

THE HISTORY OF MEMBERSHIP
AND CERTIFICATION IN THE APSAA:
Old Demons, New Debates

Paul W. Mosher and Arnold Richards

“It is true that in all fields a person may repeat the same mistake for innumerable years and call it experience.”

—C. P. Oberndorf,
A History of Psychoanalysis in America, p. 246

AA. Brill, “the first American psychoanalyst,” can be regarded as the founder of the American Psychoanalytic Association (APsA), and in today’s APsA the influence of Brill’s personality is still visible. Clear traces of the ways questions of status and inclusion determined his outlook on life can still be found in how the issues of certification and membership are framed in the APsA today.

Historian Paula Fass has linked Brill’s professional attitude toward membership and status to the dynamics of his character and his personal history (Fass, 1968). Brill was a poor boy from eastern Europe (Kanczuca, Galicia/Austro-Hungary) who emigrated to America in the late 1880s. When he was fourteen years old he landed in New York alone, with two dollars in his pocket, determined to make a place for himself in society. He studied medicine at Columbia at the dawn of the twentieth century, and trained as a psychiatrist for four years at New York’s Central Islip State Hospital. On a trip he made to Europe, to broaden his knowledge of international trends in psychiatry, Brill was captivated by the dynamic psychiatry of Freud. He pursued additional training at the psychoanalytically informed Burgholzli in Switzerland, and paid a visit to Freud himself, in Vienna, who selected Brill to translate his works into English.

After his return to the United States in 1908, while working at Columbia's Vanderbilt Clinic, Brill established a private practice in New York, and thus became the first American psychoanalyst. Brill, who by this time had already joined the exclusive Harmony Club, also displayed his taste for distinction and status by promoting the requirement of a medical degree for membership in the New York Psychoanalytic Society, which he had founded, and this restriction (the exclusion of lay analysts) determined the earliest practices of what—to Freud's chagrin—eventually became the APsaA. Brill was profoundly committed to establishing the legitimacy in the United States of this exotic European import by making it a respectable medical subspecialty within psychiatry.

The New York Psychoanalytic Society began at a meeting with his medical colleagues at Brill's home on February 11, 1911. By 1912, the New York Psychoanalytic Society had 27 members, all physicians. At that period, in its early history, most meetings were attended by only a handful of members, and the Society functioned more as an intimate study group than as an administrative institution.

In the same year as Brill founded his organization, a short-lived "American Psychoanalytic Association" was founded in Baltimore. This group was established at the instigation of Ernest Jones with the blessings of Freud, who had hoped that Brill would form an American Psychoanalytic Association with James Jackson Putnam as its first president. The choice of Putnam reflected Freud's preference for a non-Jew to head the psychoanalytic organization. Brill was invited to join the original "American Psychoanalytic Association" with his own group, and serve as its secretary. Brill did become a member of the Baltimore organization, but, resisting intense pressure from Jones and Freud, he neither became an officer nor worked to merge his New York-based Society with the new organization.

While Brill's collegial and cohesive New York Psychoanalytic Society survived and prospered, the Baltimore-based American Psychoanalytic Association, whose founding members were a mixed group of psychiatrists and psychoanalysts, did not flourish and ultimately was dissolved. Eventually, prominent members of the Baltimore-based Association, such as William Alanson

White, floated proposals intended to disband their American Psychoanalytic Association and to merge it into what was later to become the American Psychiatric Association—then called the American Psychopathological Association.

Although Brill's New York group was strongly medical in its orientation and eager to be recognized as a legitimate branch of psychiatry, it was, at the same time, understandably resistant to the prospect of being absorbed into a larger group of psychiatrists, many of whom were openly hostile to psychoanalytic concepts. The conflicting interests, to belong to American psychiatry while not being digested by it, made it impossible for medical analysts over the decades to agree on proposals to establish *board certification* within psychiatry for psychoanalysis.

I. "CERTIFICATION" ATTESTS TO PSYCHOANALYTIC TRAINING

In the 1920s, before standardized rules for the training of psychoanalysts had been established in the United States, people who wished to become psychoanalysts—whether or not they had medical degrees—traveled to Europe to be trained by established psychoanalysts there. When they returned to the United States with a *certificate* from their teacher documenting that they were now trained as analysts, they expected to be admitted to the New York Psychoanalytic Society. In other words, the certificate attested to their *training*; it was not a recognition of the postgraduation competence of these individuals. But although at first the New York Psychoanalytic Society accepted such people as members, it changed its position as it became ever more strongly committed to limiting the practice of psychoanalysis to physicians. In 1934 it reached an agreement with the International Psychoanalytical Association (IPA) providing that analysts "who had been trained in Europe and *were so certified* but who in other respects did not meet the requirements of the Society to which they applied could be refused admission" (Oberndorf, 1953, p. 196)

Brill's medically oriented New York Psychoanalytic Society survived through the succeeding decades, and by the end of the 1920s somewhat similar analytic societies had been founded in Washington–Baltimore, Chicago, and Boston. In 1932, those four societies confederated to form a new American Psychoana-

lytic Association, the forerunner of today's APsaA. Each of these societies had or was forming a training institute, and these training institutes were not in any sense a function of the APsaA or any outside organization; each training institute was administered by its respective society.

Between 1932 and 1946, the APsaA was a confederation with two classes of members: individual members and member societies. An individual member of a component society was automatically accorded individual membership in the APsaA as well. There was no central control over eligibility for individual membership in the Association. Some issues were determined by votes of individual members, but other issues were voted on by societies: that is, each member society had one vote. The Council on Professional Training could make recommendations, but no change in the official recommendations of the Association regarding training and standards could be made without the *unanimous* approval of all the member societies. The Pre-1946 Bylaws said very clearly that *the Authority of the Council on Professional Training shall be limited to making recommendations.*

The Association was dealing in the 1930s with several intertwined questions: the absorption of the refugee psychoanalysts, the enduring question of lay analysis, and the controversial proposal to establish a psychoanalytic credential and subspecialty within the American Psychiatric Association. There was serious concern about a shortage of analytic patients in New York; it was feared that the influx of European analysts (some of whom were not physicians) would make the shortage worse. It is not unlikely that the influx of nonphysician analysts from Europe contributed to the interest in making psychoanalysis "medical." In 1938, the Association introduced a new rule stating that only physicians who had completed a psychiatric residency at an approved institution could become members (Hale, 1995, p. 128). This rule was part of a larger effort that reflected the aspiration of Brill and others to make psychoanalysis a medical discipline, and found expression in proposals to create a *board certification* in psychoanalysis. Board certification in medicine is the traditional way legitimacy is achieved for practitioners of new specialties and subspecialties, and to some extent it limits the ability of non-certified physicians to compete in the practice of their specialty.

