The work of a COPE study group on boundary violations is summarized, with particular focus on the impact on institutes and societies of sexual misconduct by training analysts. Difficulties in evaluating such situations are discussed, and the dynamics of institutional avoidance explicated. In addition, psychodynamic themes that are commonly observed in analysts who engage in sexual boundary violations with their patients are elaborated. Finally, suggestions are made for managing, through existing mechanisms, instances of boundary violations by training analysts.

In 1996 Sander Abend, then chair of the American Psychoanalytic Association's Committee on Psychoanalytic Education (COPE), appointed the two senior authors to co-chair a COPE study group on boundary violations. The group began meeting in May 1996 and has met twice yearly since then to study sexual and nonsexual boundary violations in depth. We invited knowledgeable American and European training analysts to talk with us about their experiences in their own institutes and societies. In addition, we read the rather scant literature on the subject and examined the few cases that have been reported in that literature.

Although several of the group's members have been studying boundary violations for some years, either formally or informally, we were all deeply affected by the firsthand accounts of colleagues who
were invited to speak with us about their experience. Some cases had been rather widely publicized, but the colleagues who presented to us confessed to a feeling that they were revealing well-guarded family secrets. They were speaking the unspeakable. While we studied boundary violations by candidates, graduate analysts, and training analysts, the last group of violations seemed to catch our attention the most because of their profound consequences on the analytic community. A boundary transgression by a training analyst tends to poison the well for all of us. In its wake, analysts and candidates alike become steeped in doubt about their chosen profession. Potential patients feel wary of applying for analysis, and requests for treatment often decline in the community where the violation occurs.

In virtually every case we studied, disturbing aftershocks were felt for many years, even after effective action had been taken. Perhaps most disturbing is the intergenerational transmission of these boundary violations (see Gabbard 1995, 1999; Gabbard and Lester 1995). It became clear to the group that candidates analyzed by a training analyst with a history of boundary violations often had similar problems a generation later.

Equally astonishing was the high tolerance level within some institutes for sexual misconduct by training analysts. Often the behavior was fairly well known within the analytic community and was gossiped about at length. In all of the instances we studied, there was a considerable lag before the institute took the concerns seriously and organized a response to deal with them. Pervasive denial was rampant, and threats of litigation often deterred any definitive action. A sense of paralysis and helplessness swept over education committees and ethics committees alike. (Keep in mind that until very recently few institutes of the American Psychoanalytic Association even had ethics committees.)

It was a common experience within our group for members to respond with “Unbelievable!” or “Incredible!” when listening to how the details of an institute's investigation played out. As we reflected on our reactions, we recognized that our astonishment may be a common factor in the institutional resistance to dealing locally with boundary violations. That is, boundary violations by training analysts may be deemed so egregious that it is easy for us to dismiss them as unimaginable in our own institute. In this communication, the first of a series of papers, we would like to share our experience with psychoanalytic readers by providing two vignettes, somewhat disguised, that...
were presented to the group and use them as starting points for discussion of
the impact of training analyst boundary violations on psychoanalytic institutes.

**Case 1**

Dr. A, a training analyst in his sixties, was an esteemed member of his
local institute and society. He had been one of the early analysts in his city, a
founder of his institute, and had analyzed and supervised many of the younger
colleagues in the area. But a tremor rocked the institute when the head of the
society's executive committee received notice that a charge of sexual
misconduct had been filed against Dr. A by a former noncandidate analysand.

The executive committee deliberated about what to do. Most members of
the committee had been taught and supervised by Dr. A. They frankly did not
want to deal with the situation and did not know how to proceed. A sense of
paralysis descended on them because of their emotionally charged and
transference-laden relationships with Dr. A. They were shocked and
dumbfounded. Almost by default, they decided to wait until the patient's
complaint had been acted on by the state licensing board. They acknowledged
that the situation was a “hot potato” they strongly wished to avoid.

When Dr. A was confronted with the allegation, he replied that what he did
was standard practice at the time. When the president of the society asserted
that standard practice was no different at the time of the treatment on which
the complaint was based, Dr. A did not respond. Shortly thereafter he issued a
threat to sue if the executive committee of the society passed it on to an
outside body.

