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Suicide Prevention for Psychoanalytic Institutes and Societies

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J Am Psychoanal Assoc published online 10 July 2012

DOI: 10.1177/0003065112449861

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SUICIDE PREVENTION FOR PSYCHOANALYTIC INSTITUTES AND SOCIETIES

What follows are guidelines for rescue teams dedicated to suicide prevention for psychoanalytic institutes and societies. They provide a general orientation and presuppose intensive individual and organizational training by the rescue teams. Some general notes of caution: suicide prevention is a complex, delicate effort that requires specific training, experience, knowledge, patience, and courage. It is a well-known fact that drowning persons may resist rescue efforts, thereby posing the danger of drowning the rescuer along with themselves. Similarly, expect desperate, blind resistance to your efforts, particularly when the suicidal temptation is urgent and overwhelming.

Any effort to change the condition of a failing psychoanalytic society is likely to generate intense anxiety, frequently expressed as a desperate clinging to “standards.” *Standards*, in theory, should refer to criteria of competence; but here they are a simple set of criteria for training, formulated primarily by “bean counting” numbers of hours. At bottom, they encourage a quiescent maintenance of the comfortable way things have been done (or seemed to have been done) in the past. The effort to teach survival skills, implying the learning of new ways to deal with a threatening reality, typically provokes worries about the victim’s “identity,” the existential doubt whether one still is what he or she does (“Am I still a psychoanalyst?”). The introduction of new knowledge and ways of dealing with reality tends to provoke desperate claims for the assumed purity of the past (Kernberg 2006, 2007).

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Submitted for publication October 12, 2011.

Yet, don't despair! Keep your confidence. Remember Abba Eban's statement at the United Nations, in 1967, expressing his profound conviction that, "after everything else fails, nations as well as individuals become reasonable."

SUICIDE PREVENTION GUIDELINES

1. *Establish a lifeline with local universities.* In the long run, psychoanalytic institutions floating alone in the uncertainties of cultural seas are at risk of becoming drifting ideological islands. Psychoanalysis as a science needs the firm hand of the scientific world. To thrive, psychoanalysis needs to be connected to the sciences at its boundaries. To counteract stultifying professional, scientific, and social isolation, the teaching faculty of your institute and society should lecture, supervise, lead psychotherapy seminars, and participate in the academic activities of departments of psychiatry and psychology in your locality. Invite chairpersons of university departments in the behavioral sciences and humanities to lecture and teach at your psychoanalytic institute and society, as part of an effort to relate psychoanalysis to its boundary disciplines and sciences. Establish working relationships both with academics who are sympathetic to psychoanalysis and with those who are sharply critical, inviting the latter for lectures, informal discussions, and joint seminars. Be prepared to listen to critiques of psychoanalysis. We have acted in a superior way at times, and have been demeaning of biological psychiatry not so long ago . . . and we still have our own gurus with supposedly unique access to ultimate truths (for critiques, see Auchincloss and Michels 2003; Garza Guerrero 2006; Michels 2007; Paul 2007; Levy 2009; Wallerstein 2007, 2009).

Offer the collaboration of your faculty, as well as carefully selected patient-derived research material, as contributions to interdisciplinary research projects undertaken with university departments. Consider establishing or reestablishing a close affiliation with a university school or department, under varying administrative arrangements, and explore the possibility of establishing joint programs leading to masters and/or doctoral degrees. Invite students from university departments with which your institute has a relationship to attend selected psychoanalytic classes.

2. *Develop psychoanalytically oriented psychotherapy programs.* Stimulate your institution to develop psychoanalytic psychotherapies for the severe, nonpsychotic, and nonorganic patients for whom standard

psychoanalysis is not indicated, and for whom empirical evidence confirms the effectiveness of psychoanalytically based therapies. Embrace the demonstrated value and effectiveness of those treatments (Fonagy 2002). Free your institute from the grandiose idealization of standard psychoanalysis as the only truly worthwhile treatment. Develop specialized seminars, at the highest level (not simplified “introductory courses” for the “great unwashed”), studying recent progress in psychoanalytic psychotherapies, particularly specialized psychoanalytic psychotherapies for severe personality disorders, brief psychoanalytic psychotherapies for specific symptomatic disorders, psychoanalytic couples therapy, psychoanalytic family therapy, psychoanalytic group psychotherapy, and psychoanalytic approaches to hospitalized patients with severe behavioral problems and personality disorders.

