

Psychoanalytic training in the Eitingon model and its controversies: A way forward.

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Psychoanalytic training has been an object of controversy for many years. Contrasting viewpoints have been advanced and enthusiastically argued. Is current training too rigid or too loose? Does a training analyst system in an Eitingon model produce corrupt outcomes? At what frequency should candidates have their personal analysis and when is it finished? How often each week should candidates see their patients? Should training be longer or shorter? When is a training complete, who says so and on what basis, etc., etc?²

While the controversies have been “raging”, effort to support the different propositions with any kind of systematic observation has been mostly absent. At the same time, trainings in each of the IPA’s three regions have witnessed a tendency for personal analyses to shorten, for the settings for supervised patients to become more “flexible”, for frequencies generally to reduce, for oversight of societies and candidates to be weakened or abandoned, and for training analyst systems to be contested or even abolished. Currently, some IPA society presidents have identified a crisis as to whether new competing training institutions in their countries, traditionally self-defined as training psychanalytically influenced psychotherapists, should be construed as training psychoanalysts.

In this paper, we present some preliminary conclusions about psychoanalytic training in the Eitingon tradition drawn from the detailed observations collected during what we will call structured “conversations” that nine European society training committees have been having with each other in “exchange visits” over the past eighteen months. All nine training committees formally consider that they implement the tripartite architecture of requirements concerning the candidates’ training analysis, cases seen under supervision and theoretical seminars, defined by the International Psychoanalytic Associations (IPA) as the 1925 “Eitingon” model’s three pillars, at least until changes controversially introduced into that model in 2017.

Briefly, at each visit, at the invitation of the “visited” society, four training analysts from four of the other societies participating in the project spent three days with the aim to learn how training in the “visited” society is implemented. One of the “visitors” from a coordinating group chaired the “visitor” group. The idea was that by listening and discussing detailed descriptions and instances, the “visitor” group could construct a picture of the training model as it is actually applied through personal analysis, clinical activity, supervision and theoretical and clinical seminars. Structured by actual examples from different candidates’ training, they tried to pay careful attention to how the “visited” thought about what each component was meant to achieve and how things had evolved over time. At the end of each visit and before leaving, the visiting team gave feedback to the host training committee, who later received a written report designed to foster reflection.

Prior to arrival, the visitors were sent preliminary descriptions of the relevant training and on the first evening would have a preliminary discussion between themselves. Their aim was

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² A search for articles in the PEPWEB archive conducted on November 9th, 2019 found 98 articles using the phrase “Eitingon training model”.

twofold. First, to foster what was termed at the outset a benign “3rd position” process for the coming discussions with the “visited”. Second, to work through the way each society’s training was implemented by listening to concrete examples – by meeting those responsible and then hearing about how the system of personal analysis, supervised cases, lectures and seminars worked.

We stressed as important that the teams should ask for and discuss detailed case examples, including how supervisor and training analyst appointment systems worked in practice in particular instances. They would also talk both to candidates and to the wider society accommodating the training to pick up “atmospheres” – a mood of satisfaction or dissatisfaction, of conflicts, fears or disinterest, or a sense of cooperative integration or something divided or split. Note, that there was a fundamental equality from the symmetry of the process: “visitors” will eventually become the “visited” so that some of those “visited” at any meeting may have had, or have anticipated, being part of the process from the other position.

Colleague A, who participated on both sides in two of the early visits, summarises how although the difficulties just mentioned were indeed present in the atmosphere of visits, the principles of neutrality, respect, tolerance, enquiry and empathy specified by the coordinating group as ground rules, the same rules as for psychoanalytic work, appeared effective.

I found the thoughtful, reflective and appreciative attitude of the visiting team towards the “visited” society, and vice versa, quite crucial as a starting point for the visits. It began with the firm conviction that each institute provides a valuable psychoanalytic training. From that perspective, I found the visits so far helped to create an atmosphere where analysts of different societies and with different points of view could talk to each other and exchange their views on training issues. We were gradually able to speak frankly about many things. I then found we were helped to think in depth about crucial issues that otherwise tend to escape our notice in daily routine. This new third perspective allowed one to observe oneself as part of a couple, a part of a training committee and in an institution. As the visit continued, I realised it would be naïve to believe that psychoanalytic training could take place without encountering deep problems and conflicts. In fact, I now think if there would be no emotional problems, we might say it is probably not really a psychoanalytic training! In any single psychoanalytic training institute problems and conflicts will always be found that need to be addressed and talked about in order to prevent their “unconscious” and repetitive impact on the training situation. To effectively face such problems and conflicts probably every training institute needs external help, help from outside one’s own institute. As the visits went on, to a high degree, the conflicts and problems we were hearing about in the different trainings seemed to result from a constant emotional pressure from the patient to the candidate to the supervisor to the society! It was always about conflicts. The unconscious conflicts that the analysand and the candidate are working with spread out and extend to the supervisor and even the society. Defining all the situations in psychoanalytic training that create emotional pressure could be a first step to better deal with such problems. And it was a relief to realise it and to know our situation was not usual. What was compelling I came to see was that the problems and conflicts we heard about could be used in institutes as a source for finding innovative solutions that deepened the training experience, or for avoiding it. It seems, therefore, that how difficulties are managed and whether or not the deeper conflicts are faced or avoided will be very important.

