All Paris loves art. Above all, Parisians passionately love colossal exhibitions. In any kind of weather, long lines patiently await admission to one or another of the grands musées. The recent season’s most irresistible show, at the Grand Palais, was “Mélancolie, genie et folie en Occident,” roughly, “Melancholy, Genius, and Madness in the West”—an exhibition of immense fascination for psychoanalysis. Scheduled to visit Berlin later this year, the exhibition is truly breathtaking in scope, tracing the history of depression in a stunning array of works of art in multiple media from antiquity to the turn of the 21st century. It can require many hours, even days, to absorb. Jean Clair, former director of the Musée Picasso, an exceptional scholar and a man of genius himself (although I cannot speak to his melancholy), has organized this magnificent offering to the public, which he has accompanied by a catalogue rich in illuminating essays, both informative and interpretive, many by his own hand. Only in French to date, this catalogue constitutes an education in itself in the history of occidental ideas and images. For any psychoanalyst working with depression, it offers long-ranging and provocative perspectives on contemporary clinical concepts.

Ellen Handler Spitz, Ph.D., is Honors College Professor of Visual Arts at the University of Maryland (UMBC) and the author of five books, most recently, of The Brightening Glance: Imagination and Childhood (Pantheon Books/Random House).
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The Renewal of the Association

Jon Meyer

This is my last column as president and very soon I will become a clinician, teacher, and scholar again. After a long time in governance, it will be a personal renewal for me to go back to those professional commitments.

Organizations have similar transitions. There are times when politics and governance have to be in the forefront because structural changes are needed. Our efforts to reorganize have put us into one of those periods. But now it is time to move forward because the Association is in deadlock, in danger of splitting, and the future of psychoanalysis is in the balance. As we approach a much-needed decision on the kind of Association we will be and the future of the field we love, there are policy debates, discussions of means and methods, and political disagreements. As important and preoccupying as those debates, discussions, and disagreements may be, it is important to keep them in perspective. No organization exists to conduct internal political debates or to be preoccupied with its own governance. Our responsibilities to psychoanalysis and psychoanalytic values require us to be smart and effective to honor those commitments. When we have been smart, and when we have set the structures in place to be effective, governance will recede into its rightful place in the background.

We need change because the Association has gotten functionally old, set in its ways, burdened by internal tensions, and encumbered by outdated institutions of regulation and governance.

The Executive Council has approximately 58 councilors, the vast majority of whom represent societies. Although we have long since become an association of members, the Council memorializes another time when we were a federation of societies. Such a federation model made sense when we were smaller and internally preoccupied, with no competition or challenge—scarcely our current circumstances. In the 21st century, we need expanded and enhanced capabilities on our board of directors if we are to thrive and not just survive. To cope effectively with our difficult environment requires a smaller, streamlined board of directors, directly elected by and responsible to you—the membership. The board of directors must have broad perspectives and very much needs minority seats for essential extra-analytic talents in law, finance, public information, fundraising, and lobbying. To put it from a slightly different perspective, we need a board of directors that can raise money as well as oversee its expenditure.

We need to change how we function and to do that we need a comprehensive plan that can be submitted to you. As we consider any plans, there are benchmarks each must meet. I have outlined them in the four points below:

1. It must be integrated and comprehensive. To be effective, the organization must function as a whole and the proposers of the plan must have thought through all aspects of Association functioning. Piecemeal plans may seem attractive because they feel familiar but they will only give us more of the same.

2. It must represent our democratic principles, especially one member, one vote. We are a membership organization and a membership corporation, so that as members we are the Association and we are the corporation. There is no reason to have a society, institute, or other intermediary between us and the direct election of our board of directors. We can think for ourselves and cast our own votes.

3. It must accomplish reorganization through bylaw changes. The members are the only ones with sufficient authority to determine what kind of organization we will be. I believe attempts to change how we function by any other means would violate this most cherished principle. Bylaws must pass with a two-thirds majority of those voting and represent the authority, consent, and consensus of the members.

4. There must be a system of checks and balances. In some organizations, the board of directors holds all power to change bylaws, choose the officers, and appoint their own successors. We have never, and should never, operate that way. There is a kind of “corporatism”

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Renewal of the Association

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talked about that suggests that the board of directors should “own” us. In my view, we should not be “owned” by anyone.

We have had two strategic initiatives and this is where they come together: Strategic planning has developed our priorities and brought us face to face with long-range planning, tough choices, and the critical need to function better. To be more effective, we need to reorganize, and not just in a token manner. The changes we need have a lot more to do with good organizational functioning than with not-for-profit corporation law.

We have recognized the serious external challenges to the health and well-being of the profession we love and are taking needed steps in response. It has been an honor for me to take some of those steps with you. We have worked hard and well and, while we are not yet there, I believe that together we can renew the Association.

Sigmund Freud, His Family and Colleagues, 1928-1947, Lynne Lehrman Weiner’s documentary movie made from films taken by her father, Philip R. Lehrman, M.D., during a year he was analyzed by Freud, has been turned by her into a book published recently in German. Entitled “Sigmund Freud Durch Lehrmans Linse” (Sigmund Freud Through Lehman’s Lens), it contains more than 240 photos and brief biographies of analysts seen in the film, plus 18 letters, never before published, sent by Freud to Lehrman between 1926 and 1936. Harold P. Blum’s Foreword is a valuable historical contribution, as are six essays on Vienna, Berlin, Paris, London, Budapest, and New York by noted historians of psychoanalysis. The book may be ordered through Dr. Nellie Thompson, A.A. Brill Library, The New York Psychoanalytic Institute; 245 E. 82nd St., NY, NY 10028, or telephone 212-879-6900. The cost is $60.00.

AWARD FOR EXCELLENCE IN JOURNALISM 2005

Call for Nominations

Is there a journalist in your community worthy of recognition?

The Award for Excellence in Journalism recognizes professional reporting of outstanding merit that contributes in an exceptional way to the public understanding of psychoanalytic and psychological principles and phenomena.

More information is available at www.apsa.org/ctf/pubinfo/NewsRoom/award.html

The Award is juried by a panel of APsaA members as well as professional journalists that included Carol Hymowitz, Columnist, The Wall Street Journal; Tom Stewart, Editor, Harvard Business Review, and Jonathan Piel, Editor (retired), Scientific American. The Award provides a $1000 prize for the best article in print or online media.

How do I make a nomination?

You may nominate any person, including authors. To be eligible, his or her work must have been written in English, intended for the layperson, and must have been first published between July 1, 2005 and June 30, 2006.

Nominations must include the URL or a hard copy and must be submitted by August 15, 2006 to:

Dorothy M. Jeffries
Director of Public Affairs
American Psychoanalytic Association
309 East 49th Street
New York, NY 10017

Phone: (212) 752-0450, ext. 29; Fax: (212) 593-0571;
djeffries@apsa.org
Requiem for the Board on Professional Standards

Eric J. Nuetzel

Whatever happens in our organizational restructuring one thing is certain: The Board on Professional Standards (BOPS) will be no more. When I became secretary of the BOPS in 2001, Ron Benson, the newly elected chair, told me that every BOPS chair has the fantasy that s/he will be the last. I may not be the last, but I will probably be the penultimate BOPS chair. Every plan that has been floated about a future structure for institute representation changes the name of the body representing institutes. The balance of power within the American Psychoanalytic Association is also altered by every suggested plan. One plan calls for the creation of a Board of Psychoanalytic Education that would serve as a committee of the corporation, subject to the review and rescission of its decisions by the Association’s Board of Directors. Another plan calls for the creation of a Council of Institutes as a successor to the BOPS. This Council of Institutes would be a subsidiary corporation within the Association that would provide autonomy for standard setting and credentialing functions. I have suggested externalizing the credentialing functions in a separate independent corporation or corporations.

The Executive Council is our Association’s Board of Directors. It is structured as a body of representatives of our psychoanalytic societies. In contrast, the BOPS is structured as a body of representatives of our psychoanalytic institutes. There are many more psychoanalytic societies than there are institutes in the Association. If the body representing institutes functions as subordinate to the body representing societies, educational interests will be secondary to other interests of the general membership organization. Some think this would be a good thing, and believe New York law demands the subordination of BOPS.

It is true that New York State corporate law does not recognize our present structure. In the context of New York State law, the BOPS has been described as a “legal nullity.” The BOPS currently would be regarded as a committee of the corporation by the State of New York, and thus subordinate to the Board of Directors, the Executive Council. Our bylaws have a different intent. We try to function in accord with our bylaws because they reflect the will of the members. Our bylaws embody a separation of powers with mutual consultation between the BOPS and the Executive Council. We have been advised by our expert attorney that we can continue to function according to our bylaws during the period in which we are working to come into compliance with New York law by restructuring.

We need a new broadly representative structure or structures to carry out these public interest functions with integrity.