Meanwhile, additional complaints from analysands emerged, and the
executive committee began to develop a file of these grievances. In one case a
female patient said that Dr. A had insisted that she keep the door to his private
bathroom open so he could watch her urinate. Another woman alleged that
from the beginning of a ten-year analysis, Dr. A was having sex with her. He
told her that the sexual relationship would be therapeutically useful to her.
When not sexually involved, the patient frequently sat on Dr. A’s lap and they
would stare silently at each other. Dr. A was frequently critical of her. When
the patient said she must discontinue her analysis because she could no longer
afford Dr. A's fee, he became enraged and contemptuous toward her.
She reported that following the analysis she became almost psychotic and disabled from treatment. She was able to return to work only after months of treatment with another analyst.

Ultimately, Dr. A's lawyer was able to arrange a deal with the licensing board whereby Dr. A would surrender his license. Nevertheless, he continued to analyze patients in the same city, as there was no state law against practicing analysis or therapy without a license.

Some of Dr. A's former analysands attempted to contact Dr. A, but he failed to respond to their calls and inquiries. Members of the society repeatedly talked of the paralysis they felt. They were deeply concerned about the explosive possibilities of publicity. What would it do to the view of psychoanalysis within the community? What effect would litigation have on the institute? Hiring an attorney to defend themselves might bankrupt them all. Talk of Dr. A's transgressions demoralized many analysts in the society.

Finally, the executive committee consulted an outside expert to discuss their options.

One member of the society who had been analyzed by Dr. A had regarded his analyst as the very model of a classical ego psychological analyst who fastidiously observed all boundaries. In the decade since his termination, he had never heard of any lapse in Dr. A's behavior. Yet following the allegations, he found himself reflecting about two situations that had always struck him as rather unusual. The first was that Dr. A seemed to socialize excessively with his current and former female patients. The second, more troublesome, was that Dr. A seemed to have interminable analyses with single women. One of these women patients had spoken of her analysis as a "cocoon" and felt that her analysis would never terminate, but would go on forever.

As the executive committee continued to collect information, they learned that Dr. A had claimed to many of his patients that it was common practice for analysts to engage in sexual relations with patients. No senior analysts came to his defense, but some revealed long-held secrets. One came forth and spoke to the committee about his own experiences. He reported that after his training analysis with Dr. A, his wife went to Dr. A for analysis as well. The senior analyst's wife then left him and their child. The committee learned that sequential analyses of husband and wife were common in Dr. A's practice. Our COPE study group could not understand how such blatant boundary violations and questionable practices could have gone unnoticed for so long.
It took approximately five years for a general meeting of the local society to be held at which Dr. A's name could be mentioned in public and feelings could be openly expressed. At the meeting, one of Dr. A's analysands, now a graduate analyst, said she had been consulted by a patient who had engaged in sexual relations with Dr. A but was unable to treat her. With great courage, this graduate analyst acknowledged a particular kind of countertransference, which she described as feeling, “Why didn't Dr. A choose me instead of this patient?”

It was also learned that many years earlier, a senior candidate had complained to the national organization that Dr. A was having sexual relations with one of the candidate's relatives, who was then being analyzed by Dr. A. At the time, no action was taken because the patient refused to file a written complaint. Moreover, fear of litigation silenced many colleagues for years afterward. There was general agreement within the society that a powerful sense of inertia prevents the investigation of training analysts and protects them from scrutiny by colleagues. No one wants to breach the veil of privacy surrounding training analysis.

Case 2

Dr. M, a woman candidate in a psychoanalytic institute, obtained a consultation with Dr. N, a graduate analyst who was not yet a training analyst in the same institute. She explained that she was having a sexual relationship with Dr. B, her training analyst. Dr. N suggested she get help for herself and for her analyst. He offered to see her a few times to help her consider his suggestion, which was also communicated to Dr. B. The consultant advised the candidate to report the matter to the institute's education committee. Dr. M felt she simply could not follow that advice. Dr. N told her that he could not withhold this information, although he would not report her name, as he had agreed to see her on a confidential basis. He explained to her that he could not withdraw from reporting such a gross boundary violation. Hence Dr. N took it upon himself to call the president of the society, who would do nothing to influence the institute to begin an investigation. Dr. N then called another prominent analyst within the institute, who said he had a conflict of interest because he had analyzed Dr. B's wife. He too declined to take action. Under continuing pressure from Dr. N, the education committee eventually appointed an ad hoc ethics
committee (like most institutes at that time, this one had no standing committee to deal with such matters).