Provide counseling for faculty who believe that seriously engaging in psychoanalytic psychotherapy—or even exposure to the corresponding training—threatens their identity as psychoanalysts. By expanding your training in these directions, you will prepare candidates for the treatment challenges and patient populations they will face in their real-world practicees. (And you will contribute to their financial survival as well!)

You may have to “import” psychoanalysts who are experts in evidence-based, empirically researched types of psychoanalytic psychotherapy for inclusion in your basic curriculum; you might also develop specialized tracks for a broader group of professionals. Be friendly to analysts who wish to have an exclusively psychoanalytic practice, but provide counseling for those who believe that the exclusive objective of psychoanalytic training is to produce analysts like themselves. Develop a diversity of psychoanalytic psychotherapy treatment programs in your low-cost clinics, and seek expertise regarding indications, contraindications, prognosis, and differential techniques that sharpen and actualize these criteria, both for psychoanalysis proper and for the broader therapeutic spectrum.

Offer specialized courses on standard psychoanalytic technique, as well as on the other modalities, with differentiated educational tracks for psychoanalytic candidates and for professionals in the boundary fields of psychiatry, psychology, and social work, with both joint and separate courses for alternative training programs. Offer individual and group supervision, as well as seminars and round tables, where alternative models of technique can be discussed and corresponding research questions raised. Compete effectively with local institutions offering simplified,

unsophisticated therapy training programs. Rid your institute of any remnants of derogatory attitudes toward therapies other than standard psychoanalysis. Put an end to the destructive attitude of considering psychodynamic psychotherapy as second-rate treatment. Such an attitude demeans the training of candidates in that modality, its use in treating patients, and those patients who in fact have an indication for psychotherapy. Above all, prepare your graduates to provide optimal treatment methods to the broad spectrum of patients they will encounter in their clinical practice.

3. *Inject a research orientation into your organizational life.* Indoctrination with monopolistic theories, once common in psychoanalytic education, should be abandoned for a contemporary tolerance of multiple, potentially contradictory theories, thus conveying an openness to new ideas. Consolidation of psychoanalysis as a science requires the ongoing testing of new theories, their confrontation with alternative theories, and the exploration of relations to boundary sciences. This means ongoing research (Cooper 1987, 1995; Kernberg 2004; Fonagy 2002). You must help your society and institute to create and develop a research thrust as a major institutional goal. Import, if necessary, outside research experts in the behavioral sciences, even nonanalysts who are interested in psychoanalytic principles, and support a research-focused group that raises questions, studies methods for exploring them, and motivates students, faculty, and analysts at large to participate. Explore the boundaries of psychoanalysis: keep in mind the importance of developing new knowledge, not just clarifying the old! Develop specific research projects, and avoid endless byzantine discussions about the nature of research.

Give high priority to investment in a research director, an expert in state-of-the-art methodology in the behavioral sciences. Ideally, that person should be a psychoanalyst (there still are, thank God, such individuals in our international community, despite the many years of suicidal behavior of our institutes that might have chased them away) or a behavioral scientist interested in and sympathetic to psychoanalysis. Develop a department of research in your institute with the task of fostering the development of significant, researchable questions throughout all the subjects taught at the institute, and providing methodological support to candidates, faculty, and society members interested in carrying out concrete research projects. The research department should interact with teaching faculty to develop these interests; conferences and debates should be organized to sharpen hypotheses that can be tested through formal research endeavors. A small

psychoanalytic society may have difficulty setting up such an initiative and so might benefit from a relationship with a university.

Organize a few basic research projects throughout your institute, including joint projects with university departments, wherever possible. Combine the institute's faculty resources and access to patient material with the basic research support system and research expertise of university settings. Provide ongoing seminars and forums on research methodology relevant to psychoanalysis and related mental health sciences. Help teachers of specific subjects in the institute to formulate controversial questions in their field, and to transform them into clinically researchable projects, including, particularly, the scientific methodology for single-subject research. Give highest priority to research involving the evaluation of efficacy and effectiveness of psychoanalysis and derived treatment methods, and link up with other psychoanalytic institutes in generating an adequate research base for that purpose.

Reward candidates and faculty engaged in significant research efforts with leadership positions and honored roles in the institute. Set up a hierarchical ladder for promotion and institutional appreciation for researchers and gifted educators, in contrast to a hierarchical structure reserved for training analysts with no further meritorious contributions. Give preference of admission to academically active and interested candidates. Avoid the temptation to give preference exclusively to candidates who wish to learn nothing but standard psychoanalytic technique and, if possible, devote themselves entirely to its practice: don't reject the latter, but make it clear where your priorities lie!