II. CERTIFICATION IN PSYCHOANALYSIS AS A SUBSPECIALTY OF PSYCHIATRY

Brill and his colleagues believed that achieving such *medical board certification* would legitimize psychoanalysis as a medical discipline, and, in the United States, *certification in psychoanalysis* initially referred to the possibility of establishing psychoanalysis as a medical specialty. The New York Psychoanalytic Society, accordingly, passed a resolution in 1941 urging the APsaA, the national organization, to advocate such a certification within the American Board of Psychiatry and Neurology. However, the APsaA leadership rejected this proposal on the grounds that the proportion of psychoanalysts within psychiatry was not yet sufficient to give the APsaA adequate influence on the certifying board. As an alternative, the leadership of the 1932–1946 APsaA declared that, for the time being, an APsaA membership card would constitute *official certification in psychoanalysis* (Knight, 1953). So, while “medical board certification” attests to the post-graduate assessment of a professional, the “certification” that Knight and the APsaA leadership instituted was simply an affirmation of the fact of training—because *completion of training* was the only criterion for eligibility to join the APsaA at that time.

The young APsaA’s response to the problems created by the influx of European analysts escaping the Nazis was the cause of serious disagreement with the IPA on the issue of lay analysis—Brill’s *bête noire*. Brill had succeeded in establishing the M.D. degree as a requirement for membership, first in the New York Psychoanalytic Society and then in the APsaA Association. But this position was not universally supported. When a group of psychoanalysts formed the new San Francisco Psychoanalytic Society, which joined the APsaA in 1942, the new Society was told by the APsaA that it could not retain as full members the distinguished lay analysts Anna Maenchen, Erik Erikson, and Siegfried Bernfeld. The San Francisco Psychoanalytic Society capitulated reluctantly, giving their lay analysts affiliate membership status in their Society, since giving them full membership would have meant that they were also automatically full members of the APsaA.

Even the New York Psychoanalytic Society had offered a

second-class membership status to such New York lay analysts as Theodore Reik, Eric Fromm, and Ernst Kris. But Brill staunchly resisted the inclusion of psychologists as full society members, and Brill's exclusionary views held sway in the APsaA for decades. In fact, as late as 1954 the American Psychoanalytic Association, the American Psychiatric Association, and the American Medical Association published a joint resolution holding that *all psychotherapy* was a medical procedure and so should be practiced only by physicians.

Other than in a few exceptional places and times in history, psychoanalysts have always been keenly aware of the limited demand for their services, the controversy over psychoanalytic practice by nonphysicians has a long and troubled history going back at least to 1912 in Europe. According to Schröter (2004) Carl Jung wrote to Freud in 1912 complaining about a potential nonmedical psychoanalyst, saying, "There are just enough patients for ourselves" (p. 161). Schröter comments in a footnote: "It can be safely assumed that *economic concerns*, as expressed by Jung in the above quotation, played a critical role in most stages of the controversy over lay analysis. *Since, however, they were rarely admitted openly but rather tended to be veiled by statements of principle*, their impact is difficult to assess" (p. 161, emphasis added).

Tensions in the profession increased in the early 1940s, with emotional disagreements between those who advocated a Freudian orthodoxy and those who advocated academic pluralism and the freedom to challenge the basic Freudian tenets. In April 1941, Karen Horney was demoted from training analyst to lecturer by a majority of those voting (but not a majority of those present, because many abstained) at a meeting of the New York Psychoanalytic Society. After the vote was announced, Horney, Clara Thompson, and three younger members of the New York Psychoanalytic Society (Kellman, Robbins, and Efron) walked out of the meeting and, later, resigned from the society (Hale, 1995, p. 143). The story, apocryphal perhaps, is that they stood outside the building on West 86th Street singing "Let My People Go," and then walked to the bar at the Tip Toe Inn on Broadway, where they discussed founding a new Society. Later in 1941, Karen Horney and her associates founded the American Association for the Advancement of Psychoanalysis (AAAP),

whose very title infuriated the New York Psychoanalytic Society. The AAAP itself evolved into several other groups (in part because of the lay-analyst/medical-affiliation issue), among them the William Alanson White Institute and the New York Medical College group. The William Alanson White Institute was founded by Clara Thompson and Eric Fromm, who felt that Horney had marginalized them by not assigning them new candidates for analysis and supervision. The name was probably chosen by Harry Stack Sullivan in honor of his mentor William Alanson White, who was also one of the founding members of the APsaA in 1911.

The New York Psychoanalytic Society had formed an Educational Committee in 1923 and an institute in 1932. Sander Rado was the Society's first director of training. But he was removed from his position as Education Director of the New York Psychoanalytic Society in 1941 due to perceived deviations from orthodoxy in his teaching. In 1942, Rado, David Levy (a former president of the APsaA), George Daniels, Abraham Kardiner, and Carl Binger left the New York Psychoanalytic Institute and started a new psychoanalytic society in New York, the Association for Psychoanalytic Medicine; they also went on to found a new training institute associated with the College of Physicians and Surgeons of Columbia University. However, the bylaws of the APsaA, which allowed only one society in each city, prohibited the affiliation of this new society with the APsaA. The Rado group, who wanted a psychoanalytic society affiliated with a university, applied for recognition by the APsaA in 1942, and the group's members threatened to resign from the APsaA if the new society was not recognized. A proposal to amend the APsaA bylaws, which still prohibited more than one institute per city, was defeated. Rado threatened to create a new national organization unless a way could be found to include the Association for Psychoanalytic Medicine within the APsaA.

