 27) Letter to Judge M. B. Mukasey, U.S. District Court, Southern District of New York.

**Wallerstein, R.** ( 1977) Psychoanalysis as a Profession and Psychoanalysis as a Science: A Stocktaking. In S. Goodman (ed.), *Psychoanalytic Education and Research: The Current Situation and Future Possibilities*. New York: International Universities.

**S. Goodman** (ed.) ( 1983) The Topeka Institute and the Future of Psychoanalysis. *Bull. Mennin. Clinic.*, 47: 497-524.

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