

How to Become a Psychoanalyst: A Guide for Social Workers

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Abstract

Social work has its roots in the efforts of early twentieth-century charity organizations to reduce human suffering. This movement among charity workers of the era was founded in the search for theoretical knowledge that would illuminate effective treatment options for social ills and ultimately transform the provision of charity into social work. Coinciding with the birth of social work was the development of psychoanalysis (PA) as a tool for theorizing and treating mental illness. For many decades training in PA theory was common within social work graduate programs and many clinical social workers practice today psychotherapy informed by PA principles. However, clinical social workers were long excluded from enrolling in and graduating from psychoanalytic training institutes, a requirement for being able to say that one is a psychoanalyst and provides psychoanalysis. In 1985, a legal ruling asserted that psychologists and other qualified mental health professionals could not be excluded from enrollment in PA training programs. Since that watershed decision, although many social workers have gone on to enroll and graduate as psychoanalysts, the process whereby one can pursue this training path is unfamiliar to most social workers. We describe the current PA training landscape and describe the process on how a LCSW can become a legitimate psychoanalyst.

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Introduction

The modern social work profession is rooted in the American charity organizations of the late nineteenth and early twentieth centuries. Charity workers searched for a scientific frame reference to inform their experiences in dealing with people with mental disorders and shed light on the moral and psychological causes of various forms of human suffering and the interventions that would prevent and ameliorate distress. They engaged in social outreach to gain insight into the community's life in the hope that it would reveal the patterns of this suffering in American society and illuminate the way toward reducing it [1]. The desire to seek theoretical knowledge and effective treatment became an organized movement, and charity workers who were dedicated to it became the first generation of social workers, founding the profession. Coinciding with the birth of social work as a discipline and a career was a significant parallel development: the utilization of psychiatry and psychoanalysis (PA) during World War I to

address mental illness among soldiers. Social workers were invited to join this innovative new treatment front in the medical and psychiatric clinics, and many quickly embraced PA as central to their work [1].

Initially, nonmedical professionals were forbidden to practice psychoanalysis (Richard, 1990) but this did not prevent psychoanalytic theory from being included in the graduate coursework of clinical social workers. After all, the guiding principle of both fields is to proceed from the patient's position and unique experiences. Moreover, the two disciplines have a similar goal, "repairing the world" [2]. The fields of PA and social work embrace the importance of treatment that focuses on the person-in-situation: both approach treatment from a position of respect for the patient's self-determination, and both emphasize respect for a patient's sense of timing for the development of insight as treatment progresses [3]. The social justice paradigm looks outward for answers and takes a moral position, while psychoanalytic therapy focuses on the internal psychic structure of the individual. Still, despite the commonalities of mission, training, and philosophy, social workers had an uphill battle with the psychiatric establishment for acceptance as *bona fide* psychotherapists and potential psychoanalysts. A lawsuit demanding admission to PA training institutes filed by psychologists was settled in 1988 in favor of the psychologists, and other licensed mental health professions, including clinical social workers, benefited from this opening [4]. This was important since social workers are prohibited from our code of ethics from claiming credentials they have not legitimately earned [5]:

Competence (a). Social workers should provide services and represent themselves as competent only within the boundaries of professional education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

Clearly a social worker who has not graduated from a recognized psychoanalytic training institute has no right to claim to be a psychoanalyst or to practice psychoanalysis. Two states, New York and Vermont currently license psychoanalysts, and the New York statutes say "A degree or advanced certificate in counseling, psychology, social work or a related field does not meet the education requirements for psychoanalysis" (<http://www.op.nysed.gov/prof/mhp/psyanlllic.htm>). Vermont statutes say something similar "(a) No person shall use in connection with the person's name any letters, words, or insignia indicating or implying that the person is a certified psychoanalyst unless certified in accordance with this chapter" (<https://legislature.vermont.gov/statutes/fullchapter/26/077>) – however clinical social workers are granted an exemption from this rule. Thus in New York, a clinical social worker who graduates from an approved PA training institute must obtain additional licensure as a psychoanalyst to practice in that field, but not in Vermont.

Social work and psychoanalytic theory were long taught as mutually supportive fields in many social work academic programs [6], but this integration has lessened in recent years [7]. [8] conducted a study of the professional identity of social work analysts, examining the manner in which social workers managed their professional duality, and found that, because social work emphasized social justice and psychoanalysis is founded on personal development, many academic programs in social work reduced the presence of psychoanalytic theory in their curricula. Works by [9], by [10,11,12,3] and Alperin and Hollman (1992) describe a prominent view within the field of social work itself that psychoanalytic practice and theory and the practice of social work are sometimes difficult to reconcile. Social work's emphasis on teaching research supported treatments and on the model of evidence-based practice has also shifted our professional focus away from psychoanalytic theory and therapy. Social work programs often make superficial presentations of psychoanalytic theory in our coursework, but the

depth and understanding of Freudian theory and practice, and its many derivations, is usually very limited.