These splits might not have had any impact on the APsaA, except that the William Alanson White group, which included Erich Fromm and Clara Thompson, had been designated as the New York branch of the Washington School of Psychiatry, which was a part of the Baltimore-Washington Psychoanalytic Society and Institute. This in turn was an affiliate of the APsaA. Candi-

dates trained at William Alanson White, therefore, were eligible to become members of the APsaA. But that situation changed when the Baltimore Society ended its association with the Washington School, and eventually the William Alanson White Institute analysts who were still members of the APsaA sought independent-affiliate status for their institute in the APsaA. A committee was formed to consider their application. The deliberations were drawn out, to say the least, and they ended when the William Alanson White members realized that they never would be accepted because of their heretical interpersonal point of view. The situation also changed because after the Baltimore and Washington institutes split, the Washington School of Psychiatry was divorced from the Washington Psychoanalytic Institute and could no longer maintain its accreditation in the ASPsaA (Gray, personal communication, April 14, 2004).

In 1946, following contentious years of negotiation and partly as a result of the fallout from the Columbia Institute controversy, the American Psychoanalytic Association that had been founded in 1932 was disbanded, and a new American Psychoanalytic Association—the one we have today—was formed. The founding principles of the new Association represented a compromise between those who demanded diversity and those who insisted on “standards” and central control. Under the new organization, societies and institutes were now completely independent. The rule that only one society could exist in a given geographic area was abolished. These were major changes that favored those pressing for diversity, and that threatened those who feared that new competing institutes would deviate from the traditional training standards—that is, a frequency of at least four sessions per week for training analyses and control cases and four years of academic courses.

By the time the APsaA was reorganized in 1946, Rado’s new Columbia Institute was an “approved institute” and the new Society was an “affiliate society,” but the White Institute was unaffiliated and not APsaA approved. We have taken note of this early history at some length because of our belief that the resolution of the William Alanson White issue and the admission of Rado’s institute had important consequences for the character and the later history of the APsaA.

III. APsAA MEMBERSHIP “EQUIVALENT” TO MEDICAL BOARD CERTIFICATION

In the new APsAA, in its 1946 incarnation (which marks the beginning of the current Association), the Board on Professional Standards was required by the new bylaws to certify in writing that each individual applicant for membership met its ethical and professional standards. This certifying process thus became an additional criterion for membership and was carried out by a membership committee of the Board on Professional Standards in an increasingly controversial and rigorous manner. The 1946 bylaws did not explain clearly whether what was being certified to was *the fact of training* or the result of a *post-training evaluation of the applicant* by a body outside the applicant's institute. This ambiguity was at the crux of what would become a fifty-year-long dispute in the APsAA. Until 1977, a prospective Active Member applied for *membership* in the APsAA through the certifying process of the membership committee; that post-1946 membership process was not formally called “certification” until 1977.

Even though it was not explicitly called “certification” before 1977, from 1946 forward, characterizing membership in the APsAA as the equivalent of a certifying medical credential took the place of the unattainable further step of gaining a board certification of psychoanalysts as practitioners of a subspecialty of psychiatry. It served further to reinforce the exclusion of non-physicians from the profession. These two trends—exclusion of nonphysicians from psychoanalytic training and practice, and use of a medical specialty-like certification process for medical psychoanalysts—took root only in the United States. One may rightly ask, therefore, what it was about the historical development of the profession in the United States that led to this unique situation.

Certainly there is no simple explanation of this phenomenon. We have already referred to A.A. Brill's personal inclination toward exclusivity. Other writers have remarked on psychodynamic factors that might be important. Wallerstein thought that the issue of identity in the profession was an important determinant. Is psychoanalysis a branch of general psychology, as

Freud believed, or is psychoanalysis a part of medicine—a subspecialty within the specialty of psychiatry as Brill believed it must be? Levine (2003) has explored additional possible dynamic determinants.

Furthermore, Brill himself was strongly influenced in his support of board certification and the exclusion of analysts without M.D.'s by the times in which he lived—times in which the structure of medicine and psychiatry in the United States was changing dramatically.

“The problem of lay analysis” was the cause of such extreme contention between the European IPA and the APsaA that it threatened to fracture the international psychoanalytic movement and was, ultimately, put to rest only by a truce in the form of a makeshift resolution. A full understanding of this issue is impossible without an understanding of the social environment in the United States during the 1920s and 1930s, the two decades in which the U.S. position hardened. It was in the 1920s (the anything-goes Roaring Twenties) that American psychoanalysts took the first official steps to limit psychoanalytic practice to physicians. And it was during the difficult and dreary days of the late 1930s (the depth of the Great Depression) that the proposal to add the requirement of board certification in psychoanalysis first surfaced. The restriction of access to professional practice in the healing arts was deeply imbedded in the *Weltanschauung* of this entire era.

In 1929, an APA Committee endorsed the creation of a set of qualifications for a practitioner to be seriously regarded as a psychiatrist (APA, 1929). The movement for special qualifications in the medical professions gained momentum in 1933 when the existing four certifying boards combined to form the Advisory Board of Medical Specialties (Starr, 1982, p. 357). The movement to limit the practice of specialties through certification of specialists was intensified by the severely competitive environment for practice of the Great Depression (Starr, 1982, p. 356).

The Flexner Report, which was published in 1910, just two years after Brill established his practice, pushed for restricting the training of physicians to university-based programs. Prior to that time, physicians were trained in proprietary medical schools

(some of which were known to be diploma mills), and by being apprenticed to practicing physicians. Over the 1920s and 1930s the last of these schools closed down as the Flexner Report's recommendations were implemented. Furthermore, while the Flexner Report signaled the beginning of closer regulation of the healing professions, it addressed mainly *institutions* claiming to train physicians. The issues relating to the regulation of individual practitioners were addressed through legislative methods.

In 1912, accreditation of medical colleges by a federation of state boards began (Beck, 2004). But it was not until 1926 that the New York Legislature passed the Webb–Lomis bill, which led to the New York Medical Practice Act. This Act required the *licensing* of physicians by the state. The aim of this law was to eliminate practitioners who were either outright frauds or who had been trained in obsolete or inadequate programs, all loosely referred to as *quacks*. The principle targets of this bill were chiropractors. According to Wallerstein (1998, p. 29), the Europeans believed that Brill was behind this law, and that its intention was to declare lay analysis illegal, but we have found nothing in the historical record to support this belief.