It soon became apparent that the ad hoc committee was stacked with personal friends of Dr. B. A brief inquiry led to the conclusion that Dr. M's allegations could not be confirmed. A second female candidate then came forward with similar charges that Dr. B had had sexual relations with her during her analysis. The same committee dismissed her by labeling her “psychotic” and a purveyor of unreliable information. The candidates in the institute had all heard about Dr. B's boundary problems and regarded them as common knowledge. Although the candidates were quite distressed, they were reluctant to say anything. They feared that revealing the “family secret” might jeopardize their training.

Soon Dr. O, a female graduate analyst who was not yet a training analyst, joined Dr. N in his efforts to seek further investigation of the allegations. They met formidable resistance from the power bloc of analysts within the education committee. Dr. B's wife, a respected analyst and charismatic teacher, stated that “sexual acting out was inevitable” during the analytic process. Drs. N and O, both of whom were advocates of a theoretical model unpopular among the training analysts, were told they were outsiders who did not understand the culture of the institute. They were also regarded as trying to overthrow the fathers of the institute as an enactment of a wish for an oedipal triumph. They were told they would not be appointed training analysts at the institute if they continued to pursue their demand for an investigation. Were they to cease their efforts, they were told, there was a possibility that they would be appointed. Both Drs. N and O began to feel they were part of a psychotic or perverse group experience that was beginning to make them question their sense of reality.

Finally, Drs. N and O went to the president of the national psychoanalytic organization and explained to him what was happening. He organized an investigation that confirmed the accusations. He then demanded that Dr. B resign from the institute. Dr. B refused, characterizing the events as a mere “road accident.” It also emerged that Dr. B's training analyst had himself been involved in sexual boundary violations with candidates. With pressure from the national organization, Dr. B was eventually expelled from the institute.

The aftershocks from this incident were so powerful that they led to a schism within the local analytic group. A new institute was formed as
a result, because those who had sided with Dr. B and those who had sought to have him expelled found themselves entirely incompatible.

**Discussion**

Through our continued study we have learned that sexual boundary violations by training analysts are not rare phenomena. Nonsexual boundary violations are probably even more common (see Gabbard 1999; Gabbard and Lester 1995). In fact, the distinction between non-sexual and sexual boundary violations is rather arbitrary. In many cases, even when there is no actual sexual contact between analyst and patient, there may be professions of love for the patient by the analyst and highly seductive behavior that is meant to emphasize the specialness of the relationship. There may also be a good deal of sexual banter or flirtation that sustains a highly erotic atmosphere in the analysis, with no effort whatever to analyze the meaning of this sexualization.

In addition, because of the frequently observed “slippery slope” phenomenon (Gutheil and Gabbard 1993, 1998), there is reason to regard sexual and nonsexual boundary violations as residing on a continuum. The vast majority of sexual contacts between analyst and analysand occur after a series of progressively more egregious non-sexual boundary violations. Excessive self-disclosure of the analyst's personal problems may be the first step. This may be followed by sessions extended beyond the usual forty-five or fifty minutes, phone calls between sessions, meetings outside the office, embraces or kisses, and so forth until a frankly sexual relationship is established. Analytic work with boundary-violating analysts suggests that the same psychodynamic themes are present in both sexual and nonsexual boundary violations (Gabbard and Lester 1995). Many cases of boundary violation never see the light of day because of the extraordinary resistance to recognizing these transgressions within the institutes themselves. As in cases of incest and other family secrets, no one wishes to speak the unspeakable. A form of denial and collusion occurs at all levels of organized psychoanalysis. Indeed, the fact that until very recently most institutes of the American Psychoanalytic Association had no ethics committees and no policies and procedures for dealing with serious boundary violations is emblematic of that denial.
The Dynamics of Institutional Avoidance

As we studied the dilemmas faced by ethics committees and education committees in the investigation of boundary violations, we recognized that often there is strong pressure to do nothing in the face of growing evidence of misconduct. Like a university, an analytic institute has a fiduciary responsibility toward those in training there. When an analytic institute fails to address the harm done a candidate by a boundary-violating training analyst, that harm extends to all of its candidates. The degree of trust that the analysand and other candidates place in the institute is diminished. In effect, two breaches of trust occur—first from the training analyst and then from the institute.

