



A M E R I C A N

PSYCHOANALYTIC

A S S O C I A T I O N

## **PSYCHOTHERAPY E-NEWSLETTER**

Winter 2015

Dear Colleagues,

*I hope that those of you affected by this difficult winter are bearing up and managing to be productive. As a result of the generous contributions and interests of several of our members, we have a longer than usual newsletter. Most of the articles are summaries of the sessions at APsaA's 2015 National Meeting. They cover a variety of topics relevant to practical and clinical issues in our offices as well as the larger social sphere. We also continue with summaries of applied psychoanalytic ideas within literature and art, as well as clinical understanding and work with veterans, and a couple of summaries of extensions of psychoanalytic ideas in theory as well as clinical work. The newsletter begins with an update by Margo Goldman M.D., Chair of the Psychotherapist Associates Committee, as to current and future initiatives of the Psychotherapy Department within APsaA.*

*If any of you have ideas on articles that you wish to contribute or think need to be in future newsletters, feel free to contact me at [lachcpsych@aol.com](mailto:lachcpsych@aol.com).*

*With best wishes,*

*Carol Lachman, Ph.D  
Editor*

### **E-NEWSLETTER CONTENTS**

- 1. Update: Psychotherapist Associates and Psychotherapy Department**  
-By Margo Goldman, M.D.

Reviews of APsaA's Programs

- 2. Discussion Group: Separating "Process Notes" from "Progress Notes"**  
-By Carol Lachman, Ph.D.

- 3. Service Members and Veteran's Initiative**  
-By Fernanda Sofio, M.A., Ph.D.

- 4. The Business of Practice Workshop**  
-By Michael Groat, Ph.D.

5. **Special Symposium: Left to Our Devices: The Impact of Digital Conversations**  
-By Roberta Shafter, Ph.D.
6. **Discussion Group: Mind and Literature: Listening to the Mind in Three Chekhov Stories, “The Student, “Lady with a Lap Dog,” and “The Bishop”**  
-By Roberta Preisler, Ph.D.
7. **Discussion Group: Trauma and Mastery Through Art: Under the Skin: The Life and Work of Lucian Freud**  
-By Carol Lachman, Ph.D.

Reviews of Additional Psychoanalytic Work

8. **Transference Focused Psychotherapy**  
-By Cheryl Seaman, M.D.
9. **Brazilian Psychoanalysis**  
-By Fernanda Sofio, M.A., Ph.D.

\*\*\*\*\*

## 1. Update: Psychotherapist Associates and Psychotherapy Department

Having returned from the APsaA's 2015 National Meeting in NYC, I am pleased to provide an update about the Psychotherapist Associates recent and planned work. The educational programs we sponsored (Psychotherapist Associates Present Discussion Group, and the Business of Practice Workshop) were both well attended, and apparently well received. For the Discussion Group, we continued our theme based case presentation, with January's theme, counter-transference in psychotherapy. The Business of Practice workshop featured a presentation about using psychoanalytic principles for consulting in the workplace, generating a lively discussion.

In addition, the meetings offered fascinating sessions about a range of subjects relevant to psychotherapy practice, including “separating Process Notes from Progress Notes,” using new technologies in treatment(video-conferencing), and the clinical impact of therapists' self disclosure. Among the myriad of choices were presentations about gun violence, failed cases, treatment resistance, and the neuroscience of emotions. I returned home with my therapeutic batteries recharged, anxiously awaiting the upcoming June meetings in San Francisco.

Because we are fortunate to have President Mark Smaller's and President-Elect Harriet Wolfe's fervent support, I am delighted to report that Psychotherapy is gaining ground in APsaA. The PA Committee is actively collaborating with the Committee on Psychoanalytic Psychotherapy Training Programs (COPPTP) to intensify our outreach to potential new PA's and promote psychodynamic therapy practice. We are building an alliance with the APsaA Fellowship program, will have representation on the American Psychoanalytic Foundation Committee, will personally reach out to over thirty Psychotherapy Training program directors and administrators, and spread the word about the benefits of APsaA affiliation to our local and national professional organizations. Our committee now has members from a diverse range of professional disciplines and geographic regions, Included in our initiative are potential new

educational programs, a proposed incentive for prospective PA's, and a recruitment event at future scientific meetings.

Our momentum is strong, but we need your help. If you can help with networking, writing, program planning, or making phone calls please let us know.

