

To Train or Not To Train? That Is the Question:

Columbia Psychoanalytic Fellows 2010–2011 Reflect on Training Conflicts

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INTRODUCTION

This paper explores the evolving decision process of the 2010–2011 Columbia Psychoanalytic Fellows to pursue formal psychoanalytic training or some other path after completing our fellowship. All of us, one psychologist and seven psychiatrists, had had significant exposure to psychodynamic psychotherapy and were motivated and interested enough in psychoanalysis to apply and be selected for the Columbia Fellowship. Most of us were in analysis or psychodynamic psychotherapy at the time of our fellowship, or had been previously. Participating in the fellowship allowed us to maintain a connection to the world of psychoanalysis, yet at the same time it was a decision not to begin analytic training immediately. As such, for many of us, partaking in the fellowship reflected conflicted feelings about pursuing training, as well as an opportunity to grapple with this conflict. This paper was written by the entire group to explore the nature of our training conflicts.*

Annual application rates for psychoanalytic training have declined by more than 50% over the last thirty years (Katz & Kaplan, 2010). The most precipitous decline in applications has been from psychiatrists, who in the early 1980s accounted for 80% of applicants. A number of major shifts in the field of psychiatry have likely contributed to the waning popularity of psychoanalysis as

*One of the fellows declined to be listed as a co-author because she felt the conclusion was controversial.

a career path, including the impact of managed care, the increasing reliance on psychopharmacology, and the growth of evidence-based treatments. In fact, a recent survey found that only 29% of visits to psychiatrists involved psychotherapy in 2004, compared to 44% in 1996 (Mojtabai & Olfson, 2008).

Some survey studies have examined the effects of these larger societal forces on the practitioner's decision. For example, a national survey of residency graduates found a strong desire for continued training in psychodynamic psychotherapy, but little interest in psychoanalytic training (Petersen et al., 2007). Similarly, a recent survey of psychiatry residents in the South and Midwest found that, while 46% express interest in further psychodynamic psychotherapy training, only 22% express interest in psychoanalytic training. Most residents in this study cited the cost and time involved as the primary reasons they would not pursue analytic training (Katz & Kaplan, 2010).

Statistical research of this kind helps elucidate population trends, but a closer look at the individual's decision process is needed to gain a more nuanced understanding of why practitioners decide to pursue analytic training or not. Our process in writing this paper included each fellow writing several paragraphs about previous training, career goals, experience in the fellowship, and thoughts about future training. We then discussed as a group various formulations of the elicited material, formats for the paper and ways of approaching writing it. The paper was written sequentially by two fellows, and then revised sequentially by four fellows.

The group included a health psychologist, two psychiatry residents (PGY4), a women's health psychiatry fellow, a forensic psychiatry fellow, a consultation liaison psychiatry fellow, a public psychiatry fellow, and a psychiatrist in private practice. The psychoanalytic fellowship involved participating in monthly dinner discussions with senior analysts from Columbia, attending the American Psychoanalytic Association winter meetings in New York, and meeting regularly with assigned analytic mentors to discuss clinical cases, career planning, and training goals.

As the fellowship came to an end and we were faced with another transition in our careers, we were confronted once again with our conflict. Our hope was that by exploring the rationale behind our decisions, we could come to some further clarity ourselves, as well as outline some of the obstacles limiting recruitment to psychoanalytic training programs today.

THE PULL

In our discussions with each other, as evidenced in the following quotes, we described the pull towards psychoanalytic training as strong. First and foremost, we felt that analytic training would provide the best training in clinical skills and professional development:

It keeps coming up, this pull towards pursuing analytic training. Many things can prompt me to think again about it, from a session with an analytically-trained supervisor, to a chat with a colleague, or a group case-conference. I am drawn to it because of its reported strengths; as they say, it will not only allow you to engage in analytic treatments with patients who would benefit, but it will also make you a much better therapist, and make the process of doing therapy that much more satisfying and fun.