We found that we were able to catalog, under the rubric of “dynamics of institutional avoidance,” a number of common developments we have observed in analytic societies and institutes. First and foremost, of course, is the intense ambivalence that arises about the alleged boundary violator in particular and the process of adjudication in general.

As a local ethics committee begins its work, denial and conflicting wishes to protect and punish the accused often intrude. For example, members of the committee may become unduly preoccupied with formal procedural issues, even with the recognition that glitches and stumbles, as well as anxiety, are inevitable as the work gets under way. Members may soon become polarized, one camp believing swift and full action must be taken, and another viewing this stance as excessively punitive. As the months drag on, members of the committee often find themselves becoming angry and resentful because the work has been unexpectedly demanding of their time and energy. As the facts become known within the analytic community and among the general public (as inevitably they will) the integrity of the committee's work will be seriously impeached if timely and appropriate action is not taken.

The power bloc within institutes, traditionally the education committee, has tended historically to protect training analysts at the expense of the victim. The attitude was that of circling the wagons around the training analyst, usually male, to protect him from the charges of a female patient seen as attempting to destroy him. In a famous letter to Jung, Freud noted, “The way these women manage to charm us with every conceivable psychic perfection until they have attained their purpose is one of Nature's greatest spectacles” (McGuire 1974, p. 231).
Training analysts involved in boundary violations are often charismatic individuals who have been extremely influential in the training and professional development of analysts in the local area. They may also be major sources of referrals. Hence emotional bonds, such as residual transferences, idealizations, and identifications, as well as perceived financial dependence, may lead to collusion and a sense of disbelief in other analysts (Gabbard 1999). Even though our investigation of these instances usually turned up abundant evidence that there was knowledge of the training analyst's boundary problems long before allegations were made (Gabbard 1999; Gabbard and Lester 1995), in some cases colleagues dismissed what they saw and heard as simply reflecting the training analyst's creative or unorthodox methods. In other cases, colleagues would see the evidence but somehow not see it at the same time. Because the training analyst had been so influential and charismatic, there was often a tendency to scotomize this evidence. Colleagues who argue for the training analyst's expulsion may feel they are betraying a colleague who has been of enormous benefit to their careers. They also may agonize over the possibility that the allegations could be false and that their suggested course of action is not justified, or perhaps indeed determined by oedipal wishes to overthrow father figures within the organization. Personal relationships of long standing may be placed in jeopardy by taking a stand on the issue of serious disciplinary action. Colleagues who argue for such a position may be deeply concerned about being ostracized by their colleagues.

Some dynamics of institutional avoidance hide behind the fear of litigation that so often emerges in discussions about the boundary-violating analyst. Attorneys retained by the accused may demand a moratorium on any discussion of the case, which is conveniently appropriated by members of an ethics committee or education committee as a way to avoid talking about their own anxieties concerning the case. Attorneys often advise their clients to deny the allegations or to be completely silent about them. It is our experience that boundary violations can be dealt with much more effectively when litigation is not in the picture. Unless the training analyst involved is open, honest, and desirous of help, the proceedings take on a destructively adversarial climate. We live in a litigious society, and threats of litigation frequently paralyze institutes, rendering them incapable of action. Fear of being sued, however, is often a convenient rationalization on which to externalize the intrapsychic conflicts mobilized by the allegation in
members of the education or ethics committee. In other words, litigation can be used as an excuse for doing nothing. In reality, if an ethics committee follows its own procedures, there is no substantial risk of successful litigation. The power of a court to review quasi-judicial actions of a voluntary association is extremely limited. At most, jurisdiction is confined to determine whether (1) there are inconsistencies between the association's charter or rules and the action taken; (2) the member has been treated unfairly (i.e., denied notice, hearing, or an opportunity to defend); (3) the association's actions were prompted by fraud, malice, or collusion; and (4) the charter or rules contradict public policy or law (*Shapiro v. Butterfield*).

In trying to elucidate the dynamics of institutional avoidance, we must take into consideration the dynamics of the individual colleague who first hears of the boundary violation. Often the impact of hearing that a respected training analyst has become sexually involved with a patient is completely discombobulating. Colleagues who hear this information may find their ego functioning affected. Rational, clearheaded thinking may be compromised. There may be an automatic wish to dismiss the information as clearly a vicious rumor. Moreover, as our second case illustrates, the reaction to a whistle-blower may be highly punitive. Persons who report a boundary-violating analyst may be compared to the Gestapo or the KGB. They may be told they are destructive and should mind their own business. The matter is further complicated if the information comes from a confidential source, such as an analysand. In forty-nine out of fifty states the analyst who hears such information is bound by confidentiality not to repeat it in any context. When the information is not derived from a confidential source, a courageous colleague may report it to the ethics committee only to find that the investigation goes nowhere because of the lack of a patient complaint.