Our paper includes a further 13 such observations and discussions of them and will be submitted to the *International Journal of Psychoanalysis* after the Vienna meeting and discussion.

To anticipate and summarise our findings, we have three central conclusions.

First, it is apparent that current implementations of the Eitingon architecture differ widely, often for local “historical reasons” not always openly recognised locally as variations that in certain respects may be inconsistent with the original Eitingon logic. Certainly, the variations make it rather difficult to conclude that there is one set of rules currently applied that unequivocally shows that an Eitingon training is being used.

Second, it became clear that whether a psychoanalytic training is “working” is not a matter of requirements. Rather it is an issue of how candidates, training analysts, supervisors, committee members, etc., confront the dynamics that psychoanalytic training *must inevitably* create, due to the profound anxieties, outrageous desires and deep conflicts that will be unleashed and that psychoanalysis has done so much to highlight. Conflict is inevitably stimulated in the clinical process of personal analysis and supervised cases and so will or not be contained and managed to provide insight and learning in a psychoanalytic way. Our visits suggest that whatever varied models of requirements exist about the amount of personal analysis (when it happens, for how long and at what frequency), the frequency and number of control cases, the conduct of supervision or the content and timing of seminars in different trainings, they can in reality only be ideal abstractions. The challenge for a training committee is their concrete implementation and in every case this is inevitably and painfully uncertain.

The fulcrum question, therefore, is do those inside a training - candidates, training analysts, supervisors, committee members, etc.– routinely use psychoanalytic knowledge to confront and meet the challenges they face? In every visit, we found these challenges included all manner of parallel processes and the unearthing of unwelcome facts that necessarily evoked more or less unbearable thoughts and feelings. We will describe, for example, the problems of how to manage that some people were better than others are at different tasks or individually define their ‘primary task’ in widely different ways. Some personal analyses can end in fragile idealisation or unconscious hate. Patients produced effects that were partly unconscious to supervisors and candidates. Candidates and supervisors to an extent were provoked to act out in the countertransference. Unconscious rivalries were stimulated and described. Above all, learning took time and for some longer than others, requiring honest feedback, which could be painful and create resistance until worked through, which may not always be possible. Most important, unrecognised or evaded unconscious residues of how all this had been managed in the past appeared to persist into complex and sometimes potentially destructive relationships in the societies that hosted the trainings.

Third, therefore, in consequence of the previous two points, we propose that training committees that seek to claim that their psychoanalytic training is genuinely and safely producing psychoanalysts would be ones who can *show themselves* that they attend to the dynamics just listed, expect them and take a neutral inquisitive stance towards them. We thought, therefore, that training organizations could and should create and routinely evaluate indicators of how their training organization, the candidates and the societies in which training is accommodated, meet the challenges we have just identified. We set out some initial ideas about such indicators.

We believe that with further development and discussion such indicators could be consensually elaborated and then used to create regular feedback to training committees as to the state of health of the core dynamics to which they should aspire. We want to stress here that the detail of these indicators should be a matter for each society. Provided their purpose is to attempt to address the core dynamics of psychoanalytic training in a transparent way, diversity and creative agility can become strengths. We have evidence that such criteria, at the heart of which is protecting a neutral stance, brings relief. Such indicators, we also suggest, can solve the main problems that the societies of the International Psychoanalytic Association

are trying to manage to keep that organization meaningful as the quality assuring association it was originally designed by Eitingon to be. Training organizations who have the criteria we have indicated would have no need to fear a visit.

In the paper, we describe our findings and support them further in a series of steps. We begin (1) with three brief illustrative vignettes from the visits, which were typical and so may alert readers quickly to the main issues. Next, (2) we set out details of the way the visit programme was organized and a sample of the typical responses to the methodology, as set out by three colleagues. Third (3) we summarise observations made by a sample of “visited” and “visitors”, drawing out some of the main issues that emerged.

