Our forebears were hearty iconoclasts, opposed to conformity, committed to heterogeneity, building an open community of peers, eager to experiment with every aspect of training and practice. Clara Thompson famously said that an institute is not a home. But wouldn’t it be fine if we could go home again?

—Marylou Lionells

Analysts are practical dreamers who persevere through endless stretches of futility. An analyst is a clinician whose passion to explore suffering is as great as the need to alleviate it. An analyst is a human being whose longing to understand is equaled by the courage to face the inevitable limits of understanding.

How can we nurture analytic talent? Some of our contributors to this special issue sketched their “dream” institutes, while others have tried to capture the essence of the preparation of an analyst, whether or not they think it ideally takes place within a traditional institute setting. The following questions speak to some of the issues they consider:

1. Can we describe the “ideal” analytic institute and the essence of the training it would provide? If so, what are its defining characteristics and goals?
2. Which values and goals inherent in analytic treatment also pertain to analytic training?
3. What do we want to avoid promoting in analytic training? How might we go about this?
4. What is good analytic supervision? What are its goals?
5. More specifically, how can we facilitate the development of a clinician’s capacity to bear uncertainty?

So that we may hear the voices of several generations, I have deliberately invited people to contribute to this project who were trained during different time periods. There are countless others I wish I could have included, but I had to keep within manageable limits. I asked the authors to feel free to express their concerns, hopes, and disappointments about the analytic training process in general; their experience with analytic institutes; or any topic that bears on the education of an analyst. Some authors focused on the broad issue of what can prepare a clinician for an analytic career, while others looked at more specific issues, such as the history of a particular analytic institute or what they believe makes supervision, coursework, and the training analysis effective.

Don Stern examines how we prepare candidates to deal with theoretical differences. Clearly, indoctrinating them in one view and implying that other approaches are wrong has not worked. Stern contrasts two models of teaching about theoretical “otherness”: the “accretion” model, which encourages a “conversation” of familiar and unfamiliar ideas; as opposed to a “revolution” model, which suggests that full respect for “otherness” necessitates radical change. When reading his essay, it seems to me important to focus on the teacher, as well as on what is taught. Who do we have to be, as human beings, to communicate our beliefs in a way that maximally fosters curiosity?

Marco Conci’s scholarly paper situates analytic training culturally and historically. With great erudition he traces the interpersonal, cultural, and linguistic roots of Freud’s thinking and passionately advocates that today’s candidates know the history of our field and be aware of the contributions of analysts from diverse backgrounds.

Nicholas Samstag describes the ideal institute as fostering the capacity to “not know.” Optimally, training increases our comfort in discovering what we do know, and what we were not aware that we did not know. The institute could operate, as Samstag suggests, as “a kind of fun house mirror, meets Oracle at Delphi, meets Columbo.”

In addition to fostering the ability to not know, our contributors add to the list of analytic ideals, or values, that need to be reflected in a training process that will inspire them in the clinician. Here the late John Fiscalini, emphasizing curious inquiry, values the search for the truth and the desire to help those in pain. I understand these qualities to be strengths required
of the analyst, nurtured only to the extent that they are practiced as much as preached. Genuine openness to the new cannot be inculcated if it is not exemplified in how an institute functions. We cannot cultivate roving minds and courageous hearts in an atmosphere of intimidation and conformity. As Mark Blechner emphasizes, our institutes should exemplify an array of cultural and personal diversities and nurture the capacity to converse across disciplines and conduct research essential to the continuing vitality of the field.

What can we learn to avoid from studying our own history as a field? Donna Orange calls top-down structures “somebody–nobody hierarchies of domination, submission, bullying, and humiliation.” Shaming and disrespect have too long stifled our creativity, both during training and, as Peggy Crastnopol spells out, well beyond it. Grant Brenner wittily describes some differences between real and ideal institutes as organizations, and Marylou Lionells elaborates the deadening effects of bureaucratization and standardization. She suggests that, given our lack of clarity about what really helps patients, “it should not be the business of psychoanalysis to prescribe that only certain techniques or procedures are acceptable. Despite years of controversy, we are still unclear about what works and what does not, what is effective, what is transformative.”