4. *Present a realistic public image of your scientific achievement and concerns and your clinical and professional contributions.* Inform your cultural community about what psychoanalysis has to offer in terms of new treatment possibilities in addition to the standard analysis that most people can't afford. Communicate new findings that have relevance for cultural problems and concerns, such as drug addiction, alcoholism, sexual difficulties, education, adolescent rebelliousness, crime prevention, fundamentalist ideologies, child rearing, psychodynamics, and neurobiology. Expose your ideas and findings to serious public scrutiny in interdisciplinary conferences and public lectures and discussions. Make it an essential responsibility for your leading faculty to participate in these programs. Abolish "extension divisions," which seem to exist mainly to provide teaching positions as consolation prizes for those who are not training analysts! Your university connections and research development

are your major assets in bridging our field with the public. Organize public lecture series on prevalent mental health problems and the contributions of psychoanalytic in that area. Organize interdisciplinary conferences with psychoanalysts and respected public figures in university departments, cultural institutions, religious organizations, the arts, and even politics. Develop a network of distinguished psychoanalytic theoreticians, academics, and researchers in your region, able to carry out such public activities at a high level.

Keep psychoanalytic society meetings open to the general public, with the exception, of course, of confidential clinical meetings. Foster the participation of knowledgeable, responsible psychoanalysts in public debates on controversial mental health issues: substance use, sexual education, gun control, terrorism, censorship, television. Provide information about your training programs to all mental health professionals. Offer consultations and information services for specialists in the behavioral sciences regarding clinical problems with which you have expertise.

Foster publications by faculty and candidates, particularly regarding research efforts and findings. Encourage faculty and candidates to publish in academically prestigious journals, in addition, of course, to specialized psychoanalytic journals. Help candidates develop their curriculum vitae appropriately and effectively for competing for academic positions. Make it possible for analysts of a future generation to compete successfully for university professorships, in contrast to the self-destructive tendency, seen so often in the past, to discourage the academic development of psychoanalytic candidates outside the institute. Reeducate faculty who discourage candidates from pursuing aspects of their professional careers other than psychoanalytic work in the restricted sense. Encourage candidates to graduate as soon as possible, and provide them with advice and counsel regarding a future academic career; this will both help them in their professional development and increase the presence of psychoanalysis in our universities.

Rigorously extirpate all bureaucratic procedures that slow the progression of candidates, such as regulations that permit child analysts to graduate only when they can no longer bend over to play with children on the floor, or that allow candidates in adult programs to celebrate their graduation with their adult grandchildren. Faculty who believe training should be lengthened to make it more effective need counseling!

5. Innovate in psychoanalytic education. A note of warning: This will be the most difficult aspect of your rescue efforts, when a frightened,

sometimes almost moribund psychoanalytic society and institute will desperately fight off the rescuers. You will have to protect yourself from being drawn into a self-destructive struggle; combine courage with patience, firmness with concern and empathy, and be prepared to be experienced as a shocking, dangerous adversary by those to whom you extend a helping hand. You may be labeled “nonanalytic,” “antianalytic,” or both, and in some countries as a “psychiatrist” representing the “medical model.” You will almost certainly be described as insufficiently analyzed!

a. *Abolish the training analysis system.* By now, it is quite widely known that the hierarchical organization of psychoanalytic training has contributed to the petrification of faculty and candidates, and has become a major source of self-destructive, isolating, infantilizing, and authoritarian organizational structures (Balint 1948; Berman 2004; Bernfeld 1962; Cremerius 1986; Garza Guerrero 2004; Kernberg 1986; Kirsner 2003; Meyer 2003; Reeder 2004; Roustang 1982; Thomä and Kächele 1999). The positive features of the training analysis system were intended to ensure that the personal psychoanalytic experience of candidates was of high quality. That, of course, needs to be maintained, but not the elitist, arbitrary amassing of administrative power and nonfunctional authority that has evolved with this system. You need to help your institute develop methods for a functional evaluation of psychoanalytic competence of all graduates, leading to a certification in psychoanalysis based on realistic criteria of competence, after a postgraduate period of three to five years of (exclusive or nonexclusive) psychoanalytic practice. Offer this certification to all interested graduates, and develop a transparent, functional system for conducting an examination that ensures its objectivity and that includes a mechanism for guaranteeing the institute’s responsibility. Then authorize all certified psychoanalysts to treat psychoanalytic candidates, as part of their specialty certification. This approach, by the way, will ensure that the general public will receive psychoanalytic treatment of as high quality as that received by candidates. Keep the personal psychoanalysis completely separate from all other aspects of psychoanalytic education, with the exception of information to the psychoanalytic institute, with authorization from the candidate, that the candidate is in or has terminated a personal psychoanalysis. The analytic treatment of the candidate should not make the certified analyst who treats him automatically a member of the psychoanalytic institute,

nor should the analyst (in that capacity) be in any way related to the educational administration of the institute.