Initially, as one visitor (I) put it, most of the teams had supposed the Visit project was to investigate only how each society used the Eitingon model, understood as an architecture for building experience and learning through simultaneous elements: personal analysis going on contemporaneously so as to facilitate increasing depth and learning from supervised clinical work, reading and lectures, until qualification. In fact, only one society followed that model exactly and even then, with some variations to solve practical problems and plenty of anxieties about evaluation and appointments. All the other “visited” societies were implementing different variants – “but in most cases in a way that was functionally incompatible with *the purposes* of the tripartite Eitingon model”, as visitor I summarised. For instance, in some societies personal analysis was independent – in a sequenced sense - from the supervisions and seminars. “*Supervised cases could then be independent from the candidate being in analysis, making the purpose of the personal analysis to deal with internal problems raised within the candidate/ patient couple (potential lack of insight and sensitivity, defences like displacement, denial, misuse of countertransference in favour of projection, etc.) somewhat redundant*”. There was also confusion about the function of teachers as well as differences in the monitoring of candidates’ training. A result in one Institute was that “*candidates could feel left to themselves. Seminars had stopped and perhaps personal analysis but they were yet to see a patient or just beginning so that “although the three main Eitingon “pillars” were present in the training the way they interacted with each other differed and the “philosophy” underlying the reasons for the tripartite model seemed to be quite blurred... Eitingon come to mean high frequency with the philosophical architecture behind its rules detached from the originally intended interactive timing of the different constitutive elements.*” (Visitor J). The purpose of the architecture, in other words had vanished.

This observation moved us from thinking about training as static, in terms of requirements, to thinking about it as dynamic, having the potential then to manage both for individuals and training structures the inevitable difficulties that everyone involved in the process will encounter. The societies “visited” had all discussed and made changes over the years. They had, in other words, evolved and developed their approach. Frequently, they had encountered and resolved, maybe somewhat always imperfectly, the conflicts and differences that got stimulated. In this way, like clinical work itself, the outcome of the dynamic of training in every society was an ongoing culture for training. The question, we suggest, is what that psychoanalytic culture actually is: does it face the conflicts stimulated from a neutral position allowing them to be surfaced, understood and learned from or does it retreat into side-taking and cliques?

We know as psychoanalysts that uncomfortable thoughts and feelings can be so unbearable as to motivate us to break links and connections in numerous ways to render them not known – unconscious. Just as it happens in all of us as individuals so can it happen at an institutional level – for example, with conspiracy theories or paranoid fantasies being developed about different groups or sections of societies. So, what we might call splitting does seem to occur in each Society to a degree, sometimes linked to severe tensions between

groups within a society in connection with controversial ideas about training or practice. Blaming or differentiating oneself from others and then devaluing them is one way to bear pain. Disappointed idealisation can be toxic and painful.

From this perspective, the indicators that we think each training should work to create in their own way would assess the health of their training by asking questions about the capacity of their institutional structures to be robust under pressure. We conclude that whether or not a psychoanalytic training using the Eitingon model is a “real” psychoanalytic training, or not, cannot be judged by formal compliance, or not, with requirements. Rather, what makes or breaks trainings, it seems likely, is the strength and sensitivity of the personal and institutional system in place to be aware of and to manage the difficult emotional pressures *inevitably* evoked for the candidate, the personal analyst, the supervising analysts, the theoretical teachers and the training committee (perhaps even for the candidates’ patients).

When it surfaces, we suggest, the features of malaise that are observable within IPA societies (declining numbers of candidates, perceived absence of available and suitable patients, declining participation in the training, problematic relationships between the training group and the host society and even pessimism about the efficacy of psychoanalysis at traditional frequency using a traditional setting), are the outcome of varying degrees of alienation caused by institutional retreat from facing psychic conflicts. They seem likely to be the outcome of disappointment, anger, despair and despondency in the presence of experienced helplessness when confronted by the deep internal conflicts that psychoanalytic treatment and training *must* engender. Moreover, this is a vicious circle. The more the issues are not faced the more they will not be able to be faced.

Thus, one guideline any training committee might use is the one suggested by this member (N) of a “visited” institute:

“look out for the emotional pressures, how do we contain them, how much difficulty do we have with saying “no” or talking honestly with each other...do we have cliques and areas of silence, etc.”

We report that it was interesting that during the “visits” there were early signs of difficult atmospheres everywhere. But equally important, inhibitions would evaporate when the group got to work. Practices and outcomes then emerge touched by senses of shame, guilt, threat, helplessness or malaise - for example, old historical wounds, candidates in limbo for lengthy periods, candidates and members without patients, candidates and members with patients too difficult to treat, grievances, training analysts who didn’t participate much in meetings or who weren’t committed to agreed processes, supervisors who wouldn’t write reports, possibly prematurely and unsatisfying terminations of personal analysis, idealisation and cliques, scientific meetings where no one wanted to present clinical work for fear of criticism, etc.