Many emphasize the casualties of our wars. On the institutional level, dueling ideologies within and between institutes reward adherence to party lines and discourage innovation. Most of us have not tried to forge new institutes from our dreams of the ideal analytic training. Reading the papers by Naoto Kawabata, Irwin Hirsch, and Jim Garofallou gives us a glimpse into the experience of three persons who expended the enormous effort such an undertaking requires. I think they courageously offer us valuable insight into institutional struggles that are usually kept behind closed doors. Naoto Kawabata gives us a memoir of what it is like to transplant analytic training from one culture to a markedly different environment.

Perhaps the most striking difference is between Marylou Lionell’s vision of “no formal course of training” and the ideal institutes described by Mark Blechner, Paul Lippmann, and John Fiscalini. Regardless of how we view the cause of the problems in psychoanalytic education, is the “cure” a radical downsizing of structure in training or a more complex and diverse course of study?

On a personal level, an analytic career can become a desperate struggle for status. Instead of discovering their own styles, younger colleagues,
attaching themselves to the institute’s “stars,” become acolytes rather than creative professionals. Karen Maroda refers to the problem of inauthenticity in the training analysis that results from the fear of seeming inadequate and unfit for a career as an analyst. Concerns about the training analyst’s disapproval can stifle a candidate’s self-exploration. Maroda points to the system’s promotion of members’ infantile dependence and self-censorship. Apprehensions about being blackballed or diagnosed as pathological persist. John Fiscalini warns of the envy, competition, and cynicism that can be inculcated in training. Polly Young-Eisendrath describes a “hermeneutics of suspicion” and how it differs from a hermeneutics of discovery. She goes on to suggest that “throughout the 100-year history of psychoanalysis, a kind of expert doubting has fueled not only our work with patients—in our interpreting symptoms, transference, and dreams—but also our relationships with colleagues, and even with ourselves.” A climate of suspicion inculcates the opposite of healthy curiosity. Instead of a genuine, open wonder about what drives ourselves and others, in a suspicion-laden atmosphere each of us learns to look at ourself, our colleagues, and our patients with an automatic, corrosive, “I wonder what she really means, behind that façade.”

Good supervision may be harder to define than to recognize. Chris Bonovitz sees it as a matter of welcoming the clinician’s disparate voices: “These voices comprise sensory impressions, images, fantasies, and reminiscences—what I am putting in the category of subjective experience. How, then, can supervision facilitate the process of grappling with these voices and develop the capacity to listen to them even when they are at odds with each other, as they so often are?”

My own contribution looks at the aggregate of supervisory voices as a kind of internalized chorus that, one hopes, bolsters clinicians for the rest of their careers. It is implicit in my thinking that the process and content of analytic education must be isomorphic. We cannot facilitate the expression of curiosity without demonstrating it in the supervisory process. Who we are, and how we teach, partially determine what is learned. A supervisor has to talk about the clinical uses of curiosity in an openly curious way. The medium is the message. Perhaps it takes a whole, passionately curious village to nurture this quality in the developing analyst.

Let us turn, however, toward the positive. Is there any meaning to the concept of an “ideal” training? What would be its goals? I think we might gather inspiration from the suggestions here. Grant Brenner and John Fiscalini express the value of developing a greater capacity to welcome
news. Jim Garofallou grapples with the wish to further candidates’ personal growth; John Fiscalini writes of enhancing the capacity for mutuality; and Polly Young-Eisendrath hopes to nurture “mindfulness.” Paul Lippmann refers to the need for intellectual stimulation from thinkers from other fields. Irwin Hirsch describes the challenge of maintaining intellectual rigor. Several of our contributors point to the tremendous need for research as an integral and valued part of the preparation of analysts.

Personally, I am most moved by the cries for shelter. Could our institutes provide a foundation for lifelong, fruitful collaborations? I return to the question posed by Marylou Lionells at the outset. Wouldn’t it be fine if we could go home again? Or, as John Fiscalini expressed it, “The ideal institute is also a clinical home, a center of social experience, a hub of mutual support, safety, solace, and hope.”

Sandra Buechler, Ph.D. is a Training and Supervising Analyst and Faculty, William Alanson White Institute; and Clinical Supervisor, Columbia Presbyterian Medical Center.

154 West 70 Street, #10 G
New York, NY 10023
Sbuechler2@msn.com