Still More Questions

The vote taken in January in the Executive Council sending the report of the Task Force on Reorganization (TFoR) back to the TFoR for revision has created uncertainty. Those who believe the BOPS should be subordinate to the Executive Council have stated that the governance issue is now settled. If it is, this will fundamentally alter our Association’s psychoanalytic culture. Our educational standards and every decision of the BOPS regarding accreditation of institutes, certification of graduates, the status of new training facilities, training and supervising analyst appointments, waiver applications for academics and those clinicians who would not otherwise be eligible for training will be subject to the review and rescission of the Executive Council. Would our institutes want to have their educational decisions subject to review and rescission by their local societies? Is this what the members of APsaA want?

The “local option” bylaw amendment garnered 57 percent of the voting membership’s support. Clearly, certification, its link to training analyst status and our centralized standards are losing value to the membership. The representatives of our institutes on the BOPS need to listen. Members, as well as some of our institutes, want change. Fair enough; standards should evolve. We need change, but on what basis? Who should decide how and what we change?

If we subordinate educational interests to the membership organization, psychoanalytic education will become subject to our guild interests. Would this be preferable to our present system? The BOPS may have generated too much ill will to receive the membership’s support for its functions in their present form. Yet in all other professions, the accrediting and certifying agencies recognize the serious conflict of interest of a credentialing body being subordinate to a general membership organization. We should too.

What do our members want for our educational functions? Do we want psychoanalytic institutes to be subordinate to psychoanalytic societies? Do we want the educational standards and educational credentialing decisions of the Association to be determined by representatives of societies, of institutes, or by some kind of independent, joint process?

If the membership wants institutes subordinate to societies, will psychoanalytic educators continue to be willing to serve the Association with the level of commitment that our current activities require? How will this affect the quality of everything we do? How long will it take for disaffected members to look elsewhere for professional affiliation?

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APsaA Marches on Washington

James C. Pyles

In the third week in June, APsaA will hold meetings in Washington, D.C., which will include a Breakfast Forum in the Capitol at which APsaA members will have an opportunity to meet and confer with members of Congress and their staffs. These meetings could hardly come at a more propitious time. The right to health information privacy, which is critical to effective psychotherapy, is hanging in the balance as Congress considers enacting health information technology and pay-for-performance (P4P) laws. Numerous bills are pending in Congress that would eliminate the right to health information privacy, and perhaps the psychotherapist-patient privilege at the federal and state levels, in a two-step process. First, a national “interoperable” (accessible from anywhere in the world) electronic health information system would be established and, second, all practitioners would be required to include their patient’s health information in such a system in order to be paid under a “P4P” standard.

APsaA representatives, with the authorization of its officers, have been conducting an intensive education campaign for members of Congress and their staffs over the past three months in an effort to show them that strong privacy protections are essential for quality health care and are expected by the public. We have impressed upon Congressional representatives that mental health practitioners are the “canaries in the coal mine” when it comes to threats to health information privacy. APsaA’s members hear of the concerns from patients first and their patients are the most adversely affected by the mere threat of the loss of privacy. We have conducted briefings of members of the Ways and Means and Energy and Commerce Committees and have been invited to testify and to give privacy seminars to the members on the subject of health information privacy.

To the credit of representatives of Congress and their staffs, they seem to be listening and learning that strong privacy principles must be included in any health IT system from the beginning. Members are also beginning to listen to APsaA’s arguments that any health IT system should be grounded in privacy principles contained in established standards of medical ethics, the law of psychotherapist-patient privilege, and constitutional common law. These principles reflect the expectations of generations of patients and practitioners. As APsaA President-Elect Prudy Gourguechon stated when asked by a federal commission whether privacy principles in professional ethics should be balanced against the need for disclosure of health information, “We never put ethics on the scale.”

This is the kind of information that Congress needs to hear, and they need to hear it now from real mental health practitioners who treat real patients. Congress cannot make good laws if it does not get good information. Your profession, your patients, and your colleagues need you to attend the Washington meetings and visit your Congressional representatives. The right to health information privacy, and perhaps the practice of quality psychotherapy as you know it, is at stake.

We will provide talking points and briefing papers as the meetings approach and will hold a final update and instructional meeting on the evening of June 14. The Breakfast Forum will take place on the morning of June 15, and we urge you to visit the offices of your Congressional representatives before or after the forum. Of course, you should schedule those meetings in advance.

APsaA held a very successful Capitol Breakfast Forum in May of 1999. Since that meeting, APsaA has increasingly become recognized as a force for quality psychotherapy among members of Congress. Today, APsaA is routinely asked to review legislation that may have an impact on the practice of psychotherapy. Now is the time for you to help broaden and improve APsaA’s presence on Capitol Hill.

Requiem for BOPS

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What effect will such developments have on the future of the American Psychoanalytic Association?

These are questions worth pondering as we consider the end of the BOPS and the demise of its functions. Is it possible for the essential public interest functions (standard setting and credentialing) to be replaced in some way, shape, or form with something better? Whatever we decide, we must not lose or compromise the integrity of these public interest functions. This is our duty and responsibility as one of the major psychoanalytic organizations in the world. Regardless of how you may feel about certification, its link to training and supervising analyst appointments, and the functioning of the BOPS in general, I hope you understand that the public interest functions of the BOPS should be safeguarded for the public and for the profession. We need a new broadly representative structure or structures to carry out these public interest functions with integrity—inside or outside of the Association. As we say a requiem for the BOPS, perhaps we can simultaneously build structures that will serve the public and the profession well for the next 50 years.

James C. Pyles, of Powers, Pyles, Sutter and Verville, P.C., is the Washington counsel for the American Psychoanalytic Association.
Highlights of the 95th Annual Meeting in Washington, D.C.

June 14–18, 2006

Gary Grossman

The Scientific Program at the 95th Annual Meeting in Washington, D.C., offers an exciting array of choices. The five panels will present contemporary psychoanalytic topics, emphasizing varying points of view. Friday afternoon’s panel, “Current Views on the Oedipus Complex,” chaired by Warren Poland, will include presentations by Dale Boesky, Marcia Cavell, and Jay Greenberg. On Saturday morning, James Frosch, Stephen Seligman, Doris Silverman, and Steven Cooper, as chair, will offer their perspectives on “Beyond Whether or Not: Pluralism in Action.” Karen Gilmore will chair Saturday morning’s “Child and Adolescent Panel” with presentations by Wendy Olesker, Alan Sugarman, and Judith Yanof. The Saturday afternoon panel, “Close Process Attention: Clinical Advantages and Disadvantages,” chaired by Henry Smith, will feature a case presentation by Lawrence Levenson with commentary by Lawrence Friedman, Steven Levy; Shelley Orgel, Alexandra Harrison, and Cecilio Paniagua. Sidney Phillips will chair the Sunday morning panel, “Teacher as Analyst/Analyst as Teacher: A Confusion of Tongues in the Analytic Classroom?” Ellen O’Neil Helman and Dawn Skorczewski will offer their perspectives.

OUT OF THE CONSULTING ROOM

Recognizing that the place of psychoanalysis is not restricted to the consulting room, several programs will highlight our broadening scope. The interplay of psychoanalysis and the current political climate will be explored in Saturday afternoon’s Psychoanalytic Dialogue Program: “Red, Blue and You: The Analyst in a Social Context,” chaired by Irene Cairo. The two presenters will be Richard Almond and Steve Portuges.

Gary Grossman, Ph.D., is a member and faculty of the San Francisco Psychoanalytic Institute and Society and has recently joined the Program Committee.

Friday afternoon will feature three concurrent Symposia that will surely be difficult to choose from. Kerry Sulikowicz and New York Times journalist Louis Uchitelle will meet in conversation for the program: “Journalists and Psychoanalysts: A Dialogue.” “Psychoanalysts Meet the Streets” will include presentations by Judith Broder, Lola Greenspan, Corrine Hatton, and Carol Tenenbaum. If you’re looking for a more hands-on experience, consider a trip to the Office of the Chief Medical Examiner for “The Analyst at the Morgue: Helping Families Deal with Traumatic Bereavement” for presentations by Bruce Sklarew and Stephanie Handel. Transportation and lunch will be provided.

Stephen Kerzner and Bruce Sklarew will chair the Saturday afternoon Symposium, “Educators and Psychoanalysts: Working Together in a School-Based Mental Health Program.” A Critical Partnership.” Sponsored by the Liaison to Schools Committee, this symposium will feature presentations by Olga Acosta, William Granatir, and Mary Gardiner Jones.

Established at the Annual Meeting in 2004, the University Forum brings together academics and psychoanalysts for discussion of contemporary topics. This upcoming University Forum on Saturday morning is entitled: “Implicit Associations: Race in Politics and Clinical Practice.” Our presenters will be Jane Flax, whose interests have included critical race theory, gender theory, and psychoanalysis, and Brian Nosek, whose research on implicit cognition and racial bias was highlighted in a January 30, 2006, article in the Washington Post. APsaA members Sandra Walker and Forest Hamer will moderate.