If you are interested in expanding the presence and role of the Psychotherapist Associates, and bolstering psychodynamic psychotherapy you may contact me at [MargoGoldmanMD@gmail.com](mailto:MargoGoldmanMD@gmail.com), or our committee co-chair, Michael Groat, Ph.D. at [mgroat@menninger.edu](mailto:mgroat@menninger.edu).

*By Margo Goldman, M.D.  
Chair, Psychotherapist Associates Committee*

\*\*\*\*

**2. Discussion Group: Separating “Process Notes” from “Progress Notes”:  
Clinical, Ethical, and Administrative Implications:  
Presented by the Committee on Confidentiality. Chair: Kevin Kelly, M.D.,  
Presenters: Robert Galatzer-Levy, M.D., Jonathan House, M.D., and Graham  
Spruiell, M.D.**

An attempt was made by the presenters to clarify some of the ambiguous issues and demarcations between progress and process notes. That notes need to be kept about the course of treatment and the patient's psychological condition is written into the HIPPA guidelines. Most states have laws regarding keeping records as well. Progress notes or the Medical Record as it is called should contain dates, times the patient was seen, symptoms, and a couple of lines concerning what was covered in the session. The latter was not spelled out as to what should be written regarding content of the sessions. Clinician anxieties regarding breaching confidentiality versus keeping a record for example as what was done in the treatment by the therapist to address a patient's suicidal tendencies was brought up in discussion but not fully clarified. Individual clinical judgment would seem to play a role here. Some clinicians it was stated resolve this conflict by not keeping any notes, or very minimal ones at best. In certain situations this could place them in jeopardy.

Process or psychotherapy notes as they are also called is the record mainly kept for the Psychotherapist where content may be analyzed, and more personal information, dreams, and fantasies written. According to HIPPA guidelines these notes are more heavily protected from access. However now that patients can request their clinical records, does this include the Psychotherapy notes? According to Dr. Spruiell the movement for permitting patients to have access to their records came from thoughts that patients needed greater participation in their care. However it is questionable as to what benefit this could accord patients in psychotherapy or psychoanalysis where so much in the process is dependent on what the patient is aware of at any given point in time, with transference, and possible countertransference issues playing a role.

Dr. Spruiell also indicated in his presentation that he has heard of situations where patients have placed their psychotherapy records on the internet seemingly blowing confidentiality. He indicated that presently the clinician is not only writing their notes to

have a record of the treatment, and writing for third party payers for utilization and review, but now for the patient-a seemingly impossible task

Dr. Galatzer-Levy indicated that not having notes on patient treatment could be viewed as an ethical violation. He demonstrated that one does not have a good memory for example, of what transpired in a session with a patient two weeks ago. In my opinion this presenter made a helpful suggestion that could ward off misinterpretation or accusations of breaking confidentiality-that is the clinician could place a statement in the Psychotherapy Notes that these are the thoughts of the therapist on the patient material, some of which could be patients' fantasies, and are not a statement of fact.

The continuation of this Discussion Group at forthcoming APsaA meetings would be very helpful.

*By Carol Lachman, Ph.D.*

\*\*\*\*

### **3. Service Members and Veterans Initiative (SVI)**

**Chair: Harold Kudler, M.D., Presenter: Kerry Kelly Novick, Discussant: Russell Carr, M.D.**

As described on the APsaA website ([www.apsa.org](http://www.apsa.org)) the SVI "adds a psychoanalytic voice to the public's response to a growing mental health crisis amongst service members, veterans, and their families." The focus of the initiative is cross-generational, as it considers the impact of war on families and children. This dynamic was discussed by participants in the group, mentioning such things as separations and children witnessing the emotional changes, in most cases of their fathers.

Prior to this year's National Meeting, participants were informed that the discussion would center on issues pertaining to the short film to be watched beforehand, called *Combat Fatigue Irritability*. The film is directed and stars Gene Kelly. It was used for helping World War II Service Members of the Navy who were being treated at war facilities.

In the movie Gene Kelly's character, Seaman Bob Lucas survives a mission on the Pacific Front, where as a result of being torpedoed, most of the men are ejected from the ship into the ocean. Seaman Lucas is the only one to survive, having watched his comrades die from their wounds and by drowning. After this deeply traumatic experience, the film shows Lucas trying to move on with his life, but as is characteristic of war trauma, he is unable to reconnect with the people in his life, feels alienated from them and himself, and he is not able to contain explosions of rage. The latter, as the movie shows comes from feelings of helplessness and horror about the deaths he witnessed, his feelings of guilt about surviving, and not being able to do anything to save his fellow service men.