To this end, we reported that exposure to analytic thinking during the course of the fellowship helped us with our clinical work:

I think that the readings, speakers and mentoring have enhanced my experience with my long-term psychotherapy patients and have complemented my residency education in psychodynamic theory. Dr. Eric Marcus's discussion and readings on dynamic therapy with psychotic patients provided me with a framework to think about my schizoaffective patient's chronic paranoid delusions about being poisoned. I was able to understand the meaning of this delusion in the context of the patient's relationship with her ex-husband. We talked about her sense of fragility and dependency that left her feeling vulnerable to her partner's maltreatment. The patient continues to have this delusion, but we are now able to utilize her observing ego to reflect on it. This is a psychoanalytic perspective that I would not have had if I weren't in the fellowship program.



The fellowship helped me to understand a series of enactments engaged in by one patient as a communication of painful aspects of her history which she could not verbalize at that time. Recognizing the enactments allowed me to work with

the patient on the identifications which they expressed. In the light of the fellowship readings and presentations, I was able to observe my countertransference to the patient, and to help her understand what she was evoking in others, and how that was a repetition of an unresolved early relationship. She has been able to improve her relationships as she has gained insight.

We appreciated analytic theory, and found it helpful in understanding the therapy process, models of the mind, and the intersubjective process:

Going forward, I am excited about psychoanalytic training for the intellectual challenge and the enriched understanding of people that I believe it offers.



The fellowship was a wonderful exposure to current developments in psychoanalysis. It explored the roots of psychoanalytic thought in philosophy, the arts, and biomedical science, and continuing open-minded integration of advances in these fields.

In addition, we expressed a strong feeling that the supervisors and colleagues we like and respect most are often analysts:

I did the fellowship because I loved reading psychoanalytic theory during residency. I also had an admiration for the attending psychiatrists I worked with who were psychoanalytically trained. They seemed wise in a way that other doctors didn't. What I've learned through the fellowship is that I can't gain the wisdom of an analyst just by reading analytic theory. Doing the work of psychoanalysis is how I'm going to gain that wisdom and insight. This is a strong argument in favor of making the commitment to doing the training.

We felt analytic training would provide a community of like-minded therapists:

On a more personal level, I want to do it for the connections. Not the usual sort of "networking" connections, but the connection I imagine it might give me to supervisors, teachers,

mentors, and therapists, allowing me to become one of their group, like them, a co-participant in ideas, aspirations, and practice. The draws can be strong. Every month I learn things that I wasn't expecting to learn about patients, past and present, and about a way of approaching my work, from therapy with long-term patients, to quick-and-dirty emergency assessments in the hospital. I enjoy the collegiality and sharing of ideas, things I know I would deeply appreciate in analytic training.

Finally, we felt that analytic training offered opportunities for the personal dimensions of professional development that were superior to other training opportunities. Specifically, we felt that analytic training improved affect tolerance, awareness of countertransference and the intersubjective process, and the ability to utilize it for the patient's therapeutic benefit. We felt that these were all necessary to the task of being a good enough therapist practicing in any therapeutic modality:

We work with people on intimate issues, at times when they are most vulnerable. As a health psychologist, I've found psychoanalytic perspectives essential to understanding patients' transferences, and internalized object relations, which in turn has helped me apply specialized interventions effectively. For instance, a patient avoiding necessary medical treatment who speaks about fear and anger at doctors, and experience of medical incompetence may not simply have a phobia about the medical interventions he needs. He may be expressing negative transference to me, which needs to be addressed before any specialized health psychology interventions I make can be helpful to him. Similarly, a patient avoiding cancer treatment who is idealizing me may be defending against suspicion, and be about to devalue me, and this needs to be addressed so that the patient does not disappear from treatment with me and the medical team. A patient seeking treatment for adherence to health behaviors for cardiovascular disease may need to work on her rivalry with me, and shame at showing her vulnerability to me, as to her sister and mother, before she can work with me on the specific health behaviors. Psychoanalytic thinking has also helped me understand when patients are tugging me countertransferentially and to work with that

instead of reacting. I've learned more in the fellowship about hearing patients' implicit communications. It has improved my work as a therapist. While a full psychoanalysis is not the intervention of choice in many health psychology cases, I cannot imagine working as a therapist in any therapeutic modality or treatment context without the improved affect tolerance a psychoanalytic perspective gives.