The 2-Day Clinical Workshops have consistently been very popular at our meetings and the four offerings in June will be no exception. The two workshops on “Psychoanalytic Process and Technique” will feature Jay Greenberg, from the William Alanson White Institute in New York, and Cecilio Paniagua from Madrid, who was strongly influenced by Paul Gray during his training at the Baltimore-Washington Psychoanalytic Center. Lizbeth Moses will present a case in the “Psychotherapy Technique and Process Workshop,” with Robert Michels as discussant and Alan Pollack as chair. The “Child and Adolescent Workshop,” chaired by Judith Fingert Chused, will feature a presentation by Rachel Seidel.

DOUBLE PLENARY

We are fortunate to have two exciting speakers for the meeting’s plenary addresses. The Friday morning Plenary Presentation by Paul Schwaber is entitled, “Hamlet and Psychoanalytic Experience.” The first Gertrude and Ernst Ticho Memorial Lecture entitled, “The Second Person,” will be presented by Bonnie Litowitz on Friday afternoon.

Our Meet-the-Author will be James McLaughlin, discussing his recently published and highly acclaimed book, “The Healer’s Bent: Solitude and Dialogue in the Clinical Encounter.” McLaughlin, known for his sensitive and thoughtful discussions of the patient/analyst relationship in over 30 publications spanning 40 years, will be joined by Nancy Chodorow, Theodore Jacobs, and Evelyne Albrecht Schwaber.

Of special interest to candidates will be a presentation by Beverly Betz at the Affiliates’ Forum: “Boundaries and Boundary Violations.” APsaA program chair, Glen Gabbard, who has published widely on therapist/patient transgressions, will be the discussant.

In addition to these program highlights, the June meetings will feature an abundance of discussion groups and several scientific papers, so keep an eye on your mail for the Preliminary Program and check the APsaA Web site: www.apsa.org frequently for program updates. We look forward to seeing you in Washington, D.C.
Explore the Treasures of
Washington’s Neighborhoods, Monuments, and Memorials

Tarpley M. Long

Washington is known for its monuments and its memorials, many of which are located around the Mall, between the Lincoln Memorial and the Washington Monument. For those who have been to Washington, but not recently, the Franklin Delano Roosevelt memorial is a potent addition to the landscape. For first-time visitors, the Vietnam Memorial and the Holocaust Memorial inspire strong emotions.

The many Smithsonian museums, among others, line the Mall between the Washington Monument and the Capitol. The Freer Gallery has one of the finest collections of Asian art in the world. In June at the National Gallery of Art, in addition to the superb permanent collection, see “Photographic Discoveries: Recent Acquisitions,” which features 70 works by celebrated photographers, and “Master Drawings from the Woodner Collection,” one of the foremost private collections of old master and modern drawings in the United States. The brand new National Museum of the American Indian anchors the southeast corner of the Mall. See it after a busy day to appreciate its soothing space. And don’t miss the multimedia Lelawi Theater presentation, Who We Are.

If you’re a newcomer to the city, you may wish a trolley tour of the city, which the Washington Hilton will gladly arrange for you.

There are many excursions by foot in the vicinity of the APsA hotel, which touches on four interesting neighborhoods: Kalorama, Dupont Circle, Adams Morgan, and the recently revitalized “New U.” Start your day by heading one short block south on Connecticut Avenue to The Newsroom for coffee and the newspaper. Want to know what’s happening in your hometown or in another country? The Newsroom carries magazines and newspapers from around the country and the world.

Then, begin to explore in any direction. If you continue walking south, you will be heading towards Dupont Circle, arguably Washington’s liveliest neighborhood with bookstores and plenty of cafes, some catering to the area’s large gay community, and a distinctive brownstone/redbrick turret architectural style. June 10-11 is the Capital Pride Festival parade, a gay/lesbian/bisexual/transgender celebration.

The Circle itself, with its grass and benches, has a small town feel. In the summer it is home to tables of chess players.

Head west on Massachusetts Avenue to enter Embassy Row, extending for about two miles. The flags of many nations wave above what formerly were opulent private mansions. The recently renovated and expanded Phillips Collection is just off Massachusetts Avenue at Q and 21st Street. It was the first museum of modern art in America, and is home to an exceedingly fine permanent collection and special exhibitions. Next to the Phillips is the railroad-financed, Gilded Age grandeur of the private Cosmos Club. An APsA reception, sponsored by club members affiliated with our local psychoanalytic societies, will be held there.

If you cross Connecticut Avenue, heading west of the hotel, you will be entering Kalorama, a fine residential neighborhood. Close by is a presidential museum. The Woodrow Wilson House, also known as “the house on S Street,” is a wonderfully preserved upper-class home of the 1920s, where Wilson lived from the time he left office until his death. The Textile Museum is another treasure in this neighborhood, offering a world-class collection of textile arts throughout the ages.

NOW FOR SOMETHING COMPLETELY DIFFERENT

Head east along Florida Avenue to 18th Street; turn left and walk north to enter Adams Morgan. Adams Morgan typifies the diversity of Washington, with traces of the city’s Latino, Caribbean, and African residents in the restaurants, corner stores, and public spaces. On any given evening or weekend, 20-somethings from all corners of the city congregate here for nightlife. Back at 18th Street, where it intersects with Florida Avenue and U Street, take U and continue eastward, to 16th Street. Three unique structures reside in this neighborhood. Go left on 16th Street and in two blocks you come to Meridian Hill Park, a unique conglomeration of 13 graduated pools and cascading falls, massive retaining walls, walls and basins of aggregate concrete. The American Institute of Architects says there is nothing else like it in America. Across 16th Street from the park, on Crescent Street, sits Meridian House, recognized as one of the finest examples of French urban architecture in the country. It is open to the public Wednesday to Saturday afternoons. Then, on 15th Street, stands architect John Russell Pope’s Temple of the Scottish Rite, one of the great surprises in the city. Sphinxes guard the great bronze doors, which in turn guard resplendent Greek and Egyptian decoration, chairs modeled after the throne at the Temple of Dionysus and more.

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Good News about Dining in D.C.

Tarpley M. Long

Here is the good news about restaurants in Washington: It is hard to find a bad meal within two square miles of the Washington Hilton Hotel. On the downside: If you are a person of “certain years,” within this radius many of the restaurants do not accept evening reservations, meaning up to an hour’s wait to be seated, and tend to be on the LOUD side. Your best bet for dining comfortably upscale and for under $60 a person for dinner; is to eat before 7:30 p.m. or request outside seating, which in June can be either glorious or steamy.

In the eight blocks south of the hotel on Connecticut Avenue, there are probably 30 inexpensive to moderately priced restaurants. One block away is Bistrot Du Coin, which features exceptional French onion soup and steamed mussels. Farther down the avenue, around Dupont Circle proper, on P Street, try New Orleans-inspired Johnny’s Half Shell, which serves great po’boy sandwich selections along with more high-class fare. In the same block is the reliable Al Tiramisu and Mimi’s, with a New York influence, including singing waitstaff.

Three blocks east of the hotel is Lauriol Plaza, Inc., a three-story structure at 18th and T Street with outdoor seating on both top and street levels. It’s always crowded but usually has a short wait and is consistently good and reasonably priced. The ample portion of perfectly grilled salmon on top of fresh greens with house dressing is hard to beat for $10. Also in the neighborhood is Rosemary’s Thyme Bistro that has terrific fisherman’s soup, blackened tuna wrap, and a varied omelet selection for brunch. Venturing farther east, one comes upon the “Boulevard,” the 17th street corridor, from R down to P Street, host to several recently reviewed fine restaurants. One of these is Hank’s Grilled Bar; which has a small but lovely outdoor space, some of the best service in town, and all around great seafood. A short block down is the Greek influenced Komi, which, along with Hank’s, was named recently by Washingtonian Magazine to be in the top 100 restaurants in Washington. Komi just reopened after closing for a month to install noise reduction measures in its small but beautifully appointed space.

Another neighborhood with excellent restaurants that is also within a six-block walk of the hotel is Adams Morgan. Every type of food is represented in the short strip on 18th street between Columbia Road and U Street—Ethiopian, Brazilian, French, Italian, and others. Two of the consistently well-reviewed on Columbia Road are Cashion’s Eat Place, the sister establishment of Johnny’s Half Shell at Dupont Circle, which boasts the best rated shrimp gumbo in the city, and the Brazilian, The Grill from Ipanema.