It is not well remembered today that in the very earliest part of the twentieth century, psychiatry was almost completely limited to hospital practice. The American Psychiatric Association was founded in 1844 by thirteen superintendents of asylums. Outpatient treatment of patients with nonpsychotic disorders such as hysteria was carried out mostly by *neurologists*, some of whom used elementary psychotherapeutic approaches such as persuasion combined with physical approaches.

It is the advent of psychoanalysis in the United States in the period after Brill established his practice *that began the transformation of American psychiatry from a purely inpatient discipline to one in which outpatient treatment was feasible*. Between 1922 and 1932, membership in the American Psychiatric Association increased by 40 percent. From an organization in which all but a negligible proportion had been engaged exclusively in hospital practice, by 1932 only 54 percent of its members fit this description! (Russell, 1932). Much of the growth during the Roaring Twenties had come from practitioners who were practicing analysis or other outpatient therapies based on the ideas that psycho-

analysis had brought to this country. This transformation in the APsaA, related to the influx of psychoanalysts and other psychiatrist–psychotherapists, appears to have caused something of a culture shock among the old guard of hospital superintendents.

These changes highlighted the fact that there was at that time no formal definition of “psychiatrist.” Although there had been a movement to define special qualifications for practice in certain subfields of medicine (the “specialties”) starting in 1917, there was no certification or other special qualification in psychiatry. In 1928, Adolph Meyer, in his Presidential Address to the APA, urged the creation of a diploma in psychiatry. “The fate of progress depends on minimal standards,” he said.

Psychiatry had resisted such certification for the prior two decades partly because the old-guard psychiatrists thought of themselves not as specialists, but rather as experts in the complete medical care of hospitalized patients with chronic mental disorders. However, the situation had changed drastically by the 1930s. As noted earlier, the new-guard psychiatrists, largely analytically influenced outpatient practitioners, had now come to comprise half of the membership of the organization. In 1933, James B. May, in his presidential address to the APA, urged the creation of a board certification in psychiatry (Russell, 1932). He spoke of the invasion of the field of psychiatry—first by neurologists and then by psychologists, and blamed the second invasion on the advent of psychoanalysis. He wrote:

The next great invasion of the field of psychiatry was directly attributable to the psychologists. This was probably due to the productivity of Freud and other well-known exponents of the psychoanalytical school. The astonishing activity of these writers finally attracted the attention of psychologists who had never been aware of psychiatry up to that time. It was not very long before they began publication of articles, magazines, books, contributions of all sorts, on the subject of abnormal psychiatry, which is psychiatry pure and simple, and does not belong within the domain of psychology The psychologists soon invaded the clinical field and are now laying down rules intended to guide those who are interested in the actual treatment of the abnormal.
(p. 4)

In that same year, 1933, a special section on psychoanalysis was established within the American Psychiatric Association with A. A. Brill as its chairman. Brill clearly saw himself as the father of American psychoanalysis. In 1938 he wrote:

Psychoanalysis was unknown in this country until I introduced it in 1908. [Psychoanalytic terminology] some of which I was the first to coin into English expressions, can now be found in all standard English dictionaries. Words like *abreaction*, *transference*, *repression*, *displacement*, *unconscious*, which I introduced as Freudian concepts, have been adopted and used to give new meanings, new values to our knowledge of normal and abnormal behavior. (Brill, 1938, p. 3)

Brill was a dogged proponent of a close tie between psychoanalysis and the American Psychiatric Association and remained unalterably committed to the limitation of clinical psychoanalysis to physicians. He wrote:

The American Psychiatric Association, which is the largest psychiatric organization in the world, has always been fair-minded and kindly disposed toward psychoanalysis; although some of the members were naturally critical, I always found there a sympathetic forum. Since 1926 I had worked hard to establish a Section on Psychoanalysis in this organization and . . . the council of this association finally recommended that a Section on Psychoanalysis be formed. (Brill, 1938, p. 30).

He was still unbending on the issue of lay analysis: "I have always felt that psychoanalysis as a therapy belonged to the medical profession, to psychiatry, and what I have learned during all these years has not changed my opinion" (Brill, 1938, p. 29).

Three years later, summing up his career, Brill (1942) wrote (note here his echoing of May's use of the concept of invasion):

This leads me to the non-medical practitioners, to the so-called lay-analysts who began to invade this field of psychotherapy about twenty years ago. Despite the fact that I have known some highly educated lay-analysts, conscientious men and women, whose theoretical knowledge of psychoanalysis leaves nothing to be desired, I feel that as the problem now stands they should not be allowed to practice psychoanalysis or for that matter, any other form of psychotherapy (p. 546).

The American Board of Psychiatry and Neurology was established in 1942, and immediately a movement began, certainly promoted by Brill, to establish a subspecialty board for psychoanalysis within that new board. In that year, Brill's New York Psychoanalytic Society passed a resolution urging the APsaA to press for the establishment of such a board, but in a recapitulation of an earlier dynamic, this proposal was not acceptable to other APsaA societies, evidently concerned about losing control to a board composed of mostly nonpsychoanalysts. Instead, as noted, the officers of APsaA declared that for the time being a membership card issued by their organization would constitute official certification. Finally, in the reorganization of the APsaA in 1946, the Board on Professional Standards was given jurisdiction over the admission of individual applicants for membership. Soon the membership process was aping the procedure of board certification in medical specialties. Until the 1946 reorganization, membership in the APsaA had been automatic for all graduates of APsaA-affiliated institutes. The 1946 reorganization had the following fateful consequences:

1. The determination of who could become an individual member of the national organization was taken away from the societies and transferred to the central organization.
2. Within that central organization, the specific determination of who could become a member of the national organization was placed in the hands of the training analyst members of the Board on Professional Standards, an entity that represented only the faculty members in the approved institutes, and which did not represent the overall membership throughout the affiliate societies!