The Current Pathway to Become a Psychoanalyst

In 1910 Sigmund Freud became concerned about the possibility of treatment by poorly trained psychoanalysts and of the consequent potential for patient harm. In 1917 the International Psychoanalytical Association (IPA) was formed as a response to these concerns and membership was made only available to trained psychoanalysts. The American Psychoanalytic Association was formed the following year to address similar concerns. By 1918, formal psychoanalytic education and training had been developed and established. A tripartite model of training became the norm, involving supervision of psychoanalytic cases one is treating, a personal analysis, and psychoanalytic education. This was designed to ensure the ethical, consistent, and reliable theoretical knowledge standardizing psychoanalytic education and treatment.

Formal psychoanalytic training is seen as comparable to earning a doctorate. Most postgraduate programs require a minimum number of classroom-based instructional hours, and similar to the personal time a thesis takes to be researched and written, psychoanalytic training requires a candidate to provide psychoanalytic treatment to patients. Social workers seeking admission to a psychoanalysis training program usually need to have the LCSW, or equivalent credential in one's state that permits independent practice. Approved PA training institutes operate under the American Psychoanalytic Association's (APSA) "Standards for Psychoanalytic Education" (<https://apsa.org/content/educational-standards-and-principles>), which accredits such training programs. Psychoanalytic candidates follow their institute's training model, of which there are three, the Eitingon, French and Uruguayan models, all equally seen as legitimate paths to become a psychoanalyst, with the Eitingon model the dominant one provided in the United States (https://ipa.world/ipa/en/Training/en/Training/Training_Dashboard.aspx?hkey=616cca1a-3efe-497e-b084-fcd695a9e3e8). This approach involves four years of didactic class instruction totaling a minimum of 450 hours. Like other advanced academic training, academic learning has an individual component; the investment of time and effort one gives to complete the program determines program completion leading to graduation. As a part of their training, candidates provide psychoanalysis to three patients, receiving at least 150 total hours of supervision, provided weekly, and with at least two separate supervising psychoanalysts giving guidance and instruction. Concurrently with didactic seminar instruction, candidates also treat psychoanalytic patients in sessions, meeting 3-5 times a week. Finally, candidates attend (and pay for) their personal analysis, involving a minimum of four times per week, and the duration of this analysis depends on the psychoanalytic candidate's personal development.

The candidate's institute education committee meets yearly to discuss the candidate's progress in all three areas: academic advancement, personal analysis, and psychoanalytic treatment. The PA candidate presents case histories and process recordings and defends their treatment methodology and decision-making to an academic board, demonstrating thorough knowledge of the psychoanalytic theories utilized, their personal maturity and growth, ethical behavior, and the ability to effectively translate their training into excellent patient care.

Preparation for a Career as a Psychoanalyst

Preparation for psychoanalytic training requires considerable planning. Making early choices toward the specialization is important and a disciplined focus should be established if one wishes to develop the professional, academic, and clinical experience that supports the foundational understanding of

Table 1. A Social Worker’s Guide to Becoming a Qualified Psychoanalyst

Step	Guideline / Action
1	Enroll in psychoanalytic and psychodynamic theory coursework as an undergraduate student when possible.
2	Take a job working with persons with mental illness, or volunteer to do so.
3	Carefully choose a high-quality MSW program with a clinical track, preferably one whose graduates have a high pass rate on the LCSW examination.*
4	Complete MSW coursework, taking any available electives and cognate courses related to psychoanalysis.
5	Complete internships oriented toward psychoanalytic theory and practice; seek a MSW field instructor knowledgeable about psychoanalytic or psychodynamic theory.
6	After graduation, secure a job in an agency that is friendly toward psychoanalysis.
7	Obtain your LCSW (or state equivalent) certification. This usually requires at least two years of post-MSW clinical experience. Seek a qualified supervisor familiar with psychoanalytic theory and practice (this need not be your work supervisor).
8	Investigate psychoanalytic training institutes that are feasible options for you.
9	Support your interests by attending psychoanalytic seminars at local institutes and networking with established professionals and academics.
10	Obtain any licensure-required Continuing Education hours from programs that feature psychoanalytic content.
11	Select and formally apply to psychoanalytic training institutes that align with your background and career interests. After acceptance, consult with matriculating candidates, and ask program directors and instructors questions to make an informed enrollment decision.
12	Enroll in your selected institute.
13	Engage fully in the program—join psychoanalytic organizations, attend conferences, commit to personal development, and extend your reading beyond program requirements.
14	After program completion, establish and develop your practice.
15	Contribute to psychoanalytic associations by volunteering your services and consider seeking office in these associations.
16	Stay up-to-date with current psychoanalytic theory, practice, and research literature, especially outcome studies and systematic reviews.
17	Contribute to the psychoanalytic professional literature.
18	Consider being an adjunct faculty member at local social work programs and teaching psychoanalytic content.
19	Consider being a MSW clinical field instructor for students interested in psychoanalysis.
20	Consider becoming a supervisor for LCSW interns or a faculty supervisor with a psychoanalytic training institute.
21	Consider being a faculty member at a psychoanalytic training institute or within a clinical MSW program.
22	Enjoy your career helping others.