BEYOND THE NEIGHBORHOOD

Washington is really a small city, so although one may dine well in the immediate neighborhood, do not fear venturing a subway ride or cab trip or even more far-reaching if one has friends locally who have transport. Even restaurants in far-flung shopping malls in Virginia and Maryland are included in Zagat and Washingtonian Magazine. In downtown D.C., where prices are higher, the dress code more formal, the noise level lower, and reservations are taken, consider The Prime Rib, Washington at its most pristine. Coat and tie are required for men, and the waitstaff wear tuxedos. In addition to succulent beef, the crab imperial is the best in town, as is the service, and the tab is very, very high. Another elegant dining experience may be found at less cost and formality at Oceanaire Seafood Room (unless you want the surf and turf entree which is $89). Vidalia serves excellent southern cuisine and for a softly lit Asian food experience, try Asia Nora.

If you decide on a dinner and theater combo evening, head for Studio Theatre (see companion article on culture in D.C., page 8), which is either a 25-minute walk or shorter cab ride. Within two blocks of the theater are half a dozen excellent, moderately priced restaurants. Rice serves Thai food and has a teeny but exquisite outdoor seating spot, and Veridian, next door to Studio, specializes in small plates ranging from $5-$15. If the Shakespeare Theatre appeals, you will land via cab in Penn Quarter where Café Atlantico is a must, either before or after the show or for Latino dim sum at brunch on Sunday. The theater is also close to the Spy Museum and the moderately priced but trend-seeking (read noisy) restaurant, Zaytinya, and hip, colorful Poste, located in the former post office where the Pony Express delivered the mail.

Accessible by cab, other nearby neighborhoods that have excellent restaurants are Georgetown and Cleveland Park. In Georgetown, try Sushi-Ko, the oldest sushi bar in Washington where “tuna six ways” and soft-shell crab are recommended. Sophisticated American cooking under formal, federal style architecture may be found at “1789.” Whereas the better-known Georgetown restaurants are expensive, good food is to be had nearly everywhere. At Moby Dick’s you can find the best chicken souvlaki sandwich in the city for $7. Heading out north of Georgetown on the main artery, Wisconsin Avenue, are two additional local favorites, Bistrot Lepic, which serves reasonably priced French food in a Left Bank atmosphere. A bit farther up Wisconsin is Café Deluxe, where APSA member Bill Goldstein and his wife Karin eat dinner every Sunday night.

Cleveland Park is two metro stops away from Dupont Circle and well worth the trip, if for no other reason than to eat at Polena, a restaurant within a restaurant (meaning two different price levels). The less expensive menu actually has more interesting food, such as fried lemons, a potato plate, perfectly dressed salads, and a hot dog made on site that is so good it makes local news.

You should be satisfied wherever you choose to eat, but you will be happier still if you call the restaurant in advance to determine if reservations are accepted. If reservations are not required this means the dress code is casual and remember, on Friday and Saturday evenings after 7:30 the wait for a table may be up to an hour.
Rockland: A House Becomes A Home, A Center Heals

Ralph Fishkin

Rockland Mansion, the present home of the Psychoanalytic Center of Philadelphia and an exceptional example of a Federal style villa, was constructed in 1810 as a summer home for a wealthy Philadelphia merchant. In 1870, it passed to the City of Philadelphia for inclusion in Fairmount Park.

Rockland was used as a residence for city employees and as a headquarters for various organizations. Because it never experienced significant renovation, many of its original architectural features remained intact. However, it gradually fell into disuse and, vacant and decaying, was spotted by the Housing Committee of the Psychoanalytic Center; the newly constituted descendant of the Philadelphia Psychoanalytic Society and Institute and The Philadelphia Association for Psychoanalysis. The committee, after extensive search, had not located a suitable property, when they learned of a program to preserve the historically significant houses in the park, including Rockland, by leasing them for $1 to organizations that would restore and adapt them for use as permanent headquarters. They had the vision to see its potential, and became excited when it became feasible for the center to accumulate the funds necessary to restore the building.

Immediately, plans for Rockland became the focus of intense controversy, as old schisms that had been skillfully negotiated during the three-year reunification process gave way to new ones. Everything from the location, the cost, the building’s appearance and size, and issues of security were hotly debated, and it looked as if the reunification itself was in jeopardy as the membership divided bitterly into a 60:40 split.

As anxiety rose on both sides, the officers and the majority pushed for and won final approval, again by 60:40. This fateful decision, while ultimately vindicating the vision of its proponents, created a crisis of morale in the short term, as the large minority felt they were not being heard, and as some expressed their displeasure destructively, both directly and indirectly.

The dissension gradually abated as all could see the beauty and utility of the building now furnished beautifully through purchases and donations of period furniture, and as we settled in with a series of galas. Learning from the divisive process has enabled us to heal and to move on.

The major lesson we learned was the importance of achieving consensus. This enabled us to reconsider another controversial issue, that of university affiliation, so potentially divisive that it had been shelved for two years. An extensive process of discussion, conducted with transparency and the participation of all interested members, allowed the plans to be developed so that all of the potential problems were addressed and accommodated for in the plan, which then won overwhelming approval. This experience is now widely regarded in Philadelphia as a template for dealing with future controversies.

Treasures of Washington

Continued from page 8

You can see the first two floors by just knocking on the door. One must call to reserve for the full three-hour tour.

Back on U Street, when you see the two-story mural of Duke Ellington, you will know that you have arrived in the historic black jazz district, revived in the past decade. If you are a jazz fan, this is the place to go. From 15th Street down to 10th, there are clubs featuring live jazz most weeknights. Interested in something a bit more edgy? If so, The Black Cat or the 9:30 Club, both in the U Street area, may be to your liking.

Or consider the National Symphony Orchestra, a short cab ride away at the Kennedy Center. They will be performing Mahler’s Eighth Symphony, June 8-10, and Mozart’s Symphony No. 41 (Jupiter), June 15-17.

Washington also has excellent theater. Love’s Labour’s Lost will be playing downtown at the nationally recognized Shakespeare Theatre. This production is scheduled to travel to the Royal Shakespeare Company’s venue, Stratford-on-Avon, later in the summer. At the Studio Theatre complex, located between Dupont and Logan Circles, look for contemporary work. Charlie Victor Romeo, a techno thriller based upon black box transcripts of six real time airline emergencies will be playing in June.

Enjoy my city!

Correction

Susan Rosbrow-Reich should have been cited as first author, along with co-author John Frank, on the article, “When a Family Member Is Gay: The Third Generation,” which appeared on p. 29 of the Fall/Winter 2005 issue of TAP, Vol. 39. No. 4. We regret the oversight.
APsaA’s New Web Site

Brian Canty and Dottie Jeffries

Have you ever looked inside your house and decided it’s time to re-arrange the contents and remodel the space as well? Well, that’s exactly what APsaA has been doing with its Web site (http://apsa.org/). A redesign of APsaA’s Web site has been in the works over the past several years under the aegis of the Task Force on the APsaA Web site chaired by APsaA member Kerry Sulkowicz. It will debut at the 95th Annual Meeting in June.

The Association’s Web site was created more than 10 years ago by APsaA member, Paul Mosher, who anticipated the coming explosion of the World Wide Web. Mosher devoted significant time and energy to the development effort and did so on a volunteer basis. The result of his efforts allowed the Association to have a Web site early in the history of the Internet.

As Web site design and functionality became more specialized, and as greater numbers of people had access to the Internet, APsaA’s site became less competitive and less appealing to the new generation of Web site users. Most significantly, the site continued to grow “topsy-turvy” (or randomly) and users had difficulty finding the information they were seeking. So the Association set about investigating Web site development companies, and seeking. So the Association set about investigating Web site development companies, and finding the right one.

The Association also applied for and received a grant to support the costs of developing the new Web site, especially for an expanded Public Information section, from the International Psychoanalytical Association (IPA). APsaA owes a great deal of gratitude to the IPA for its support. We’ve been at work over the last year on developing the new site.

Many lessons have been learned along the way and difficulties encountered have been smoothed out. And now the new Web site is about to launch. It’s clean and fresh in design; user friendly, and its information architecture (the manner in which the information is organized) is well ordered. Moreover, users will find the new site more usable and more graphically exciting.

The purpose of the Web site is to serve members, other mental health professionals, and the public with relevant information that advances the profession and practice of psychoanalysis.

As much as possible, the Web site will link to its accredited training institutes, centers, and affiliate societies. For example, the Web site will have a comprehensive section on psychoanalytic training and education, featuring not only those programs in adult psychoanalysis but also those in child and adolescent psychoanalysis, and psychotherapy training. Each of these sections will feature hyperlinks to the respective programs at APsaA’s training institutes across the country. As members well know, APsaA is an organization of both individual members as well as organizational members. As much as possible, APsaA’s Web site will work to build visibility not only for the Association and the profession but for its organizational members.