As a psychiatry resident, I came to value psychoanalytic theory particularly in my work with the HIV positive community receiving services in the public healthcare system. Formulating my patients psychodynamically allowed me to better delineate the complicated constellation of symptoms with which this particular population presented, and that did not tend to fit a distinct DSM IV-TR classification. As a provider of mental health treatment, this allowed me to manage some of the strong countertransference feelings that this highly traumatized patient group tends to elicit, while increasing my range of therapeutic interventions and objectivity.

THE PUSH

The primary push away from training stemmed from the perceived costs. We expressed practical needs that kept us from wanting to commit to training: the need to pay off loans, earn more money, spend time with family, or pursue other interests:

Some of us are concerned about balancing our work and family lives and worry that psychoanalytic training may simply be “too much.”



I do worry about the financial and logistical difficulties that the training poses to me and my family and I have appreciated the opportunity to discuss these barriers with my peers and mentors.



I'm still undecided. Then, there are the realities. Analytic training is a commitment — of time, money, intellectual energy. At this point, I find myself on the fence.



The financial and time requirements of full analytic training exceed what my resources allow, as an early career psychiatrist holding a salaried attending position, starting a private practice, and pursuing an interest in writing.

Along with the practical concerns, we expressed a desire for independence, and to be rewarded for our long training, rather than embarking on yet another long training:

I tend to be very independent, learn well on my own, and don't particularly like overly "structured" settings. After subjecting myself to so many years of "structure" during residency, the idea of committing to several more years of this, particularly given the time and money commitment, is unfathomable. That being said, I love psychoanalytic theory and want to be the best therapist I can possibly be, which I believe involves being well-versed in psychoanalytic theory and ideas. I'm in my own analysis now, have a private practice, and have several psychoanalytic supervisors whom I have hired to help me with my cases. This, alongside fellowships such as this and my own independent reading, is my version of a makeshift "psychoanalytic training" without the masochism of the so-called "real deal."



What holds me back? Probably many things ... logistical and personal. The logistics? I've just propelled myself through years of residency and now fellowship, and have somehow negotiated for myself a pretty great full-time job for next year. These are goals, after all, to be employed, to be able to start paying off all the loans, to feel sufficiently compensated for my training, my hard-work and expertise. Medical school, residency, fellowship Those of us in this field know the value of delaying gratification and we're pretty good at tolerating that delay. I think that for me, however, beginning analytic training right now would feel yet again like another

investment in a far-away goal, while I'm ready to get going with other things. I would not feel right starting analytic training with that sentiment.

We also expressed concern about what skills will be marketable in the current economic and political environment:

Questions that remain in my mind, in this economic and political time, are: is psychoanalytic training a good investment? Can I confidently practice psychotherapy without psychoanalytic training? Will psychoanalytic training make me a better psychotherapist even if I do not see analytic patients? I have one year of residency left, which is a luxury that provides me with more time to explore the answers to these questions.



I don't feel ready to make that commitment yet. It's evident that it requires certain sacrifices and a way of structuring one's life. What I am ready (and inspired) to do is to open a private practice and start treating patients with psychotherapy. I miss doing psychotherapy. I think regaining what I enjoyed about the experience of doing psychotherapy will help me discern whether or not analytic training is the right thing for me. I have other interests that could take me down pathways away from psychoanalytic training (eating disorders, administration).