Clara Thompson, one of the founding members of the William Alanson White Institute and a member of APsaA, maintained that the 1946 rule was implemented to screen out applications from the deviant Washington School/William Alanson White Institute/Baltimore–Washington group. She wrote that after the rule was put into place, one of her people (Ed Tauber) told her that he was given a hard time. But others contend

(Charles Brenner, personal communication to A. Richards, 2003) that the reason for the new membership procedure was concern that Sandor Rado's new Columbia Center for Psychoanalytic Medicine would institute a three-times-per-week training requirement for training analysis and control cases. The APsaA authorities feared that Rado's graduates would automatically become members unless there was a membership procedure that specifically stipulated a four-times-per-week requirement. (Needless to say, Rado saw the handwriting on the wall and went along with the higher frequency.)

Under the new arrangement, the Board on Professional Standards, the successor to the advice-only Council on Professional Training of the 1932–1946 organization, had to certify in writing the eligibility (as to ethical and professional standards) of each individual applicant. The new bylaws, however, failed to state exactly what was being certified. *Was the power to certify intended to be a simple review of the applicant's training in an approved institute, as in the analogous situation of a professional applying for membership in a professional organization? Or was this certification intended to be a detailed, separate postgraduate evaluation of the applicant's competence, corresponding to examination by a medical specialty board? Out of this ambiguity, the new power to certify eventually morphed into a rigorous oversight and credentialing that in the 1970s was actually renamed certification.*

During this early period of the new APsaA, from 1946 through the 1950s, training functions dominated the activities of the Association. But the small organization was growing at a breakneck pace, and for a while it was not apparent to many that the Board on Professional Standards, which represented only the approved institutes, would over the succeeding decades become less and less representative of the overall APsaA membership. In 1932 the APsaA had 32 members; In 1940 it had 192 members, but by 1960 there were 1,000. There were twice as many candidates in the training programs as there were actual members in the Association!

Less than five years after the 1946 reorganization the control of eligibility for individual membership had become a flash point. Enough applications were being held up by the new membership committee of the Board on Professional Standards that

in 1951 an investigation committee, instigated by a motion floated by some of the earlier dissidents, was appointed by the APsaA president, Robert Knight, to review the membership procedures. The investigation committee's report generally supported the Board's procedures, and the committee's report was for the most part accepted by the Executive Council. However, the investigation committee's recommendation that there be a mandatory due-process review of any application for membership that was rejected or deferred was ignored by the Executive Council, and so the membership committee of the Board on Professional Standards and its "process" gained complete control over who could become a member of APsaA.

We should also note at this point that in 1951–1952, the APsaA was incorporated under the New York membership corporation law. The APsaA Executive Council, which consists of the nationally elected officers, the elected society representatives, and the nationally elected councilors-at-large, was designated as the Board of Directors of the new corporation, so the Executive Council had final authority over APsaA policies. In theory, this clarified the lines of power in the APsaA and intentionally placed it under some degree of state/public scrutiny (a fact that went largely ignored until the late 1990s). But a myth that the APsaA was governed by a bicameral legislature—with a "Senate" (the Board on Professional Standards), representing only the "approved" training facilities, coequal with a "House of Representatives" (the Executive Council representing the societies)—persisted for forty years. The fact is that the Executive Council is the Board of Directors of the APsaA and the legal status of the Board on Professional Standards is unclear.

Over the next twenty years, the membership process became more and more arduous, and growing numbers of graduates of approved institutes chose not to apply for membership/certification. Many of these psychoanalysts, already senior board-certified psychiatrists, felt the entire membership procedure to be demeaning. So while most graduates of the approved institutes joined their local affiliate societies, it appeared increasingly more likely that they would forever be denied membership in the national organization. It is difficult to overstate the bitterness and hostility this engendered. Many of these analysts became

negative ambassadors for the APsaA among a much wider group of mental health professionals, which served only to heighten the hostility toward the APsaA already felt by other mental health professionals in response to its exclusionary policies. (It is a tribute to the wish for professionals to be part of a national organization of peers that a very large percentage of such approved institute graduates actually did join the APsaA when they were finally offered the opportunity, albeit with a kind of second-class status. However, they still refused to subject themselves to any individual vetting, as we will see later. And many brought with them into the APsaA a lingering bitterness stemming from their earlier exclusion.)

As the growth of the APsaA and profession, which had at first been very rapid, eventually moved at a slower pace, a smaller proportion of new institute graduates were required to function as teachers in institutes and as training analysts. A curious fact, as yet unexplained, is that despite the slowing growth in the APsaA, with the accompanying decrease in the relative importance of training as an activity, political dominance in the Association has remained vested in those members who are designated as training analysts. In the half-century since the APsaA was reorganized as a professional membership organization, all of its officers, with the exception of two presidents and two treasurers, have been training analysts. No person who was not a training analyst has *ever* served as secretary of the Association!

The stark and irrefutable fact that training analysts have so completely dominated APsaA political offices for half a century also raises questions about the effect of the Training Analyst system on the direction the APsaA has taken. The first training analyst, Hans Sachs, believed that a training analyst should withdraw from all offices in the institute and society (Bernfeld, 1962). How far in the exact opposite direction have we gone? Can the peculiar fact of the domination of APsaA elective offices by training analysts be related to unanalyzed and thus unresolved idealizations in the minds of all the voters in APsaA, all of whom, of course, have had an important analytic relationship with a training analyst? Is there, in fact, a false organizational self in APsaA, analogous to the false self that some have suggested is fostered

in individual members by our training system? (See Berman, 2000.)

The proceedings of the Board on Professional Standards, and the recorded farewell addresses of the board's chairs, yield the impression that the APsaA's main *raison d'être* has been gatekeeping. Has this gatekeeping been sheltered under the administrative euphemism "maintenance of standards"? Unauthorized training, lay analysis, certification—in each case the result of the Board's actions has been to keep people out. This spirit of exclusion has permeated the APsaA since its inception. In fact, the section on membership of the 1946 bylaws, which is still on the books, begins with this unusual negative and exclusionary description of eligibility for APsaA membership: "No person shall be eligible for election as an Active Member unless. . . ."

In 1972, in the face of a Nixon-era initiative for a national health plan, many analysts came to believe that board certification for psychoanalysts would be the key to obtaining third-party payments under any such plan. A committee was set up to consider the possibility of establishing a board outside APsaA to carry out such certification, but the opinion of the societies, as it had been in the past, was distinctly negative.