The presenter is a practicing Psychoanalyst who was trained by Anna Freud and who is the daughter of Gene Kelly. In her presentation, Ms. Novick considered that the movie was produced in 1945 and raised the question: what has changed and what has remained the same? The group thoroughly discussed the idea that what has changed is nomenclature, not what it designates. What was described as combat fatigue irritability

is very similar to what Freud designated as war trauma, and to what is now referred to as PTSD (post traumatic stress disorder). As the discussant Dr. Carr highlighted, unfortunately veterans worry about being stigmatized if given this diagnosis, and this is a major obstacle to obtaining and staying with psychological help. There was some discussion as to what could be done to get around this issue, such as providing servicemen and their families with pets.

The discussion was rich and thought provoking regarding the issues impacting veterans, their families post deployment, and what initiatives could be carried out to help them.

*By Fernanda Sofio, M.A., Ph.D.*

\*\*\*\*

#### **4. The Business of Practice Workshop: The Business of Consulting to the Workplace.**

**Chair: Michael Groat, Ph.D., Co-Chair: Ann Dart, LCSW, Presenter: James W. Grew, M.B.A.**

This January's Business of Practice Workshop offered its participants a unique glimpse into the world of analytically informed business consultation. The presenter and the consultant was both a graduate of a Psychoanalytic Scholar Program and a respected Business School, thus arming him with knowledge from both worlds.

The presenter described an engaging case of a man struggling to establish his own direction as the primary heir of his family's business. This psychoanalytically informed consultant illustrated the ways he worked to establish a trusting relationship with the organization's CEO-the son of the founder of the company. In turn, he showed how this young leader struggled with rivalry around surpassing his father's ambitions, as well as not enslaving himself to the family business. Through deep listening and communication of respect for the dynamic conflicts of the young leader, he learned to rely on the presenter for his sage counsel-eventually considering him a trusted confidant for help in assembling a new leadership team in the organization. The consultant's facility with the nitty-gritty of running a business, along with his understanding of the Oedipal conflicts and strivings of his young leader, enabled him to serve as a crucial support throughout a time of significant organizational change. The young leader gradually found his footing, and ushered in a new area of growth for the company. The organization's leadership team functioned more effectively, sales and productivity improved, and the young CEO found ways to better balance work and personal life.

This workshop concluded with the review of skills one needs to consult to a business, including management and leadership, financial and strategic planning, human resource, and data analytic capabilities. The workshop demonstrated how an analytic mind incrementally adds value to business consultation-sharpening one's attunement to latent conflicts and dynamics that affect leadership transitions and human relations within organizations.

*By Michael Groat, Ph.D.*

\*\*\*\*

**5. Special Symposium: Left to Our Devices: The Impact of Digital Conversations.  
Chair: Henry J. Friedman, M.D., Presenter: Sherry Turkle, Ph.D., Discussant:  
Christine C. Kieffer, Ph.D.**

In this presentation, Sherry Turkle spoke first about the impact that digital devices and the digital subculture has had both on human development and the nature of interpersonal relationships. As she sees it the “addiction” to texting, and other devices prevents individuals from getting to know themselves and from truly getting to know one another. Her research has shown that now people become uncomfortable when left to their own thoughts for more than six minutes. Today’s “phone addiction” makes it possible to avoid those moments of silence that might promote knowledge of the self, or feel anxiety that could be a cue to stretch in a new direction, or daydream that could drive one more deeply into one’s inner life.

The paradox created by current changes in the technology of communication is that while they permit the fantasy of never being “alone,” they result in our being lonelier than ever. In Turkle’s view genuine conversation has been silenced by people’s focus towards their devices within families and in the workplace. She feels that the kind of communication promoted by texting is emotionally truncated, often lacking in authenticity because it has been carefully crafted to “get things right” and avoid the expression of intense feeling. The end product of all of this is what Turkle deems a crisis of empathy. It is only through genuine dialogue with others do we further find out who we are. Without this self knowledge we cannot truly understand others, and therefore she feels we can only experience them as part objects.