Another push was the decreasing number of patients pursuing psychoanalysis as their chosen therapeutic modality:

I have an interest in eating disorders (in particular obesity), but am not sure how exactly that will fit with psychoanalytic therapy, so I find myself on the fence.



I value analytic training, but I also have to weigh devoting so many years to it when many patients want to work on specific problems, and limit the time and money they will spend.



Another question is whether working with patients four times a week is actually the best training for therapists who are primarily going to be treating patients in weekly therapy.

We thought we might also want and need to pursue other specialty training to deepen clinical understanding in other ways:

Psychiatry residencies and clinical psychology doctoral programs provide increasingly disparate training. The field is so big now. There is so much more to know. More therapeutic modalities, more research papers, more theoretical advances, more medications. Training after psychiatry residency or clinical psychology Ph.D. is called for. Increasingly therapists are called upon to specialize and sub-specialize. What training will be enough for a specific job? Or to give patients good enough care by today's standards?



Some of us have chosen to deepen our understanding of the human condition through other paths such as women's health or child fellowships, which can make the time demands of analytic training even more daunting.

THE DECISION

Given the strength of the pull, and how much we all enjoyed and felt we benefitted from the fellowship, it was surprising that none of us decided to embark on psychoanalytic training following our fellowship year, and most remained on the fence about doing so in the future. This conflict can be best summarized in the following series of quotes:

If and when I pursue analytic training, I want the process to feel like the goal, and not just another process. So, for now, I'll wait and see. The psychoanalytic fellowship has been a wonderful way for me to stay invested in analytic ideas and discussion during a busy clinical year.



For now, I will try to make the most of these kinds of opportunities; perhaps I will do one of the psychotherapy

training programs. The time is not now for analytic training; I hope I'll recognize it when it is.



Everyone knows the costs in time and money of psychoanalytic training, and yet many and many more have chosen to do it and have felt richer for having done it. So, what holds me back? Lots of people have said to me that I should just jump in with both feet if I think I want to do it. Why? Is the water that cold? Is it that painful? I'm planning to ease myself in one step at a time. Hopefully, the water will feel just right.

DISCUSSION

It is no secret that analytic training requires a huge, long-term emotional and financial commitment. A significant part of this commitment entails one's own personal analysis. However, reports which have suggested that some therapists opt not to embark on analytic training because they do not wish to have a personal analysis, or to work in depth with patients, do not accurately describe the 2010–2011 psychoanalytic fellows' "training conflicts." In fact, as mentioned earlier, many of us were or had been in analysis or psychodynamic therapy. We ranged from those who felt that at a minimum a personal psychodynamic psychotherapy is necessary to becoming a good enough therapist, to those who felt that a personal psychoanalysis is essential. We valued how our own personal analytic and dynamic therapies have strengthened our skills as therapists, for example, by enhancing our affect tolerance and enabling us to better understand our counter-transference reactions to our patients. We also valued the wisdom, depth, creativity and professionalism analytic training had imparted to admired supervisors, mentors, therapists, and teachers. We were drawn to the field out of a desire to understand the specific things that psychoanalysis has mapped so well. All of us enjoy working deeply with patients, and feel that our ability to do so has been enhanced by what we learned in the fellowship. If this were 1975, most of this group would probably have embarked on analytic training, and some regret was registered that we could not have the kinds of analytic practices prior generations had.

However, we also voiced the more practical need to earn money and spend time with family, as well as the desire to begin independent practice, after long delaying these gratifications. Although the benefits of analytic training outweighed the costs in previous generations, we struggled to decide whether the benefits outweighed the costs today. It was our impression that today few psychoanalysts, even in New York City and no matter how well trained, have full analytic practices, and that an analytic practice may not afford the same standard of living that it did in the past, particularly compared to other career paths in the field. This impression was based on conversations with admired supervisors, mentors, instructors, and other analysts.