So, as an alternative, in 1977 the APsaA membership process was renamed *certification* and the membership committee was renamed the *certification committee*; all current members of the APsaA were declared certified, and *certification* became the lynchpin criterion for eligibility for membership. After 1977, a prospective Active Member applied for certification and, once certified, could then apply for active membership.

IV. "CERTIFICATION" AS THE PRINCIPAL CRITERION FOR "MEMBERSHIP" ELIGIBILITY

In 1976, in a paper devoted to this membership problem, Anton Kris wrote that "some 800 eligible psychoanalysts, graduates of Association-approved institutes, have not applied for active membership, many explicitly because of the application requirements. This number is more than one-half the roughly 1400 active members of the Association" (p. 22). This means that of 2,200 gradu-

ates, only 1,400 (64%) applied for membership between the 1950s and the mid-1970s.

The widespread resentment of and antagonism toward the membership application process, and the consequent refusal to pursue Association membership by large numbers of graduates, led to concern among the leadership about the moral and financial health of the APsaA. Still, those in control of the application process stoutly defended its methodology and rationale. They felt that certification was a valid postgraduate requirement for would-be members of the APsaA. They passionately believed that allowing graduates of member societies to join the Association as individual members without any further review—that is to say, without having to go through a qualification process overseen by the Board on Professional Standards—would eventually lead to an erosion of the very standards that it was the purpose of the Board to maintain.

But others saw the membership application procedure as a way for the Board on Professional Standards to impose its otherwise dubious control over the member institutes and their training programs. Indeed, Kris (1976) concluded that the Board on Professional Standards was using its control over the professional fate of individual graduates as a hold over the approved institutes. Even though the Board conducted quality-control site visits of all member institutes, it had no practical mechanism for enforcing its recommendations within the institutes other than by pressure exerted through its examination of individual graduates and the threat of their applications being rejected. As Stein (1990) wrote:

It is argued that the board can exert influence to improve the educational work of the various teaching organizations through its Committee on Institutes. Its impact is, however, severely limited since the only effective sanction the Board can recommend for an institute that is failing in its duty toward its candidates is tantamount to suspension. The Board is understandably reluctant to take such extreme action, which would affect adversely every member of the affected institute and all its candidates in training whatever their qualifications. It is inevitably a move of last resort. For all practical purposes the Board is left with only one way to exert effective influence on psychoanalytic education: by requiring graduates who apply for active membership to provide evi-

dence of competence in the practice of psychoanalysis—that is certification.

In 1974, one outside observer of the APsaA wrote:

... it is not possible to do without rules and regulations in psychoanalytic education and certification, but the growth of them makes one wonder, "Why the fear?" For example, a recent issue of the *Journal of the American Psychoanalytic Association* contains page upon page of rules, regulations, discussions of rules, ad hoc and post hoc committees, so that one wonders when these people have time for work, leisure, or the aesthetics of the process. It is as though the claim to complication were a way of arriving at absolute Truth and Perfection. (Lefer, 1974)

It is not surprising that the membership issue continued to be a bone of contention in the APsaA. Those responsible for the overall financial health of the Association, including the treasurers, called attention to the lack of membership growth and the aging of the membership into non-dues-paying status. Others, concerned about developing more diversity and openness in the APsaA, joined them, gladly adding their voices to those urging changes in membership policies.

During the 1970s a series of modifications (essentially, attempted compromises) in the APsaA's membership structure were grudgingly instituted to address this perceived membership problem. Each successive change helped the Association's coffers, but otherwise served only to highlight further the continuing problems caused by the restrictive membership policy and the second-class status experienced by the large group of noncertified but fully trained psychoanalysts.

The first modification, put into effect in 1973, was the creation of a dues-paying, nonvoting, time-limited Associate Member category open to all graduates of approved institutes. This measure was intended to entice noncertified graduates into applying for membership/certification. Immediately, 225 new members joined the APsaA (40 percent of those invited); still, even though the three-year limited time period was extended for some, it became clear that most would not apply for certification leading to Active Membership and so would have to be dropped—but by that time the Association had become dependent on their dues. A decision was made to send each of these

members a letter asking for an expression of intent to apply for certification. Those so indicating would not be dropped, even though the time limit of their Associate Membership had passed.

V. CERTIFICATION AS CRITERION OF VOTING MEMBERSHIP IN THE AP_{SAA}

By the early 1980s, few Associate Members had actually applied, so another membership category, Extended Associate Member, with no voting rights or right to hold office, was proposed in a 1983 bylaw amendment and was adopted by an overwhelming vote of 661 to 44. This new category was not time-limited, and was open only to those who were in the third year of their three-year Associate Member sojourn. In addition, as an ingathering gesture through a one-time waiver, an application deadline of December 1984 was established for graduates who were not already Associate Members. Almost all of those initially accepting this new permanent membership (120 out of 1,200 invited) were already Associate Members, and only 10% of eligible nonmembers applied. By 1987, there were 1,576 Active Members, but there were also 568 Extended Associate Members, and an additional 174 Associate Members—the result of the transition of previous Associate Members who did not apply for certification to Extended Associate member status. A financial crisis still loomed, unless the post-1984 application rate of new graduates could be increased.

In the 1980s, therefore, as new classes of nonvoting membership were created that did not require certification, certification effectively became a prerequisite for *voting* membership in the AP_{SAA}, for holding office, for being a member of committees or of the Board on Professional Standards, and for being appointed as a training analyst.

In 1989, The Los Angeles Psychoanalytic Society and Institute conducted a survey of the AP_{SAA} Active Membership on the requirement of certification for (full) Active Membership. As reported to the Board on Professional Standards, this survey resulted in a strong expression of preference for dropping the requirement (77.5 percent vs. 22.5 percent, with a 50 percent response rate).

Pressure was thus mounting to dispense with the membership–certification link altogether, and to grant some kind of permanent Active Membership to noncertified institute graduates. At that time, Arnold Richards was editor of *The American Psychoanalyst* (TAP), the newsletter of APsaA. In 1990, Richards proposed that TAP put out a special issue dealing with the possibility of the separation of membership from certification, which was then called *delinkage*, and proponents from both sides of the issue were invited to submit statements for publication.