*See Thyer (2011) for a discussion of the importance of consulting LCSW pass rates when choosing your MSW program [17].

psychoanalytic theory and ability to practice effectively. The process often begins with undergraduate psychology courses; this initial educational component is followed by real-world clinical experience in social work. A social work professional interested in practicing psychoanalysis should be familiar with the various psychodynamic perspectives which grew from Sigmund Freud’s early psychoanalytic theory as well as the branches of the discipline that emerged in the post-Freud landscape. The specific steps suggested to be followed for a social worker who aspires to become a legitimate psychoanalyst are described in Table 1.

Costs

Psychoanalytic training institutes are not under the jurisdiction of the U.S. Department of Education, and their students are not eligible to receive federal student aid. Potential short and long terms costs (tuition, books, paying for one personal analysis) etc. can be considerable. An unknown variable is that one candidate’s personal psychoanalysis can take longer than another candidate’s. Again, this analysis is generally required to be five weekly sessions for the duration of the program, and the time necessary to complete this essential component of psychoanalytic training is not time-specific; it is entirely dependent upon the speed of the candidate’s personal and professional development. However, some psychoanalytic institutes throughout the country may make available to candidates no-interest loans. Most students in psychoanalytic training maintain full time paid positions as a psychotherapist in private or agency-based practice. A list of accredited psychoanalytic training institutes in the United States is found on Table 2, along with links to aid readers in learning about these programs.

Table 2. A Selected List of Psychoanalytic Training Institutes in the United States

Institute Name	Website
American Institute for Psychoanalysis (New York)	https://aipnyc.org/
Berkshire Psychoanalytic Institute	http://www.berkshire-psychoanalytic.org/
Boston Psychoanalytic Society and Institute, Inc.	https://bpsj.org/
Center for Psychoanalytic Studies (Houston)	https://www.cfps-tx.org/home
Chicago Psychoanalytic Institute	https://chicagoanalysis.org/
Psychoanalytic Society and Institute (Cincinnati)	https://www.cps-i.org/
Cleveland Psychoanalytic Center	https://psychoanalysiscleveland.org/
Columbia University Center for Psychoanalytic Training and Research	https://www.psychoanalysis.columbia.edu/
Dallas Psychoanalytic Center	https://dallaspsychoanalyticcenter.org/
Denver Institute for Psychoanalysis & The Denver Psychoanalytic Society	https://denverpsychoanalytic.org/
Emory University Psychoanalytic Institute	https://med.emory.edu/departments/psychiatry/education/eupi/index.html
Florida Psychoanalytic Center Inc.	https://floridapsychoanalytic.org/
Greater Kansas City Psychoanalytic Society, Institute, and Foundation	https://www.gkcpsa.org/
The Institute of Contemporary Psychoanalysis (Los Angeles)	https://icpla.edu/
The International Institute for Psychoanalytic Training (IIPT)	https://theipi.org/clinical-training/psychoanalytic-training-iipt/#!form/IIPTtuition
Psychoanalytic Association of New York affiliated with NYU School of Medicine	https://www.pany.org/about

Michigan Psychoanalytic Institute	https://www.mpi-mps.org/
The Minnesota Psychoanalytic Society and Institute	https://mpsi.org/
New Center for Psychoanalysis, Los Angeles	https://www.n-c-p.org/
New Orleans-Birmingham Psychoanalytic Center	http://nobpc.org/
Oregon Psychoanalytic Institute	https://www.oregonpsychoanalytic.org/
Psychoanalytic Institute of New England	https://www.pineanalysis.org/
St. Louis Psychoanalytic Institute and Society	https://www.stlpi.org/
San Diego Psychoanalytic Center (SDPC)	http://www.sdpsychoanalyticcenter.org/
Seattle Psychoanalytic Society and Institute	https://spsi.org
Washington Baltimore Center for Psychoanalysis	https://www.wbcp.org/
Western New England Institute for Psychoanalysis	https://westernnewengland.org/
William Alanson White Institute of Psychiatry, Psychoanalysis, and Psychology (New York)	https://www.wawhite.org/
Wisconsin Psychoanalytic Institute, Society and Foundation	https://www.wisconsinpsychoanalytic.org/