Many of us expressed the view that training to become an analyst when we will end up mainly doing weekly (or at most, twice weekly) therapy, seems like “a fire hose to a candle.” While we felt that analytic training would make a profound contribution to our clinical skills in providing psychodynamic psychotherapy, we wondered whether such intensive training was necessary. There was even some concern that such an intense focus on analytic thinking might in some ways be myopic, and negatively impact the process of growth as a therapist. We wondered whether such a time-intensive training (particularly after another lengthy and demanding training), may trade off with other important life experiences that enhance one’s ability to relate to patients. There was a fear of getting lost in the art of becoming a good analyst, while losing touch with the larger goal of helping patients. Most analyst supervisors, mentors and instructors dissuaded us of these fears, but a number of experienced analysts acknowledged these potential tradeoffs, and they described a long period after analytic training of “unlearning” or modifying what they had learned during their training.

A distinction is often made between “evidence-based treatments” and psychoanalysis. This distinction has had sway over those who are not professionals in the field, the press, funding agencies, and some people seeking treatment who are not knowledgeable about psychotherapy. However, we did not share the common concern that psychoanalysis is somehow less evidence-based, compared to other newer forms of therapy. In fact, we appreciated the open-minded inquiry of psychoanalytic mentors and supervisors. We specifically valued their intellectual curiosity and integrity. We viewed a century of process notes as “evidence.” In

direct contrast to the implications of the phrase “evidence-based therapies,” we felt that one great benefit of analytic training is the opportunity it affords for in-depth examination of mind, personality, interpersonal relationships and the intersubjective process: the underpinnings of behavior. For many of us, curiosity about these things drew us to the field.

We were nonetheless mindful that recent decades have produced huge advances in other kinds of evidence as well: evidence about the psychopharmacological treatments, learning disabilities, the brain in various psychiatric diagnoses, epigenetics, and other biological and psychological substrates of emotion and behavior. Many psychoanalysts already integrate as much of this knowledge base as possible into their practice, or refer their analytic patients for adjunctive specialized treatments. However, the limits of the analytic approach are clearer today than they once were. Certain problems (such as obesity, eating disorders, some anxiety disorders such as OCD, physiological sexual impotence, learning disabilities, and family problems) that were once understood and treated analytically, may now be better understood biopsychosocially and more effectively treated with medication and/or other types of therapy.

As the field has advanced scientifically, specialization within psychiatry and clinical psychology has become the norm rather than the exception. We remained keenly aware of the need for specialization within the field, as demonstrated by the fact that the majority of us were already in, or were planning on, advanced training in a subspecialty, such as psychosomatic medicine, forensic psychiatry, child and adolescent psychiatry, eating disorders, and women’s mental health. Therefore, we felt the pull toward psychoanalytic training and also the push toward other specialty training. In the past there existed pitched divisions between different schools of psychoanalysis, which have to some extent been integrated and diminished over time. One could argue that now the more relevant distinctions are between analytic training, training in other psychotherapeutic modalities, and a focus on specialization.

Training to become a good practitioner in many medical specialties takes four years. While some established psychotherapy training paths are shorter, training to become a good psychotherapist actually takes much longer. This may be attributed to the current

state of the field where there have been so many disparate advances that have not yet been integrated into theory and practice.

Some of us are setting up an “informal” analytic training with a personal analysis, and either individual supervision by psychoanalysts or peer supervision with discussions of important papers. We will be doing this in the context of treating the psychotherapy patients who comprise our practices, rather than analytic cases. Some of us will also be seeking more psychodynamic psychotherapy training through shorter-term training programs, such as those offered at Columbia Psychoanalytic Center and New York Psychoanalytic Society and Institute, which may be more directly relevant to treating the therapy patients in our practices, as well as more manageable to combine with specialty training. We appear to be seeking to create an innovative training path rather than follow any currently established track.