Although many felt that the weight of logic and practicality was on the side of delinkage, a bylaw amendment did not muster the two thirds majority of the voting (i.e., certified) members required for passage. The number of members concerned that the standards of the APsaA’s training programs would be in jeopardy if noncertified graduates became voting members was large enough to prevent the vote in favor of the amendment from reaching the necessary two thirds majority. Of course, the (noncertified) Associate Members could not vote. But the vote of the certified voting members was close enough to warrant another attempt. This time a compromise proposal was put forth that conferred permanent “Active Membership” on noncertified graduates, but created a new kind of division within the category of “Active Members” based on the Member’s certification status. Noncertified Active Members were granted *limited* voting rights (such as voting for officers), but were barred from voting on any *bylaw amendments*. Finally, a new provision, titled “*Certification Requirement*” was added to the bylaws as part of the compromise with the explicit intention of “protecting” the Board on Professional Standards. This provision stated that only a certified Active Member could become an officer, an Executive Councilor, or a training or supervising analyst; furthermore, only a certified Active Member could serve as a Fellow of the Board, or could be appointed a member of any committee of the Board. (In retrospect, this was probably an illegal arrangement under state law. It created classes of voting members with different voting rights, but without the necessary formalities required under corporation law to assure the preservation of the rights of each such membership class.)

This compromise proposal *did* receive the two thirds major-

ity necessary for passage, and the bylaws were amended in 1992. As a result of this delinkage, the Associate and Extended Associate membership categories were abolished and all such members became *second-class* full members instead.

However, this change finally put to rest the earlier contention that Active Membership in the APsaA was somehow equivalent to *certification* in a medical subspecialty. Instead, certification now had become a category serving a political function in the *internal governance* of the APsaA.

The settlement of the lawsuit that enabled admission of nonmedical applicants to APsaA institutes, and the delinkage of certification from membership, saved the APsaA from fiscal and other significant problems, but these changes did not resolve the political difficulties within the organization. To wit: Eliminating the certification requirement for full membership was a step in the direction of a real professional membership organization, but a two-tiered membership situation was created in which a large number of Active Members were barred from any leadership positions and were granted only limited voting rights.

In the meantime, psychoanalysis in the United States was undergoing major changes that would eventually affect the APsaA from without. The first of these was the collapse of third-party reimbursement for psychoanalysis, which very sharply reduced the pool of potential private psychoanalytic patients during the 1980s and 1990s. The second was the development of training programs for psychoanalysts in institutes entirely independent of the American Psychoanalytic Association; these programs trained nonphysician mental health professionals (e.g., psychologists and social workers) as psychoanalysts. Many of these new psychoanalysts had little love for the APsaA because of its long history of exclusionary policies. Third, the prestige of psychoanalysis in the United States was rapidly diminishing. The large number of psychiatry chairs in medical schools held by psychoanalysts in the 1960s and 1970s were now being occupied by medically oriented psychiatrists. In the early 1990s the Association's monopoly on training psychoanalysts eligible for IPA membership in the United States was lost as the IPA began directly to accredit institutes not approved by the APsaA. (The APsaA agreed to make some graduates of such institutes eligible mem-

bership, subject to individual scrutiny by the Board on Professional Standards.) Finally, in 2002, the State of New York enacted legislation creating a *profession of psychoanalysis* with statutory training requirements and professional licensure. The new profession will be a master's level mental health discipline similar to social work in the extent of prerequisite mental health training.

In 2001, there was a partial undoing of the two-tier membership arrangement. A bylaw amendment granted noncertified Active Members full voting rights, including the right to vote on bylaw amendments and to serve as officers and Executive Councilors. However, parts of the early 1990s "Certification Requirement" remained in place, in bylaws stating that a noncertified Active Member may not be appointed a training or supervising analyst, and may not serve as a Fellow of the Board on Professional Standards or a member of any Board committee. These restrictions remain in the bylaws of the Association today, and cannot be changed without the affirmative vote of two thirds of the members who vote on such proposals.

VI. CERTIFICATION AS AN INDICATOR OF "CLINICAL COMPETENCE"

In the late 1990s a new definition of the role of "certification" began to emerge. Previously, certification had served principally as an evaluation of the training of applicants for membership. However, with certification now principally determining eligibility for a training analyst appointment, supporters of the process started to claim that certification is necessary as a "national indicator of clinical competence" (Eric Neutzal, personal communication to A. Richards, 2003), and that such an indicator is necessary to assure that the analysis of new trainees will be in the hands only of analysts whose "competence" has been confirmed. This proposition seems to harken back to the paper in which Anton Kris (1976) had pointed out that the mechanism and entire enterprise of "certification" was maintained in order to exercise control over the member institutes; the vetting, and the possibility of rejecting graduates of member institutes was the only way, short of the threat of suspension, for the Board on Professional Standards to enforce its policies and regulations on insti-

tutes. The “Educational Standards” of the Board on Professional Standards make it clear that the development and assessment of professional competence for graduation is supposed to be the responsibility of the individual institutes. The word “competence” appears seventeen times in the “Educational Standards.” Clearly it is the responsibility of the Board, in its oversight of institutes, to assure that this competence-determining function as carried out *by the institutes* is authoritative:

The primary goal of psychoanalytic education is to facilitate the development of psychoanalytic competence and a core psychoanalytic identity.

The candidate should have psychoanalytic experience with a number and variety of types of patients in order to develop the competence needed to conduct psychoanalysis independently.

Graduation shall be construed as an indication that the Institute has adequately and carefully evaluated the candidate and considers the candidate competent to undertake independent psychoanalytic work. (Educational Standards, Board on Professional Standards, emphasis added)

However, the document also contains this somewhat contradictory statement:

The capacity to independently conduct competent psychoanalysis is a standard that should be anticipated with confidence at the time of graduation but is more clearly demonstrable upon certification by the Board on Professional Standards. (Educational Standards, Board on Professional Standards)

CERTIFICATION TODAY: THE RESTRUCTURING OF THE APsAA AND A FINAL “DELINKAGE”?