One of the authors (BAT) had as a MSW student a professor of English on the cusp of retirement. At a relatively late stage of life, he wanted to get his MSW, become a LCSWs and qualify for admission to psychoanalytic training institute in the southeast. He was successful in this path and is now a practicing LCSW and a legitimate psychoanalyst. It is not uncommon for LCSWs to obtain additional practice credentials such as these. A large proportion of the members of the American Association for Marital and Family Therapy (MFT) are LCSWs who practice MFT under the auspices of their social work license. Other social workers go on to obtain the additional training and clinical experience to become a Board Certified Behavior Analyst (BCBA) a relatively new masters-level health professional with about 80,000 certificants and licensure in over 30 states (see www.bacb.org). [10,11] discusses some of the complexities and benefits of having the dual identity of being both a clinical social worker and a psychoanalyst,

Psychoanalysis Today

Because it is patient-focused, American psychoanalysis has been accused of largely ignoring the more significant issues of social justice, of systemic inequities, and their impact on mental health [2]. But the presumed lack of community awareness or engagement within the psychoanalytic community is a misapprehension. Psychoanalysis and psychoanalytic training have evolved in light of late twentieth-century and early twenty-first-century American cultural experience. For example, the issues of inequality and inequity, and the importance of cultural influence, are now more carefully considered when examining the relationships between patients and therapists and psychoanalytic instructors and candidates.

This new and essential social awareness, and the movement toward personal insight within the psychoanalytic community it has engendered, can be witnessed in the film *Black Analysts Speak* (<https://p-c-c.org/black-psychoanalysts-speak-video/0>). This documentary explores the experiences of ten Black psychoanalysts as they attempt to negotiate the denial shrouding the conversation about race as a component of lived internal expertise. Because this film examines the changes needed within the profession to confront the preconceptions that hinder therapeutic efficacy. It further stimulated the

American psychoanalytic community to ask how and why the issues of inequality and racism persist in the field, and there is considerable attention now being given within the PA community to issues of diversity, inequity, and exclusion.

For example, the Psychoanalytic Institute of Northern California (<https://pincsf.org/>) in San Francisco provides an excellent example of successful psychoanalytic theory and practice in a greater social context. PINC has developed a training program to bring psychoanalytic theory and practice back into the community. Their program has created a prosperous, dynamic relationship between social service agencies, growing. Additionally, the William Alanson and White Institute (WAWHITE.org) in New York City demonstrates a respectful fluidity of exchange between theory and practice with the community. WAWHITE is at the forefront of recognizing the need for this ongoing dialogue and implementing training while ensuring that costs are relative and consistent with a wide variety of mental health professionals. Finally, Dr. Belinda Torres of the Cleveland Psychoanalytic Center located in Cleveland Heights, developed a town hall meeting series to discuss cultural diversity within the psychoanalytic community. At the same time, Patricia Gherovici, an Argentinian psychoanalyst and author of several books on Lacanian psychoanalysis, has brought cultural awareness, diversity, and the vitality of psychoanalytic theory and practice together in the Hispanic and Latino community of Cleveland. Ms. Gherovici is the author of the influential book *The Puerto Rican Syndrome* [13]. These efforts [14] continue the early 20th century initiatives of offering low-cost psychoanalytically informed treatment to the poorer members of the public via Freud's Free Clinics [15].

Final Thoughts

It can be argued that Freud's contribution to the mental health treatment field was essential for the coalescence of early charity outreach projects into the discipline of social work.

Freud utilized empathy and compassion in his approach to patient care. His psychoanalytic model encouraged his patients to freely self-examine their emotional suffering via psychoanalysis without fear of reproach or judgment. This empathic style of mental health treatment aligns closely with social work's mission and vision. Both are based on assumptions regarding the progressive nature of human development.

Over time, however, the relationship between psychoanalysis and social work has waned. Reducing training in psychodynamic theory as a cornerstone of social work education has placed social workers interested in pursuing this specialty in the position of independently preparing for psychoanalytic training. For contemporary social workers and social work students interested in this approach, the road to becoming a psychoanalyst is worth the work; it can provide a deep, rich, and meaningful clinical experience that helps clients and is profoundly satisfying to the social worker. Although students have to plan early in their academic and professional careers to develop a path to financially, academically, and clinically prepare for psychoanalytic institute candidate training, most find the effort very worthwhile. We hope that this overview provides some much-needed clarity to the questions of "What is a psychoanalyst?" and "How does a clinical social worker become a psychoanalyst?"

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