In the same spirit of expressing the scope of APsaA as an organization, the home page of www.apsa.org will feature a Calendar of Events that showcases APsaA’s biannual scientific meetings plus the programs and scientific meetings held around the country under the aegis of the training institutes, centers, societies, local foundations, and study groups. This Calendar of Events will help convey to the public that APsaA and its members compose a vibrant profession with a wealth of psychoanalytic programs taking place throughout the year. Instructions will be sent to the Association of Administrators as well as to the leaders and/or webmasters for submissions of calendar listings (preferably in the format of a hyperlink) to the National Office. These submissions will then be posted to the Calendar of Events by APsaA staff.

WHAT WILL BE NEW AND DIFFERENT?

Members will be most pleased with the increased functionality of the new Web site. Here are just a few of the offerings.

• Members will have access to the most current membership roster.
• Members will be able to renew their memberships online.
• And as members have already experienced, members and non-members can easily register for our meetings online without needing to enter all of their contact information.
• Members will be able to go to APsaA’s Web site and confirm which committee meetings they are planning to attend during the biannual meetings.
• Again, as some members have already experienced, individuals who have registered for a meeting can easily download scientific papers being presented at that meeting.
• Members and non-members will be able to make contributions online.
• In the Members Section of the Web site, committees will have their own “virtual meeting rooms” where they can post relevant documents for members of the committee to review.

Users will find the new site more usable and more graphically exciting.
International News

W.R. Bion Center, Venezuela

In order to promote the development of psychoanalysis as a science and clinical practice in the treatment of children and adolescents, a psychoanalytical center, the W.R. Bion Center, is being created in Maracaibo City, Venezuela. Although 60 percent of the city’s population of 7 million is children between the ages of 1 to 15 years (compared to 14 to 20 percent in North America and Europe), Maracaibo does not presently have an organized psychoanalytical institution offering psychoanalytical treatment for children. The nearest IPA institute is in Caracas.

Contact with analysts in Latin America who apply Bion’s ideas to working with children is being promoted with the aim of organizing conferences, seminars, and training. Another goal of the center is the creation of a study group as a therapeutic preschool for children that would include infant observation and research. A cybercafe within a communication center is also planned where adolescents can meet and share virtually with other adolescents, and learn over time to run the cafe, thereby developing a sense of being able to contribute socially.

In addition to offering psychoanalytical training and treatment for children and families, the center would like to develop special attention to promoting community awareness of transgenerational effects of trauma.

After initial aid from the IPA, the center aims to be self-sustaining within five years through contributions from local businesses and governmental organizations and internal projects such as the cybercafe.

The W.R. Bion Center’s webpage is online in Spanish, English, and French at: www.Bion-Center.org.

It is hoped that by creating a psychoanalytic center that addresses the particular psychological needs of the Maracaibo community an increase in patients seeking a full analysis and candidates seeking psychoanalytic training will be achieved.

Christine Ury, D.Ps., is associate editor and international editor of TAP.

IPSO Exchange Program

The International Psychoanalytical Studies Organization (IPSO) was established in 1973 to provide analysts-in-training with opportunities to come together as peers to discuss issues of training, theory, and practice, as well as to provide a social context for candidates’ cross-cultural engagement. IPSO is committed to the belief that exposure to the pluralism and diversity of psychoanalytic traditions is an important part of a candidate’s education. Recently this commitment has stimulated a wide variety of activities, including IPA pre-congresses where candidates present clinical, theoretical, and research papers; regional programs for candidates; e-lists in English, French, Spanish, Portuguese, and Italian; a multisited research project on psychoanalytic training; two new paper prize competitions; and our new candidate exchange program.

IPSO’s exchange program, which offers a candidate a one-week immersion in the life of a host institute, is intended to be stimulating for both the individual candidate and the institute community that invites him or her into the local psychoanalytic culture. It is through immersion in such collegial partnerships that IPSO hopes to extend and develop linkages and dialogues within the wider international psychoanalytic community. Ideally, such exchanges will generate research, international collaboration, and educational creativity, as well as foster participants’ own individual integration of theory and practice. IPSO is especially happy to welcome our new members from Australia, Turkey, Eastern Europe, and France.

Candidates are encouraged to contact Robin Deutsch, IPSO president-elect (robindeutsch@earthlink.net), to submit papers for presentation at the IPSO pre-congresses, or for the Tyson or Sacerdoti prizes. The Tyson Prize, established by Robert Tyson, was awarded for the first time at the IPA/IPSO Congress in Rio in 2005. This award is for the best clinical paper submitted to the IPA by a candidate. The Sacerdoti prize will be awarded to an analyst or (for the first time) a candidate under age 50 who has not previously presented at an IPA Congress.

APsaA News

The Russian-American Connection

Yulia Aleshina and her husband, Pavel Snejnevski, came to Washington, D.C., in 1993 from Moscow to begin psychoanalytic training and to establish their practices as clinical psychologists. In Moscow, they were leaders in promoting a psychodynamic understanding of treating patients through clinical meetings in what eventually became the Moscow Psychoanalytic Society.

Pereestroika made it possible for them to attend an international psychoanalytic conference in Budapest. There they met David and Joan Reise who invited them to Washington, D.C., in 1990 to present their work. They were also welcomed in Denver, Boston, and San Francisco to talk about psychotherapy training and treatment in Moscow. With the help of the Reises, Aleshina and Snejnevski then emigrated. Aleshina completed her psychoanalytic training at the Baltimore Washington Psychoanalytic Institute while Snejnevski completed his training at the Washington Psychoanalytic Institute.

The Moscow Psychoanalytic Society now has official psychoanalytic study group status through the International Psychoanalytical Association. In preparation for becoming a psychoanalytic training institute as well, members are undergoing analysis in Germany and other countries. Aleshina and Snejnevski travel to Moscow about twice a year where their colleagues present psychotherapy cases to them for supervision. They also spend a day teaching the students enrolled in the two-year psychotherapy course of the Moscow Psychoanalytic Society and conduct ongoing individual supervision by telephone.

Since there are no insurance companies, fees are arranged individually and typically run about $30 per treatment or supervisory session. It is clearly a labor of love and professional commitment. Many of the younger students are now joining the Moscow Psychoanalytic Society to further their training.

IPSO information can be found at www.IPSOcandidates.org.

Kate Schechter
Chicago, IPSO vice president-elect for North America
The Fate of Long-Term Psychoanalytic Inpatient Treatment

Marie G. Rudden

In the late 1980s and early 1990s, several phenomena converged to put considerable pressure on the prominent psychoanalytic long-term treatment centers. These included the increasing popularity of evidence-based, symptom-oriented treatments, such as new psychotropic drugs or cognitive-behavioral and other brief therapies, the loss of prestige of psychoanalysis in academic centers and among private practitioners who had previously provided patient referrals, and the dramatic erosion of financial support for extended treatments by insurance providers. These factors impacted the great analytically oriented hospitals in ways that caused them to close, move, downsize, or alter or redefine their missions. In an effort to discover what remains of psychoanalytically oriented treatment at these historic centers and to learn which factors were considered most important in adapting their institutional priorities, I interviewed administrators or former administrators from McLean Hospital, the Menninger Clinic, Sheppard and Enoch Pratt, Austen Riggs Center, and Chestnut Lodge.

CHESTNUT LODGE

Chestnut Lodge, in Rockville, Maryland, is the only major long-term treatment hospital to have closed. Anne-Louise Silver, former director of education, describes this as a result of several factors. After Dexter Bullard, Jr. retired as medical director, his family, which owned the institution and now had no representative directing it, decided to sell the hospital. Alarmed, several members of the staff attempted to organize an employee buy-out, predicated on selling some of the land on which the Lodge was sited while retaining the parcel containing the original hospital buildings. Bank financing was obtained for the buy-out, but the staff group fell apart. Silver speculates that, in addition to concerns about the buyer for the land, this may have been due partly to the aftermath of tensions among staff members about the use of psychotropic medications, with one group holding that their abrogation presented a malpractice risk, and others feeling that medications were overused and undermined a genuine psychoanalytic orientation. With increasing pressures to discharge patients to outpatient care after a month or two, the sense of community at Chestnut Lodge also, to some, seemed to be eroding. Silver wonders additionally whether “the staff’s natural ambivalence about the work” played a role: “This work is so very difficult that staff members both longed to continue their mission but at the same time also desired, perhaps, to be rid of it.”

The institution and its land were sold to Community Psychiatric Clinics (CPC), a group that, according to Silver, had no experience running an inpatient hospital. Silver notes that the new director was repeatedly invited to speak with the staff, but never came to meet with them as a group, and board meetings were closed. The hospital went from “running in the black” to incurring millions of dollars of debt and was eventually closed by CPC.

AUSTEN RIGGS CENTER

Austen Riggs Center has retained an exclusively psychodynamic focus. Edward Shapiro, CEO and medical director, described Riggs’s advantages of having a cohesive staff and long-standing tradition, a relatively small size, and an advantageous location in Stockbridge, Massachusetts, where costs tend to be relatively low and rates can thus be somewhat less than in urban areas. When he was appointed, Shapiro asked staff, board, and patients to identify what each thought was essential about the hospital. He helped them to “negotiate the difference” in defining the center’s central mission, while at the same time “taking seriously what the outside world is saying about us” and trying to address it. The guiding concept of treatment at Austen Riggs was refined and became articulated for the public as “the treatment and study of the individual in context” in order to “help treatment-resistant patients become people who can take charge of their lives.”