Another theme lurking behind institutional avoidance is the concern that if a respected training analyst could act in such an egregious manner, then we are all vulnerable to similar transgressions. Many colleagues will make an elaborate effort to construe what has happened as somehow acceptable, despite all evidence to the contrary. If the training analyst and his patient or former patient are claiming to be in love and planning on marriage, a member of the education committee may speak of the “sanctity of marriage” and point out that historically there have been happy marriages between analysts and analysands. Another
colleague may point out that this relationship is so much happier than the training analyst's first marriage. When these discussions emerge, there is a striking failure to recognize that from an ethical standpoint whether the patient or the analyst is happy is totally irrelevant. The presence or absence of marital vows in no way mitigates the exploitation of transference inherent in sexual boundary violations.

Even in the case of a former patient, the arguments for an absolute prohibition against a sexual relationship are well known (Gabbard 1994b; Gabbard and Lester 1995). In every psychoanalytic follow-up study, investigators have found that transference persists. If a sexual relationship is symbolically incestuous because of transference during the analysis, the same can be said after the analysis. The power differential between analyst and patient also continues beyond termination. Moreover, the integrity of the psychoanalytic process would be seriously compromised if analyst, patient, or both thought that a sexual relationship could potentially follow termination.

A single analyst might, for example, decide to avoid confrontation of unpleasant aspects of the patient's personality as a way to preserve an idealizing transference so he or she would have a better chance at dating the patient after termination. Similarly, a patient who is attracted to his or her analyst might decide to omit sexual problems from the process so as to maximize the chance of having a romantic relationship with the analyst at some point in the future. As Gabbard and Lester (1995) note, “The analyst must never forget that it is precisely because the relationship with the patient will never be anything other than what it is that patients can feel free to say whatever comes to mind” (p. 153). A fourth reason, of course, is that many patients, if not most, recontact their analyst for further consultation at some point after termination.

One other factor in the dynamics of institutional avoidance is that analysts as a group are accustomed to using compassionate understanding rather than taking decisive action. Analysts on an ethics or education committee take on an administrative role, and they must remember that they are not functioning in a clinical setting. Compassion can be used in a collusive way to promote inaction. They are obligated to determine when an analyst is endangering the treatment of patients and to say so in no uncertain terms. If the analyst is a physician, they are also required to report him or her to the National Practitioner Data Bank. In many states, findings concerning ethics violations must be reported also to the relevant licensing board.
The Psychodynamics of Boundary Violators

Both Dr. A and Dr. B appeared to have a type of predatory psychopathy (Gabbard 1994a; Gabbard and Lester 1995) characterized by a ruthless exploitation of multiple victims, with no remorse or shame. While we like to think that such unscrupulous individuals are screened out of analytic training, the distressing fact is that some analysts with this type of pathology have risen to positions of leadership in psychoanalytic organizations. They often have a form of grandiosity whereby they feel the “rules” no longer apply to them. They seem to have a severe form of narcissistic pathology that is an example of what Goldberg (1995) and others have called a vertical split. Separate from the “real me” is a disavowed sector of the personality that initiates and promulgates perverse acts. While one aspect of the self is predatory and corrupt, other dimensions may be generous, funny, warm, charming, wise, and generative of younger colleagues (Gabbard 1999). Colleagues who have not seen the dark side of such individuals often insist that the allegations against them cannot be true. Even though the various aspects of the training analyst are often in plain view to everyone, a splitting process occurs among the psychoanalytic community whereby a compartmentalization of the evidence of boundary violations is maintained, a wall built around it so that it does not influence daily dealings with the offending analyst (Gabbard 1999). One can also speculate that there is secret admiration for a colleague who can get away with things that others can't.