These arrangements will ensure the complete privacy of the personal analysis, operate against the irresolvable transference idealization of the training analyst as the highest possible carrier of psychoanalytic knowledge, and decrease the fearful submission to the training analyst as a member of an elite minority that rules over the ultimate destiny of the entire candidate body. In addition, these arrangements will protect the certified analyst from the corrupting narcissistic grandiosity induced by the privileged status currently accorded the “training analyst” as superior psychoanalyst, expert supervisor, gifted seminar teacher, and wise administrator.

These arrangements should reduce the protective ambience of the training analyst group, an ambience that has long shielded them from threats to the ivory tower atmosphere of an institution that ignores, as much as possible, the external world.

b. *Select faculty for the psychoanalytic institute* on the basis of demonstrated capacity for excellent teaching, intellectual interests, and specialized knowledge in a significant area, tested by participation in the scientific activities of the institute, as well as in other academic institutions. This selection process should be the basis for the institute’s cadre of seminar leaders. The quality of their teaching should be tested by the product, the knowledge developed by the trainees. This should be assessed by students and colleagues of these seminar leaders. Select supervisors from among psychoanalysts who have demonstrated a particular interest in, knowledge of, and potential contribution to psychoanalytic technique. They should have demonstrated a capacity for integration and clarity in their technical approach, and should be able to contribute significantly to the clinical gatherings, conferences, and seminars of the psychoanalytic society. Such individually selected supervisors and seminar leaders would constitute the institute’s faculty, together with the specialized researchers developed by or “imported” into the institute—both analysts and nonanalysts interested in teaching research methodology and developing the institute’s research efforts—as well as professionals from neighboring disciplines.

c. *Integrate the traditional psychoanalytic institute with the psychoanalytic society*, including the “extension” or “outreach” division, the “psychotherapy division,” the “postgraduate education” division, and the society’s administrative structure. The concept of a “psychoanalytic center,” developed in some cities in the U.S., is one model for such

integration. An integrated model should permit the organization of an educational program that includes the various therapeutic specialties and public activities of psychoanalysis referred to above, and a combination of integrated and separate tracks of training leading to different degrees and certifications. Wherever possible, integrate all these structures within (or in affiliation with) a department of psychiatry or psychology within which the psychoanalytic institute may operate or with which the psychoanalytic society has become related or integrated in some fashion. In the process of this integration as a “center,” many of the society’s members may be activated; by their dedication to seminar teaching, clinical supervision, and/or research, they can become members of the faculty (Ferrari 2009; Levy 2009).

d. *Rotate teachers*, even very gifted ones, after some years, to avoid ossification of the curriculum. Be concerned regarding the presentation of updated knowledge in the fields of development, personality, pathology, and treatment. Avoid “introductory courses,” which too often are boring recitals of received wisdom; keep seminars lively and interesting. *Organize conferences on controversial issues* in all fields; foster research, and report it to candidates and in society meetings; confront candidates with the simultaneous presentation of contradictory views, rather than presenting them serially and in isolation from one another, with an “ecumenical” tolerance and an absence of critical assessment. The idea is to create an environment that incubates creative research.

e. *Invite outside experts* to teach in areas where the institute lacks expertise; invite scholars from the boundary sciences to teach in psychoanalytic seminars. Bring up-to-date information regarding social psychology and neuroscience into the institute curriculum.

f. *Promote a candidates’ organization* represented at all levels of the institute’s committees, particularly regarding the curriculum and faculty evaluation.

g. *Be actively involved in the ongoing development of professional standards and the corresponding standards for training*, in terms of what knowledge is expected, how knowledge and analytic attitude may be evaluated, and how honest feedback regarding performance may be provided to candidates (in contrast to “compassionate graduation”). The lack of development of professional standards in psychoanalysis, that is, criteria of competence, in contrast to criteria for training, is a shocking fact, the result of approximately eighty years in which our educational method went essentially unchanged. The prevalent criteria for training,

notably number of hours of personal analysis and supervised control analyses, attendance at seminars, and a vaguely formulated “analytic attitude,” are symptoms of a dysfunctional psychoanalytic training methodology, and an urgent question your institute should consider. What theoretical knowledge, technical expertise, and analytic attitude should we expect, how do we teach them, and what objective method of evaluating competence do we need to develop?