The idea that resources to fund treatment are limited, articulated increasingly by the insurance industry in the 1990s, became incorporated into Riggs’s approach to working with patients and families. As M. Gerard Fromm, director of the center’s Erik H. Erikson Institute for Education and Research, states, “Managed care took the management of fiscal resources away from the patient and placed it between the insurance company and physician. We try to enable patients to take back some control of their insurance through negotiation.” Shapiro adds, “We also help our patients negotiate support from their families, working with them to think through the conflicts, guilt, and anxieties that interfere with realistic assessment of family resources and needs.”

To help treatment become more affordable, less costly step-down programs were initiated, with patients followed at every step by the same team of mental health professionals so that care was not disrupted. At present, “one-third of patients stay at Riggs for a month or two, a middle third for eight months, and a final third for one-and-a-half to two years in the various step-down programs.”

MENNINGER CLINIC

For Richard Munich, the challenge, when he was appointed medical director and chief of staff at the Menninger Clinic in 1997, was also to discern how to maintain institutional values while saving the institution fiscally. Changes came somewhat later to Menninger than to the other institutions because it had begun this period with a substantial endowment.

Munich reported that the leadership team and the board decided the best way to preserve Menninger’s fiscal viability and clinical, educational, and research missions was to affiliate with a major medical center. A formal affiliation with Baylor University Department of Psychiatry and the Texas Medical Center in Houston

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Inpatient Treatment

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was eventually negotiated and Menninger moved there from Topeka, Kansas. An informal relationship has also been created with the Houston-Galveston Psychoanalytic Institute.

Munich added other evidence-based treatments such as cognitive-behavioral and dialectical-behavioral therapies to the core dynamic approach: “We want to do everything that works for our patients.” Psychoanalytic psychotherapy, formerly conducted at Menninger four times weekly with every patient, is now offered twice-weekly to about half of all inpatients, with the option of increasing the frequency to three or four times a week if this is judged helpful to the individual.

The hospital has divided into six central programs. The Professionals in Crisis Unit, with an attachment theory-based psychodynamic orientation, treats professionals with dual diagnoses, mental illness, or character pathology that has significantly disrupted their professional lives. The Compass Unit offers intensive psychotherapy for patients in the age group of 18 to 30, who are complexly ill and have been treatment-resistant, but are not so much acutely ill as in need of substantial rehabilitation to redirect their lives. The Hope Unit treats patients with severe character disorders or psychoses with an array of treatment methods, including psychodynamic treatment and dialectical behavior therapy for those with para-suicidal behavior. The Adolescent Inpatient Unit offers three to six months of intensive psychoanalytic treatments, while the Eating Disorder and Obsessive-Compulsive Disorder units are structured around more behavioral approaches. Average stays at Menninger are six to eight weeks, and aim at offering consultation to the original outpatient therapists and discharging back to those treatments when possible.

SHEPPARD AND ENOCH PRATT

When Steven Sharfstein became CEO of Sheppard and Enoch Pratt in Baltimore, he felt that his choices, given increasing operating costs, bleak prospects for extended inpatient treatment due to managed care, and increasingly costly regulations, were to either radically downsize from 320 beds and offer intensive inpatient care to a very small patient population or to alter the institution to “serve a community need.” A community psychiatrist but “fellow traveler,” who trained with psychoanalysts and had his own personal analysis, Sharfstein opted to “survive as an institution and fulfill a mission of providing excellent mental health care “ to a larger community. Beds were initially closed, but later brought back as the institution diversified and became the largest mental health care provider in Maryland, offering special education programs, supervised housing for the mentally ill, outpatient day programs, and 254 inpatient beds spread over several campuses, with another 150 beds in general hospitals managed by contract. Average inpatient stays are 10 days, but three specialty units offer stays of two to three weeks. A “self-pay, longer term unit” and The Retreat, an assisted living facility, retain a psychoanalytic orientation but also offer other treatment modalities.

MCCLEAN HOSPITAL

According to Steven Washburn, former service chief for Partial Hospitalization, McLean Hospital in Belmont, Massachusetts, has changed a good deal in the last 25 years in response to the pressures of the insurance industry to cut psychiatric treatment costs. The brief lengths of stay that are the current norm, aimed at stabilizing the patient before discharge for outpatient treatment, have resulted in a dramatic downsizing in the number of inpatient beds. He maintains that inpatient units for major mental illnesses now emphasize evaluation, pharmacotherapy, and supportive activities, though a few specialized units, such as that for Dissociative Disorders/Trauma, retain the original “sensitivty to relationships and to psychological structure.” Leonard Glass, an associate clinical professor on the voluntary faculty, observes that two adult units preserve a psychodynamic focus: Appleton House, which is “a three-quarter way house,” and the Pavilion Unit, a dynamically attuned ward for private-paying patients. John Gunderson heads a well-funded psychosocial research program that includes research on psychodynamic therapies and offers fellowships that can provide a path for psychoanalytically oriented trainees to learn research techniques.

Of interest is the fact that, despite the sacrifice of a core psychodynamic orientation at Sheppard Pratt and at McLean, trainees at these institutions seem to have more exposure to psychodynamic supervision than is the case nationwide. At McLean, according to Glass, psychoanalyst supervisors are in high demand with “a competition for senior analysts or exciting young analysts or candidates from the Boston Psychoanalytic,” and a number of psychiatric residents each year pursue psychoanalytic training. The training director of the joint University of Maryland/Sheppard Pratt Psychiatry Residency Training Program, M. Philip Luber, is a psychoanalyst, and senior analysts from the Baltimore-Washington and Washington Institutes supervise residents and teach part of the didactic program in psychotherapy. Luber asserts that “residents who come here know that this is a program that embraces psychotherapy, and in which there is no polarization among biological, psychodynamic, or community approaches.”

The continued commitment to providing psychodynamic treatment or at least toward stressing the value of excellent training in outpatient psychoanalytic therapy seems to result from the enduring presence of analysts and analytically trained practitioners on the voluntary faculties and staff at these institutions.
Melancholia

Continued from page 1

Here, our subject is taken from the opening scenes of the *Odyssey*, where mother and son despair of their hero’s return. Her head bowed and draped, Penelope sits before her loom, cheek resting on hand, her gaze turned inward in what will become the classic pose of melancholy throughout the ages in Western art until our own time—the *gestus melancholicus* (think of Dürer’s *Melencolia I* and of Van Gogh’s celebrated portrait of Dr. Gachet). Her loom, worked on by day but undone by night to foil the suitors who beset her, parades its partially woven fabric to our view, and Telema- chos, stately and filial, stands before her holding a staff that bisects the loom, thus constructing a frame of verticals and horizontals, a stable container for the moment.

But what is this moment between mother and son? We know from Homer that Telema- chos has been warned by Athena not to tell Penelope of his impending departure; so, she cannot already be mourning his loss. Or can she? What is the purport of their meeting? Here, turning to Freud’s *Mourning and Melancholia*, we may glean some understanding of the emotional resonance of the image. Beyond its finely incised lines, its graceful arms and hands and vulnerably bared feet, its softly falling drapery, that resonance derives precisely from our and from Penelope’s own not knowing. It derives from an inchoate sense of losses past and a prescience of losses yet, perhaps, to come. Herein, psychoanalysis teaches us, lies its melancholy and its claim upon us through the ages.

Beyond antiquity, the exhibition stalks its theme throughout the Christian Middle Ages, where we find, among others, diabolical and heretical forms of melancholy, including lurid apparitions from the temptations of St. Anthony. Then, under “Children of Saturn,” we enter the Renaissance. Here, we come into the presence of Dürer’s unforgettable 1514 engraving, “Melencolia I,” about which scholars of erudition have pondered. Its power, however, defies interpretive closure.

A tormented female figure of Melancholy, wreathed and winged, sits on the canonical pose, cheek in hand, in a kind of paralysis. Surrounded by discarded instruments of mathematics, geometry, measurement, construction, all in disarray, she broods—as Panofsky and others have interpreted—on her awareness that all human tools of art and science must ultimately fail in face of that which is infinite. Yet, notwithstanding all that has been previously written about her, I will presume here to add a complementary psychoanalytic reading based on the dark intensity of her expression, the bulky musculature of her body so reminiscent of the sibyls of Michelangelo created at nearly the same historical moment, and by the potential danger in those foregrounded instruments about her—the sharp nails, the pointed calipers, and that jagged-bladed knife.