Despite our concerns regarding the duration of training, none of us opted for formal analytic training at a non-APsaA institute, where training can be shorter. Some of us were drawn to analytic programs where our supervisors and mentors had trained, and were much less familiar with the other options. Some of us had the impression that the institutes where our supervisors trained were more likely to provide us with the kind of experience we would want from training. While we did not actually know how the institutes compare in the dimensions important to us, we did recognize our values for choosing an institute. Given the struggle most analysts face to have an analytic practice, we felt that if we do eventually embark on analytic training we will most likely want to do so at institutes where members are more likely to have analytic practices. Also, with the perceived need for cutting-edge thought at this time of scientific transition, analytic training may seem only worth doing at an institute where creative and innovative thought is taking place. We felt that an important selection factor in choosing an institute would be one in which a cohort of like-minded teachers, supervisors, and candidates are doing creative work.

Psychoanalytic training has long been promoted not only for its unique perspective and training focus, but also as an opportunity for psychotherapists to become part of an intellectual community, important for ongoing academic development, collaboration, peer support, and even patient referrals. We were particularly aware of this need for community and drawn to be part of a thoughtful

community of analysts. However, as our plans indicated, we were also planning to find community through subspecialty training (i.e., a board-certified or other sub-specialization), or developing a niche for our clinical work. Psychiatrists and other mental health providers of this era may be looking for identity and community from a variety of sources, and the pull towards analytic training for this particular purpose may be less strong than it once was.

Finally, this paper has been a group effort. Consistent with a Balint Group, the group process in writing this paper on training conflicts may have been a parallel process to our conflicts about training. The fellowship ended with our thinking we would not have a paper to publish, though the paper was in fact substantially written by that time. There was discussion about whether we should write the paper in different parts, with some contributing to the “push” and others to the “pull.” There was even concern that the different perspectives could not be unified into a single paper, that the points of view were (perhaps) irreconcilable. We felt pushed, pulled, and split between analytic training and the other kinds of training, just as we felt we somehow had to split the writing task into push and pull groups.

We felt that both psychoanalytic *and* other clinical trainings (other therapeutic modalities and specialization) were necessary to be a “good enough” therapist, and that no one of these was sufficient. Was our possessiveness of the paper, combined with the inertia to move forward, an enactment of the conflict between our attachment to the idea of analytic training and ambivalence about embarking on it at this time? The pressures we place on ourselves in balancing the demands of clinical work, academic training, and personal life may be felt to be excessive, as with the demands we placed on ourselves in writing the paper. Was the group process an enactment of our worry about creating divisions within the group itself? Was the delay in finishing the paper a product of worry about how the “push” arguments would be received, especially in a public forum, by those we admire and like, and by whom we may still hope to someday be trained? Was this decision whether or not to pursue analytic training forcing us to face that developmental precipice which makes one realize that it is impossible to pursue all options in life, that one eventually has to make choices about how to allocate one’s time and energy? It was very hard work to get ourselves to pull together in order to complete the paper, and it was not

accomplished until more than six months to a year after the fellowship ended.

Another conflict arose during the revision process. Some wanted the paper to be written as an account of a decision process, and others as an exploration of an ongoing conflict. Did those who saw themselves as having made a final decision view change within analytic training itself (integration of scientific advances, pragmatic development of psychoanalytic psychotherapy techniques) as impossible, or beyond our ability to bring about or even discuss? Did those for whom the training conflict was ongoing see training as more of an evolving process? Did our insistence that we had to split into “push” and “pull” groups, that we could not write as one group about all of our ambivalences and conflicts, and that perhaps the two views were so irreconcilable that they could not be written about in the same paper, mirror the current state of the field, with many as yet unintegrated advances, and separate training paths which are often at odds? (The training paths sometimes diverge politically and structurally; moreover, to pursue as many as we felt were necessary to become good enough therapists would take so long as to require personal sacrifices that would make us less effective therapists.) That we may have initially enacted conflicts about training in the writing process, instead of verbalizing them by finishing the paper, demonstrated how deeply these conflicts were felt. Nevertheless, our conflicts about training parallel problematic splits in the field and in the training landscape as currently organized.