Simultaneously Turkle observes while people are experiencing less empathy in each others presence, they believe that they can obtain it from non-human sources. She points to increasing acceptance of robotic companions for the elderly and children, the use of iPads and Siri as electronic babysitters and a variety of computer programs and algorithms that purport to serve therapeutic functions. The fantasy here is that these devices are truly interactive; that they empathize.

In her discussion Christine Kiefer reflected on how Turkle’s ideas might apply to treatment via Skype and phone, acknowledging the value of these methods in certain situations, but questioning whether something is lost when the actual body is taken out of the picture. She cited current knowledge of the importance of mirror neurons in the development of empathic understanding.

On a completely different note both Kiefer and Henry Friedman cite cases of patients who couldn’t tolerate being alone for more than very brief periods, and managed to find similarly inclined mates. Both couples maintained almost constant contact via text or video chat, and to the best of all knowledge “lived happily ever after.”

*By Roberta Shafter, Ph.D.*

\*\*\*\*

**6. Discussion Group: Mind and Literature: Listening to the Mind in Three  
Chekhov Stories,  
“The Student, “Lady with a Lap Dog,” and “The Bishop.”**

**Chair & Discussant: Silvia Bell, Ph.D., Co-Chair & Presenter: Jean McGarry, M.A.**

This group brought an alternating literary and psychoanalytic viewpoint to the examination of three stories by Chekhov who in a sense took a psychoanalytic stance in his writing. Jean McGarry indicated that Chekhov was criticized by his contemporaries for not taking a moral stand. In his view the task of the author was to diagnose the problem, and up to the reader to provide a solution. The artist is then seen as an “impartial witness” who does not judge his characters.

Dr. Bell detailed Chekhov’s history of persistent abuse by his tyrannical father. This figure had a system of invasive rules. Aside from regular beatings, other brutalities included being awakened at two in the morning to prepare for church choir with frequent exposure to the harsh Russian winters and long labor in a shop. Early signs of ill health appeared in this author who later became a Physician, and succumbed to TB at age 44. Dr. Bell imparted in the context of this father son struggle, Chekhov’s stated ambition to “squeeze the slave out of himself.” She invokes the work of Shengold on “soul murder” to identify defenses and psychic features as denial, dissociation, primitive rage, narcissistic entitlement, and a compromised ability to love and trust. While the child is unclear about what has been done to him, the mother is held responsible as in Chekhov’s case as she is seen to have failed in her protective function.

The three stories under consideration all have references to suffering and abuse. In “The Student” one of his most optimistic tales...“the sudden onset of cold violated the order of everything...” In this story of maternal blindness to her daughter’s abuse, the seminary student is able to break through the mother’s denial. The daughter is transformed from appearing like a “deaf-mute” to one who is alive to “intense pain.” This transformation gave the student a sense of continuity and hope.

In “Lady with a Lap Dog,” Gurov is depicted as a predatory character who feels narcissistically entitled and both embittered by, and dependent on women. What starts as another meaningless dalliance appears to grow into genuine love. That this much younger and virtuous woman maintains her view of him as “good and worthy” has a reparative effect. There is now hope in finding good in the self and a greater ability to invest in another. However since ambiguity is such a feature of these stories, the question was raised whether this change represents a restored ability to love or an attachment based on the admiration provided to the self by a much younger object.

Finally “The Bishop” who has attained an elevated status indulges in nostalgia about his childhood in which the past appeared...“alive, beautiful and joyful as it probably had never been.” The Bishop who has not seen his mother in nine years, feels a virtual inability to make human connection as people seem in awe of him. Finally reunited with his mother, they recognize each other only with difficulty. It is only on his deathbed that his mother’s reserve gives way,... “and she no longer remembered he was a Bishop, and she kissed him like a child very near and dear to her.” One wonders if this story suggests that the lengths he traveled from his humble origins, made him feel even more of a stranger to the imagined or provided tenderness of his childhood years.

*By Roberta Preisler, Ph.D.*

\*\*\*\*

## **7. Discussion Group: Trauma and Mastery Through Art: Under the Skin: The Life and Work of Lucian Freud.**

**Chair: Theodore J. Jacobs, M.D., Co-Chair: Bennett F. Markel, M.D., Presenter: Herbert Gomberg, M.D.**

Though not much specifically of trauma was directly discussed by Dr. Gomberg, it was implied by the facts of Lucian Freud's early life and talked about in the discussion.