We would like to stress that many analysts who engage in sexual boundary violations do not present the type of psychopathology seen in Dr. A and Dr. B. Many of them are essentially ethical individuals caught up in a life crisis, such as divorce or loss of a family member through death, who find themselves vulnerable and desperately needy for the love and attention of others, including their patients (Gabbard and Lester 1995; Celenza 1998). In a Rorschach study of twenty mental health professionals who had engaged in sexualized dual relationships, Celenza and Hilsenroth (1997) found little evidence of an aggressive capacity to exploit others for the purpose of gratifying one's own needs. Rather, the subjects in the study showed a pervasive sense of emotional deprivation and unmet interpersonal longings. They also had reasonably high levels of depression and anxiety and a preference
for action over fantasy. While they had a form of narcissistic vulnerability or neediness, they did not have sociopathic characteristics.

In a study of over one hundred cases of therapists and analysts who have been charged with sexual misconduct, Gabbard (1994a) has identified four broad categories: (1) psychoses, (2) predatory psychopathy and paraphilias, (3) lovesickness, and (4) masochistic surrender. The first group is rare. The second is more common and includes analysts like Dr. A and Dr. B. In agreement with Celenza (1998) and Celenza and Hilsenroth (1997), Gabbard finds the majority of cases to fall into the latter two categories. In the lovesick group are individuals with milder degrees of narcissistic disturbance who have been sexually involved with only one patient, at a time of great life stress that had rendered them extraordinarily needy and vulnerable. The masochistic surrender category also involves generally ethical practitioners with but one episode of misconduct. These analysts take on “impossible” cases and resort to heroic measures to save suicidal patients, often without regard for their own welfare. In surrendering to the patient’s demands, they are hoping to master a tormenting internal object relationship with a cruel preoedipal mother. Typically, the seduction occurs in the midst of a transference-countertransference enactment when a male analyst, experiencing his female patient as a negative maternal object, attempts to seduce the patient away from her corresponding negative transference to him (Celenza 1991; Gabbard and Lester 1995).

Regardless of the particular type of psychopathology in the training analyst, the impact of sexual boundary violations can in most cases be described as devastating. Analytic communities are affected literally for generations by these transgressions. Often new institutes are formed in reaction to them. Because of confidentiality concerns, boundary violations may never be discussed openly in terms of the impact they have on colleagues and candidates. Even the predatory training analyst, of course, has unconscious factors at work in his behavior, and attempts to understand and master the experience may be healing for the community.

In addition, because of the various transferences to the training analyst who has committed a sexual boundary violation, processing and investigating complaints is often difficult, if not impossible. In both of the cases presented here, outside consultation was extremely useful. Bringing in colleagues who are knowledgeable about boundary violations but not embroiled in the group dynamics of the institute may

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provide a reasonably objective and fairer determination of the best way to proceed. In the ideal situation, where the analyst in question acknowledges the transgression and is remorseful, a thorough evaluation can be conducted by an outside expert. This evaluation can help determine whether the analyst is amenable to rehabilitation. In our experience, psychopathic predators are not so amenable, whereas onetime transgressors in the lovesick or masochistic surrender categories often are. Consultants may also help ethics and education committees determine the best way to deal with the victims of the training analyst. A mediation process in which analyst and patient sit down together with a knowledgeable third party may be extremely helpful (Margolis 1997). Mediation provides an opportunity for the patient to let the analyst know how he or she feels about the transgression. It also allows the analyst to apologize and perhaps to make financial reparation to the patient. Sadly, the victims are often forgotten in the flurry of activity around what to do with the training analyst.

The whistle-blowers may also be neglected. Their courageous efforts often have a powerful impact on others; frequently they are shunned or accused of unscrupulous motives. Attention to their concerns should be part of the overall institutional response to boundary violations.

Preventive measures have been discussed in detail elsewhere (Gabbard 1999; Gabbard and Lester 1995). Education about ethical issues within psychoanalysis is only a first step, though an important one. Regular use of consultation from colleagues is essential to monitor the early stages of countertransference enactments that may lead to more egregious transgressions. Colleagues must develop the courage to confront one of their own when they hear rumors or notice obvious problems in a training analyst's professional conduct. When growing evidence indicates something is awry, we must get beyond our aversion to intruding on the privacy of the analytic relationship. Finally, we must look for ways to decentralize the power of education committees so that thoroughgoing dialogue can occur between training analysts and other contributors to the life of the institute. As Lord Acton reminded us all, “Power tends to corrupts and absolute power corrupts absolutely.”

References