Aggression, Freud tells us, is deeply implicated in melancholy, so that, when we perceive this element, the image becomes richly fascinating for us psychoanalytically. We begin to notice how much abortive violence lurks in its saturnine aspects. And here this aggression is no longer directed outward at the world. Left off, it has arrested, as we can see, the very project of human engagement with life itself. Thus, a mesmerizing paradox arises: For if, to seek knowledge actively in human terms can lead to melancholy, Dürer’s image says equally that to refrain from using tools on account of our consciousness of their ultimate failure leads likewise to this state. From melancholy there is no escape.

Freud reminds us too that there is, with melancholy or depression, a masochistic pleasure, and this aspect is depicted in another work in the exhibition, an 1890 canvas by Odilon Redon entitled “Yeux clos” (“Closed Eyes”). Here, an androgynous head in pastel tones against a slate blue ground appears to float vaguely in a liquid of pink and white. Lips pursed, the figure looks within, and we can imagine he is daydreaming, having a fantasy, as if he has departed from ordinary reality to some meditative space where he feels calm. And yet the image exudes a strange dislocation, an eeriness and sense of the uncanny. Perhaps to transgress notions of space and time is to sacrifice one’s body; perhaps to contemplate this state, despite its evocation of aesthetic pleasure, is to remind us of the impenetrable mystery and otherness of human minds, including our own, and that we are forever strangers, even to ourselves.

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Performance Anxiety and the Musician

Julie Jaffee Nagel, Ph.D., is a member of the APsaA Program Committee, University Forum Committee, co-chair of the Music Subcommittee of the Ad Hoc Arts and Psychoanalysis Committee, adjunct assistant clinical professor, Department of Psychiatry, at the University of Michigan, and in private practice in Ann Arbor.

When I was a piano major at The Juilliard School, I struggled with stage fright. Always fearful of memory or technical lapses when performing, I practiced harder to offset my fears. No one talked about “it,” and my fantasy convinced me that I was the only student in the school with such frightening feelings. At times, I would complain to my piano teacher, hoping for some magic advice, but his words, intending to reassure me (“Don’t worry. I’m not worried about you.”) did not provide relief and actually reinforced my wish to please him. I graduated knowing a great deal about how to play the piano, but very little about my anxiety. The dynamics, vicissitudes, and treatment of performance anxiety have continued to interest me as a psychoanalyst.

Although performance anxiety affects many individuals besides musicians (e.g., test takers, public speakers, and athletes as well as individuals who are not specifically in the public eye but must assert themselves in front of others), professional musicians are unique in two specific ways. First, musicians begin training in childhood on an instrument that becomes the focus of their life’s work. While career decisions typically are made in late adolescence or young adulthood, the musician spends critical formative years focusing on lessons and socially isolating intense practicing while at the same time interacting with important caregivers, teachers, and audiences who are transference objects. Stage fright has sabotaged many recitals and auditions.

Second, the job market for classical performing musicians is much more problematic than it is for other highly skilled professionals.

Unemployment in the arts is notoriously high, pay often inadequate (musicians are famous for accepting “psychic income,” a term borrowed from economists H. Baumol and W. Bowen), and many musicians work at jobs considerably below the level for which they were trained, if they work in music at all. Exquisitely sensitive to preoedipal and oedipal issues of rejection, shame, loss, exhibitionism, envy, and competition (I only mention a few underlying dynamics), musicians are internally primed for the external conditions of the competitive performance profession, where a career may be an adaptive attempt to find approval, love, and applause. Pleasure in music making can be severely compromised and careers abandoned altogether due to the intrapsychic conflicts that present as performance anxiety.

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Yet, anxious performers are not rushing for psychoanalytic consultations and treatment. In fact, research and anecdotal accounts indicate that many performers seek medical treatment for physical complaints including tendinitis, carpal tunnel syndrome, and other pain disorders. Nor has stage fright gone unnoticed by the drug companies. Beta blocking drugs are routinely prescribed for performance anxiety and are often shared among performers without prescriptions. The symptoms that threaten competence and excellence in performance often can be reduced or eliminated.

Arts medicine clinics (emphasis on “medicine”) have been established at major medical centers, including Northwestern University and the Cleveland Clinic. A review of arts medicine by Alan Lockwood was published in the New England Journal of Medicine in 1989. Citing the impressive large scale International Conference of Symphony and Opera Musicians (ICSOM) survey of major symphony orchestra members (1988) and numerous other independent studies, Lockwood found that physical problems could seriously challenge or end careers. Suggested treatments included rest, splints, physical therapy, postural changes, biofeedback, drugs, and sometimes surgery.

He concluded that “in spite of many emotional factors associated with musicianship and the sensitive nature of the personality of many musicians, somatic complaints of purely psychic origin are very unusual.” My disagreement with his conclusion was published in a subsequent issue of the NEJM. While not doubting the presence of physical pain and injury and the necessity for medical treatment, I maintain that the symptoms of performance anxiety and the dynamics of the formative years were linked to stage fright and could be related to somatic complaints.

DISHARMONY

From a psychoanalytic perspective, it is not unusual to see emotional concerns communicated through physical complaints when the body “speaks.” The body and mind work in concert but not always in harmony. A recent article in my local newspaper quoted a 16-year-old violist as saying he was “terrified” when told he had a “repetitive stress injury.” He found that “talking about it really helped.” A former patient of mine developed arm pain for which there was no organic diagnosis from numerous physicians. It disappeared after we analyzed her repressed anger. Clearly in our time, as Freud discovered years ago, threats to bodily integrity have significant and idiosyncratic meanings as intrapsychic and interpersonal factors potentially confound the presentation and/or treatment of medical conditions.

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APsaA Helps Achieve Consensus on Model D.C. Confidentiality Law

Barry J. Landau and Elizabeth Hersh

The Confidentiality Law of the District of Columbia (Mental Health Information Act of 1978) has been an important piece of legislation not only for the District of Columbia but also for the nation as a whole. The D.C. law was based, at least in part, on a model law published by the American Psychiatric Association. Jerry Beigler, past chairman of the APsaA Confidentiality Committee and founding chair of the American Psychiatric Association’s Confidentiality Committee, played a major role in the development of that model law. In addition, the Surgeon General’s Mental Health Report in 1999 took note of the Supreme Court Jaffee-Redmond decision, establishing a psychotherapist-patient privilege in federal courts, and proposed that the New Jersey Confidentiality Statute (a virtual clone of the D.C. law) serve as a model confidentiality statute for the United States. The American Psychiatric Association’s Minimum Necessary Guidelines developed in part because of the work of Paul Mosher, Beigler, and others, is a companion piece that explicates the psychotherapy notes section of HIPAA. It also leans heavily on the D.C. law. The D.C. law itself was drafted by a committee of the Washington Psychiatric Society (WPS), chaired by psychoanalyst Harold Eist, who was assisted by WPS attorney Armin Kuder.

About four years ago, we became concerned because the D.C. law was being ignored by insurance companies who were demanding large amounts of information in order to pay claims, including in some cases complete records of the treatment (clearly in violation of the D.C. law), and also by mental health professionals who either did not know about the law and/or who assumed that it would not be of help to their patients. We then registered a complaint with the D.C. Insurance Commissioner’s Office.

After declaring some of the more egregious violations of the law unacceptable, the D.C. insurance commissioner, Lawrence Mirel, created a working group, chaired by Kathy Willis, D.C. Health Policy Advisor, and composed of clinicians representing local mental health professional organizations and insurance company medical directors. This working group was charged with the task of seeking a mutually acceptable understanding of what the D.C. law means. Although the D.C. law is simply written and its main points can be summarized on a single page, the process proved to be a long and difficult one, lasting approximately four years.

**CONSENSUS ACHIEVED**

However, we have achieved a consensus on what kinds of information insurers may request and clinicians may disclose, with patient authorization, to third party payers for routine claims review, in those cases where third party payers request information about the treatment that is being conducted, beyond routine billing information. This consensus was achieved by a coalition of mental health groups, both local in the D.C. metropolitan area and national, in which the American Psychoanalytic Association played a crucial role.

The commissioner will now issue proposed regulations and invite the larger mental health, insurance, and legal communities, as well as the Washington, D.C. community at large, to comment within a 30-day period. Following this period of review, it is the commissioner’s intention that the results described below will be the official policy of the D.C. Insurance Commission. It will apply to any case treated in the District of Columbia and/or covered by a health insurance policy that was issued in the District of Columbia, where a third party payer seeks information beyond the billing information.

The D.C. law permits only the following five categories of information to be disclosed to third party payers for routine claims review, providing the patient has authorized this disclosure:

1. **Administrative data.**
2. **Patient’s status re: voluntary or involuntary.**
3. **Diagnosis, according to a professionally accepted diagnostic system, such as the ICD 9 or DSM IV (with 5 axes).**
4. **Prognosis, limited to estimated duration of treatment.**
5. **Reason for admission or continuing treatment.**

It is with this last category that we had the problem. The vague wording in the D.C. law itself created a loophole through which insurance companies could demand increasingly large amounts of information. As a way to close that loophole, the group ultimately agreed that the information that could be disclosed under this category be limited to the following:

A brief statement of the presenting problem and the goals of the treatment, plus details about any medication that is being prescribed.