Lucian Freud, named after his mother Lucy with whom he was very close, was born in Berlin in 1922. He demonstrated very early talent in drawing and at age four his mother asked him to teach her how to draw, no doubt providing Lucian with the precocious sense of being exceptional. In Berlin Lucian's family was financially comfortable, and they had a second home up north by the sea. All this comfort and security vanished with the rise of Nazism; there were episodes when Lucian had to go through back alleys to bypass the Brown Shirts. When he was eleven years old, the family escaped to London.

According to Dr. Gomberg, Lucian was unable to adjust to the English school system, developed a "bad boy" reputation, and is rumored to have burned down a school. He briefly studied at Art School, and an early work which Dr. Gomberg showed the group (one out of a vast array of slides) is called *The Painters Room*. It shows a brightly colored room with a sofa and a palm tree with a Zebra looking into the room from a window. Dr. Gomberg highlighted the fact that a Zebra is an animal that cannot be domesticated. On this note the presenter quoted Lady Caroline Blackwood, Lucian Freud's second wife, "one would have to be crazy to have children with him." Children he did have; there are rumors he had about forty, having had many affairs with his models. Fourteen children can be identified, and many of whom were influenced by Freud's artistic talents, and literary interests, and became artists, sculptors and writers in their own right. Freud is described as becoming very involved with the people who sat for him which include Queen Elizabeth, and she is said to have very much liked the portrait he painted of her. In his portraits Freud tried to understand and reveal aspects of the person that lay beneath the surface. In this respect a parallel was made with his grandfather Sigmund Freud whose discovery and clinical application of Psychoanalysis went deep into an individual's psyche. Lucian's Freud's later works which focused on the quality and tautness of the skin was meant to be revelatory about the person as well.

Dr. Tutter's comments and the group discussion focused somewhat on Lucian Freud's losses that of home and culture. It was thought that this had a profound effect on him and may have been one of his unconscious motives for having so many children. There was also intense sibling rivalry with one of his brothers; Lucian Freud's unconventional behavior may have been partly a bid for more attention. Dr. Gomberg said that he thought that Freud's close relationship with his mother was frequently a burden and he needed to push her away. It is likely that more could have been said and explored about this talented, fascinating, but also troubled man, but unfortunately time ran out.

*By Carol Lachman, Ph.D.*

\*\*\*\*

## **8. Transference Focused Psychotherapy**

The third International Society for Transference Focused Psychotherapy (ISTFP) conference took place in Parma, Italy October 14-15, 2014. Transference Focused Psychotherapy (TFP) is a manualized psychotherapy, specifically designed to treat borderline pathology with a focus on object relations in the therapeutic dyad. It is primarily given in twice weekly sessions. Some presenters addressed questions of once weekly sessions, and workshops addressed specific populations. Highlights of the ISTFP conference included Otto Kernberg's Plenary Lecture on Transference Love in TFP. Frank Yeomans also gave a Plenary Lecture on "low-dose TFP, does it work, and if so how.

Otto Kernberg introduced his lecture by explaining that our understanding today comes from other disciplines than Freud's theories. The primary affective systems, including the attachment system, erotic system, and play bonding system elaborate and augment libidinal drive theory. The baby at the breast activates all the systems, including those derived from aggression such as fight/flight and separation/panic, and its link with grief. Kernberg affirms that sexuality begins at the start of life, citing Lacan's idea that the mother unconsciously eroticizes the baby as she cares for him. He also noted that the development of the pathological grandiose self tends to devalue contributions from others, and this colors sexual life as well as other aspects.

Otto Kernberg goes on to posit that love and sexual affect become linked to particular object systems, so that eroticism is linked to overcoming of splitting and to ambivalence. He noted we set up an ideal picture of where the patient is and where he could be without the various inhibitions, and we define the trouble by contrasting it with the ideal image, but we don't do this enough in our patient's sexual life. Sexuality infiltrates all relationships he says. In certain situations it is increased; it is aggressively transformed or inhibited. Kernberg reviewed the different levels of pathology and their corresponding sexual inhibitions. The therapist must tolerate sexual transferences without action.