Your ultimate goal should be to make the institute and the psychoanalytic society exciting intellectual centers. They must be open to and effectively compete with the behavioral science institutions in your area. Strive for the opposite of the classical definition of education as the “inculcation of the incomprehensible by the incompetent into the ignorant.”

6. *“Don’t worry, leave me alone, I just want to sleep!”* As mentioned above, drowning victims often put up strong resistance against their rescuers. And mental health professionals treating severely ill patients with chronic, characterological dispositions to suicidal action are familiar with these patients’ sophisticated denials when resisting treatment. Rescue teams for psychoanalytic societies need to be aware of similar opposition to their rescuing efforts. Familiarize yourselves with typical expressions of this opposition:

Psychoanalysis is a science that cannot be compared to other scientific fields. In contrast to all psychotherapies, it explores the unconscious in a specific approach, one that requires a complex, lengthy exploration of the candidate’s own unconscious in a unique interpersonal situation, the evolving psychoanalytic relationship with the training analyst. Psychoanalytic competence depends largely on this learning experience with a particularly skilled, experienced, and motivated training psychoanalyst who reflects the highest level of achievement in the exploration of the unconscious. This level of achievement cannot be assumed to be reached by all psychoanalytic institute graduates, because a candidate’s particular talents, his intense and long-term commitment to psychoanalysis, and his training experience with an equally motivated and highly experienced training analyst constitute a rare combination of talent, motivation, commitment, and experience.

Such a learning experience requires the careful selection of the most capable graduates as training analysts, while accepting that a broader range of adequately trained graduates may treat patients in the general population for whom such a particular training capability as required to train analysts is not necessary. Therefore, we have to maintain and protect the present training analysis system, and carefully protect, differentiate, and isolate the psychoanalytic process from contamination or dilution by other procedures.

This unique setting of training requires a sheltered, protected atmosphere, a psychoanalytic institute that clearly and consistently provides this highly specialized experience for the candidates, and protects them from the risk of dilution of their evolving expertise by focusing on merely psychotherapeutic methods. Particularly problematic may be psychotherapy methods that appear to imitate, or derive their techniques from psychoanalysis proper, but stimulate the trainee into interventionist behavior that runs counter to the psychoanalytic attitude. The attunement to the patient, the listening to the unconscious in the context of the analytic process, is a highly specialized, subtle, and unique method, and the combination of this learning with that of a merely psychotherapeutic orientation and behavior are confusing and counterproductive.

The profession of psychoanalysis requires a lengthy immersion in psychoanalytic work, time for reflection and maturation in the exploration of the unconscious that is negatively affected by competing professional goals that require commitment to behavioral, academic, administrative, and scientific fields. Under such distracting circumstances, psychoanalytic immersion in the unconscious tends to be reduced to a sporadic, increasingly less familiar, and discrepant endeavor, which cannot but decrease the competence in analytic work. Analytic identity becomes eroded under such circumstances.

Research on the nature of the unconscious and on its many influences in human life, culture, and society cannot be based on the usual quantitative, objective source of data that lend themselves to standard empirical research. Psychoanalysis is a personally unique intersubjective experience that constitutes an irreducible, essential, and incomparable field of knowledge. Therefore, acquiring acceptance by boundary sciences must be based on sharing with them the unique nature of psychoanalytic findings, and not on efforts to imitate their methods.

Rescue teams, study these manifestations of resistance to your efforts and confront them serenely, empathically, patiently, but firmly. You may point out that there is no reason why seminars on psychoanalytic theory and technique and on psychotherapy theory and technique cannot be taught in the same institute. To the contrary, candidates exposed to both fields may become more sharply aware of differentiation of techniques, indications, contraindications, and prognosis, and be better prepared to treat the patients they are going to see in their professional practice. You may also point out that the certification of psychoanalysis proposed here may, to begin, use the same criteria for selection now employed in the most functional and least authoritarian and politicized psychoanalytic institutes, while progress is made in developing authentic criteria of professional competence and methods for evaluating it. In addition, you may tactfully refer to the growing body of empirical research in psychoanalysis and the psychoanalytic

psychotherapies, and point out that empirical research and conceptual developments are complementary, not antinomic. But, finally, remember, reasonableness prevails only after everything else fails... Vigorously and enthusiastically, work to rescue your patient!

These, then, are your basic suicide prevention guidelines. Once again, keep calm, improvise when necessary, and remember to assure drowning victims that survival will also mean survival of their professional identity.

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