CONCLUSION

As the title of this paper suggests, the decision we initially appeared to face was whether to train or not to train. Upon closer examination, our conflict was not an “either/or”, but rather a “both/and” conflict. We valued psychoanalytic and other types of training. We wanted to pursue further therapy training as well as other interests and life goals. Our experience was perhaps not so much a pull towards and a push away from analytic training but pulls in many directions at once.

We live in a time when many traditional institutions are breaking down due to advances in technology and economic

changes. Psychoanalysis and analytic training are not alone in this. The world we grew up expecting, the one inhabited by those with whom we have identified, is not the world we now encounter. We may not like buying books on Amazon.com instead of at a bookstore, or having legal associate positions outsourced to the Midwest at much lower pay with no prospect of advancement, or the decline in the tenure system, whereby most college professors now must work in adjunct positions, rather than tenured ones with benefits. We may find many of the changes in the institutions of marriage and the family stressful, such as later marriage, more single-parent families, and higher divorce rates. But that is where we are. We mourn as every generation does for the old world that is passing, and the more so because the speed of change is so much greater now. We live, as the much-quoted Chinese proverb has it, in “interesting times.” W.H. Auden wrote of a group of poets “born both too early and too late,” whose task it was to consolidate the work of earlier poets in order to make possible the flowering of the poetry of the Renaissance. Perhaps psychotherapy training currently faces such a challenge.

The efflorescence of many types of evidence in the past 100 years now makes training to be a “good enough” therapist by current standards too long and too expensive to be practical. At this stage in our lives, this further postpones our drive for independence, already delayed by years of graduate training. Perhaps analytic programs would again become more appealing to potential candidates if they relied less heavily on didactics, and more explicitly on collaborative group discussions that encouraged creativity, critical thinking, and innovation. This may also be what the state of the field demands.

The conflict is not ours alone. Respected analytic mentors, supervisors, and instructors voiced similar concerns. Many have never got around to publishing what they described as long thought-out ideas about modifications in technique and training. When we brought up such ideas in classes or supervision we often encountered sharp disagreement from other analysts, expressed with an intensity that suggested resistance to change. Nevertheless, what we experienced as conflict and ambivalence, and others describe as crisis, may amount to personal nostalgia and disappointed expectations, experienced by generations who find the field no longer as it was when we initially identified with it. What would

happen if the analytic community found a way to discuss these diasporic developments and disagreements?

Perhaps analytic institutes could expand opportunities for potential candidates to examine and share the inevitable hopes and doubts that come with such a big decision, as we have had the opportunity to do through this fellowship. Debate about current issues in psychoanalysis could be encouraged. This might actually promote recruitment, fostering the feeling that a commitment to analytic training is not simply a leap of faith, but rather an ongoing opportunity to explore.

Hovering just beyond our conflict is a sense of hope, as well as a vision. Our hope for psychoanalysis is that it will make of its crisis an opportunity. We hope that the characteristic intellectual integrity of psychoanalysis, and its tradition of personal integrity, will prove resilient. Our vision is that psychoanalytic theory will not ossify and become marginalized, but will continue to define new terrain and to ripen, improving analytic and psychodynamic psychotherapy treatment and training.

From its inception, psychoanalysis has been the product of multidisciplinary integration (Makari, 2008). Perhaps our task now is to integrate advances in knowledge and use them to further elaborate, articulate, and refine psychoanalytic theory, therapies, and training. As analytic theory becomes more integrated in itself, along with other advances, the focus of training can move away from providing a comprehensive understanding of analytic theory, and towards mastering the essential therapeutic principles. This might focus training and make it easier to do it in a shorter amount of time.

As we pursue careers in the uncharted terrain of a changing field, we found it helpful to explore the ambiguities and conflicts inherent in our training decisions with each other. A journey into the mind is a challenging road, one that will always bring up anxiety, excitement, and resistance, one that is best approached in the fellowship of others.

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