I attended the workshop on adolescents and was treated to a video by the late Paulina Kernberg demonstrating a looping back technique interview in the here and now while the patient attempted to control her with his questions about what "the team" had told her. Karen Ensink then discussed the interview and how Dr. Kernberg resonated with developmental tasks and pathological strategies were reframed into adaptive aspects, including the need to control and the patient's reactions including somatic symptoms. The next conference will be held in New York in 2016.

*By Cheryl Seaman, M.D.*

\*\*\*\*

## **9. Brazilian Psychoanalysis**

There is a tradition of Brazilian Psychoanalysis somewhat known beyond Brazil, less so outside of Latin America. Two authors of fundamental relevance to this tradition are Isaias Melsohn (1921-2009) and Fabio Herrmann (1944-2006). To explain their ideas is a challenging task as Herrmann published ten books, using rich concepts to describe the psychoanalytic method. As with Freud, this implies to understand Herrmann's work, meticulous readings of the primary text are probably necessary.

Melsohn is best known for his criticism in the 1960's of the notion of the unconscious. He considered the concept to be inadequate and unnecessary, for he claimed it cannot be observed and therefore it is epistemologically unsustainable as a psychological locus. Melsohn was influenced by Ernst Cassirer and the phenomenologists post Husserl. Melsohn published little, but his students compiled many of his ideas and clinical examples into several books. Influenced by Melsohn, Herrmann created the psychoanalytic oeuvre referred to as Multiple Fields Theory. It developed in Sao Paulo at the end of the 1960's, as a critique of the Freudian and Klein-Bionian psychoanalytic schools that had become widespread in Sao Paulo.

Herrmann created what he described as methodological concepts to try to explain how psychoanalytic interpretation occurs; and this in any school. Some of the main concepts are *field*, *field rupture*, *vortex* and *transit expectations*. Herrmann claimed that whatever the psychoanalytic school, psychoanalysts listen to their patients in a *field* other than the one proposed by the patient. By *decentering* his or her attention to the theme proposed by the patient, the patient's *representations* of himself may become unstable. At some point this instability produces a *field rupture*, and the patient can no longer see or understand a particular matter in the same way he or she used to. The patient enters a phenomenological state of *vortex* in which old representations have shifted but new ones have not yet replaced them. *Transit expectation* is the term used to describe the stage where the patient has lost his or her old representations, but has not yet replaced these representations with new ones. This stage tends to be distressing to the patient, (and sometimes to the analyst).

By giving a description of how psychoanalytic interpretation cures, Herrmann shifts our interest as readers from what theory is correct to how theories work, giving us a chance and encouraging us to create our own *prototheories* when in contact with each of our patients.

By Fernanda Sofio, M.A., Ph.D.

\*\*\*\*\*

**Registration opens: March 17**



**HIGHLIGHTED PROGRAMS:**

**Discussion Group 8: Psychotherapist Associates Present:  
Boundaries and Counter-Transference in Psychotherapy  
Friday, June 5, from 11:30 AM – 1:30 PM**

**Two-Day Clinical Workshop #4:  
Process and Technique in Psychoanalytic Psychotherapy (Part 1 & 2)  
Friday, June 5, and Saturday, June 6, from 3:00 PM – 5:00 PM**

**Practice Building Workshops  
Friday, June 5, and Saturday, June 6, from 11:30 AM – 1:30 PM**

\*\*\*\*\*

**Questions?** Please contact Carol Lachman, M.D., Editor, [lachcpsych@aol.com](mailto:lachcpsych@aol.com), with suggestions, inquiries, or regarding contributions to the Psychotherapy E-Newsletter.

**Information:** Please click on the link for information on joining APsaA's [Psychotherapist Associates](#). Benefits include a discounted meeting fee. Or contact APsaA's Manager of Membership Services, Debbie Steinke Wardell ([dsteinke@apsa.org](mailto:dsteinke@apsa.org)) to receive a brochure.

\*\*\*\*\*

You are currently on APsaA's list to receive the *Psychotherapy E-newsletter*. If you do not wish to receive future issues, please let us know by sending an email containing your name to **APsaA's Manager of Membership Services, Debbie Steinke Wardell** ([dsteinke@apsa.org](mailto:dsteinke@apsa.org)), and we will remove you from our e-newsletter distribution list.

American Psychoanalytic Association | 309 East 49th St | New York, NY 10017 | 212-752-0450 | [apsa.org](http://apsa.org)

PA LIST | 03/13/2015