To understand where the APsAA is today we have to turn the clock back to 1995. The settlement of the lawsuit brought by four members of Division 39 against the APsAA for restraint of trade in regard to training psychologists meant that members of the IPA who did not train at APsAA institutes (including those trained at the New York Freudian Society or the Institute for

Psychoanalytic Training and Research) were now eligible to apply for membership. Two of the new members, Gail Reed and Arlene Kramer Richards, also applied for certification. Reed's application was accepted but Richards's application was deferred. Although Richards was told that the Committee would understand if she decided to withdraw her application, she decided to persist and was passed by the second committee. Her experience heightened the awareness of one of us (Richards) about how the test does and does not work, and he decided to moderate a discussion on the *Openline*, an APsaA members' listserv. A lively and spirited discussion ensued with many participants from the pro- and anti-certification camps weighing in. It appeared that although views differed on the validity, reliability, and relevance of the test, there was widespread agreement that making certification a requirement for voting for educational bylaws or for running for office was neither rational nor adaptive for the APsaA.

A "Task Force on Education and Membership" (TFEM) was convened by the officers of the APsaA. It recommended that the bylaws should be changed to allow all members to vote for everything and run for everything. Many of us were pleasantly surprised by this outcome, although we did wonder if there would be a catch. There turned out to be one in another recommendation, this one for a "Procedural Code," proposed as a sort of "pseudo-bylaw" that would not require approval by two thirds of the membership. This "Procedural Code" would codify a relationship between the Board of Professional Standards and the Executive Council in a form that guaranteed the Board's independence of the Executive Council. In addition, the intention was to enact this part of the "plan" by the Executive Council and the Board on Professional Standards in such a way that it could only be rescinded with the agreement of *both bodies*. This arrangement would have had the effect of etching in stone the bicameral structure of the APsaA that had in fact already been in place since the 1946 reorganization. Paul Mosher posted a series of "civics lessons" on the *Openline* that called our attention to the possibility that the structure the TFEM had proposed was not in accordance with New York State *Not-for-Profit Corporation Law*, because the law both designated the Board of Directors of

the APsaA as the *final authority* for the Corporation's policies, and forbade the Board of Directors from transferring this authority to any other body.

A group of us who had been communicating on a private "delinkage" listserv raised a small amount of money to hire a legal expert to confirm Mosher's assertions. That attorney advised us that our concerns were well founded, and that the proposed "Procedural Code" was not in accord with New York State Not-for-Profit Corporation Law which, at a minimum, would have required such an arrangement to be enacted as an actual bylaw (and would therefore have required a vote by the membership).

The APsaA's officers, apparently not convinced that our attorney was correct, hired Victoria Bjorkland, the leading legal authority on New York's Not-for-Profit Corporation Laws, and author of the definitive textbook on the subject. Ms Bjorkland confirmed what Mosher and our lawyer had asserted. A bicameral structure with the Board of Professional Standards and the actual Board of Directors as coequal governing bodies was not legal. Ms. Bjorklund used the bombshell term "legal nullity" (that is, lacking any legal basis to assert any role in APsaA governance) in describing the current status of the Board. The officers then took the step of appointing, with the membership's endorsement, a "Restructuring Task Force" to recommend a new set of bylaws to "cure" the illegal status of the structure of the Association, including the relationship between the Executive Council and the Board.

These events provide the backdrop for what we have called the "third delinkage"—removing certification as a requirement for training and supervising analysts—a requirement that is unique to the APsaA in world psychoanalysis and is based on the conviction among some analysts that a "national test of clinical competence" is essential to assure the best training for its candidates and for the overall integrity of psychoanalysis as a discipline.

In 2003, a group of members proposed two bylaw amendments intended to address the relationship between the membership and the training that the APsaA "approves." The first would have made it clear that the Board of Professional Stan-

dards was subordinate to the Executive Council and that the latter was responsible for overseeing all Board decisions. The second would have permitted the Board to dispense with the requirement of certification for the training analyst appointment if it chose to do so. These bylaw amendments were opposed by both the Board of Professional Standards and the Executive Council; nevertheless, they respectively received the support of 48 percent and 42 percent of the voting membership—substantially short of the two thirds required to pass a bylaw amendment, but certainly an indication of substantial support in the face of disapproval by the APsaA leadership.

In 2004, 105 members signed a members' petition for another bylaw amendment that would transfer the authority to require certification as a prerequisite for training analysts from the Board on Professional Standards to the individual approved institutes (the so-called "local option"). This amendment was considered by the Board and the Executive Council in June 2005, and voted on by the members in the summer of 2005. It did not pass, but more than 40 percent of the members voted yes.

Although "certification" now plays no role in most activities within the APsaA, the fact that certification is required for a training analyst appointment and for Fellowship on the Board of Professional Standards or membership on any Board committee means that certification continues, through those remaining bylaw provisions, to be the basis of a two-tiered membership structure in the APsaA.

A pragmatic issue remains as well, in that some institutes are hobbled by the certification requirement. It prevents them from accepting as candidates mental health professionals who are in analysis with their own noncertified analysts and who are not willing to interrupt an analysis in order to apply for admission. Passing the *local option* would facilitate the "approval" of institutes such as the New York Freudian Institute (of the New York Freudian Society).

To sum up, we have traced the way in which the issues of certification, membership, the exclusion of nonmedical psychoanalysts, and internal political power have been intertwined in the history of psychoanalysis in the United States and especially

in the history of the American Psychoanalytic Association over the past half century. Over the years, the changing ways in which certification in the AP_{sa}A have been employed, or rationalized, seem to indicate that certification in psychoanalysis, aside from what intrinsic value it may have in principle, has mostly served a changing set of discriminatory and exclusionary goals. Such an exclusionary attitude is deeply embedded in the history of American psychoanalysis, beginning with A. A. Brill's ironclad conviction that only medically trained psychoanalysts should be allowed to treat patients in the United States.

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Paul W. Mosher, MD
6 Woodlawn Ave.
Albany, NY 12208
Fax: 518-765-3620
E-mail: paul_mosher@compuserve.com

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Arnold Richards, MD
200 East 89 St. #45B
New York, NY 10128
Fax: 212-427-0585
E-mail: arniedr@aol.com