The commissioner understood that not every insurance company requires an individual treatment plan before paying claims and that not every treatment can be conducted while supplying even the relatively limited information described above. The idea was to set some limits in those cases where the insurance company requires an individual treatment plan and the therapist and patient believe that they can work effectively within that context.

We hope that, once the consensus that we have achieved on this part of the D.C. law pertaining to routine claims review becomes official D.C. policy, we will be able to work on the portion of the law that pertains to the use of a confidential, independent mental health reviewer to consider cases where the insurance company believes that a more in-depth assessment of the case is needed. If we are able to reach accord on this matter, then it

Continued on page 21
The process of developing this new Web site took longer than anticipated. And as all modern Web sites are, it will remain a work-in-progress.

WHAT WAS THE BIGGEST LESSON LEARNED?

At the beginning, we optimistically believed that we could identify a few promising Web site development firms, have some conversations with them, and have a new Web site in a few months. But we quickly learned how mistaken that was. An outside colleague advised the Association to develop the site map for the Web site first along with the site’s desired functionality; then have Web site development companies bid based on those parameters. A Web site map is essentially a road map in which information is organized on a Web site. And the organization of that information is typically referred to as the “information architecture.” Because of the time spent carefully mapping out the Web site, we feel that the information architecture for the new site is structurally sound and user-friendly.

WHAT SECTIONS OF THE WEB SITE HAVE BEEN EXPANDED?

In particular, the Public Information section has been greatly expanded, including psychoanalytic perspectives on a number of mental health terms frequently searched by the public, such as ADHD and depression; a section on “Your Career in Psychoanalysis,” which covers professional paths from that of a clinician to one of a business consultant to that of an educator applying psychoanalytic principles in a school setting. We will work to make sure that this information shows up in online searches resulting in more traffic to the APsaA Web site from those Internet users looking for information on mental health.

WILL I BE ABLE TO SEARCH THE WEB SITE AND SEARCH THE PDF FILES ON THE SITE?

Yes, APsaA’s new Web site will feature a comprehensive search engine. Presently, back issues of TAP, Forward!, and recent issues of JAPA are available online in Adobe Acrobat files. To the frustration of many members, these files have not been searchable on the old Web site. The situation has been remedied—and user-friendly access to the invaluable information contained in these publications has been established.

Information about the new Web site will be distributed to members in a special ENews Bulletin, APsaA’s electronic newsletter. Members who have questions about the Web site should contact APsaA staff members Brian Canty, manager, Computer Information Systems (bcanty@apsa.org) or Dottie Jeffries, director of Public Affairs (mailto:djeffries@apsa.org).

Melancholia

Continued from page 15

There is one more image I must allude to before concluding, and that is Van Gogh’s unnerving 1890 portrait of Dr. Gachet. Viewed under the gaze of the renowned French scholar Jean Starobinski, it trembles with psychoanalytic reverberations. Van Gogh, we learn, saw himself mirrored in Dr. Gachet, both on account of their physical resemblance—the red hair and the physiognomies—but also because of what he perceived as the doctor’s nervousness and depression. Admittedly a recent widower, Gachet had, however, when he was in training at the Salpetrière, written his thesis on the subject of melancholy, and this theme continued to obsess him. Introducing elements from Van Gogh’s letters to his brother, Theo, and from the pose of the subject of the painting, which recapitulates the gestus classicus I have previously described, Starobinski, in his catalogue essay, gives a persuasive reading of this portrait as that not only of a depressed physician but as that of the artist himself, an interpretation that must register as deeply troubling for, as the scholar asks in conclusion to his essay (my translation): “This doctor, seized by anxiety, is witness to the anxiety of the painter: What will happen to you if the one who is supposed to be taking care of you is himself in need of help?” And Van Gogh, as we know, shot himself that same year.

Finally, I believe it is fair to say that, beyond the dazzling aesthetics of the show, no one encountering it can possibly emerge into the streets of the city with simplistic notions of the uniquely human experience of melancholy or depression.

I dedicate this article to Jeanne Wolff Bernstein, a fellow explorer in the annals of art and psychoanalysis, without whose kindness to a temporarily disabled colleague these pages would not have come to light, and to TAP editor, Michael Slevin, for his gracious ongoing support of the interchanges between psychoanalysis and the humanistic discipline.

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Van Gogh’s Le Docteur Paul Gachet

Georges de La Tour’s Madeleine à la Veilleuse

Melancholia

Continued from page 15

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Psychiatric Research: 2006

Robert Michels

I have just returned from the 2006 meeting of The American College of Psychiatrists. Their scientific program focused on “stress,” a topic of long-standing interest to psychoanalysts, and provided an excellent overview of how psychiatrists think about stress in 2006, their other research interests, and what scientific questions they are asking.

One fundamental conceptual point was repeatedly emphasized. Stress has both good and bad effects. The acute response to stress has many highly adaptive features while the response to chronic or sustained stress is often maladaptive. A repeated finding in studies employing brain-imaging methods was that organisms (both animal and human) exposed to chronic stress had evidence of shrinking of the hippocampus. This involved a loss of neurons, interference with the normal growth of new neurons, and abnormalities in the dendrites of existing neurons. Chronic exposure to stress hormones appears to be at least one of the intervening variables. Stress affects the brain, and, although we don’t yet know the optimal amount of stress for brain health, it has become clear that too much stress makes for trouble. The discussion emphasized the complexity of causal inference in these largely cross-sectional studies—which brain characteristics predispose to stress, what is the role of genetic factors, and what are the essential characteristics that make an experience “stressful.” It will come as no surprise to psychoanalysts that the individual’s interpretation of an experience and the brain characteristics that influence that interpretation seem to be as important as the stress response pattern in determining the effects of stress.

There was extended discussion of one specific stress depression, and its effect on cardiovascular disease. There is powerful evidence that depression aggravates ischemic heart disease, is a major risk factor in the etiology of heart disease, and also a clear suggestion that the treatment of depression reduces the morbidity and mortality of the heart disease, independently of its effect on mood. This last issue is complicated by the fact that the most commonly used anti-depressants have a direct effect on clotting mechanisms.

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Interest in stress has become linked to interest in early childhood trauma and the lifelong effects of childhood traumatic experience. The discussion of trauma included an interesting suggestion for the planners of the next DSM—that disorders viewed as the sequelae of trauma be clustered together, including acute stress disorder, post-traumatic stress disorder, depression, dissociative disorder (including dissociative identity or multiple personality disorder), and borderline personality disorder. Of course, to a psychoanalyst the familiar question arises of whether these syndromes predispose to trauma, are the result of trauma, or are, along with trauma, the result of some basic underlying predisposition.

The meeting included updates on three large ongoing studies of the treatment of schizophrenia, bipolar disease, and depression. There are important differences among the studies, and for the most part they deal with patients not usually seen by psychoanalysts. However, they also have a number of similarities and a strongly optimistic message for future research in psychoanalytic treatment. The studies are all large (combined, the three involve almost 10,000 patients), multi-site, and funded by NIH rather than by the pharmaceutical industry. They are largely “effectiveness” studies (the treatment of typical patients in typical settings) rather than “efficacy” studies (the treatment of highly selected patients under optimal research conditions). They differ from most earlier studies by following patients over a longer period of time, tracing the changes in treatment strategy if the initial treatment is not effective, and looking at a wider range of outcomes in addition to symptom relief. In brief, these studies ask, “How can we best treat these patients?” rather than, “Does this drug meet requirements for FDA approval?” Future systematic evaluation of psychoanalytic treatments will also be multicenter, will involve following complex courses of treatment, and will involve multiple outcomes rather than simply symptom relief; that is, they will also be “effectiveness” rather than “efficacy” studies. Perhaps, reflecting their public health importance, they may also be publicly funded.

There was little on the program that was directly about psychoanalysis, accurately reflecting the status of psychoanalysis in contemporary psychiatric research. However, there were a number of psychoanalysts in attendance, again accurately reflecting the interest of contemporary psychoanalysts in building bridges and developing the conceptual and methodologic infrastructure that will enrich both psychiatric and psychoanalytic inquiry as we move on.
New books by members

In 2005 and 2006 members of APsaA wrote or edited the following books.

Khleber Chapman Attwell, *100 Questions and Answers About Anxiety*, Jones and Bartlett, Sudbury, Mass.


Paul Roazen, *Freud and His Followers, with new introduction for Russia*, Science, St. Petersburg.


If you are the author of a book published in 2005 or subsequently, and would like to see it listed in TAP, please send the title with your name, publisher, publisher’s location, and publication date to Michael Slevin at Slevinn@aol.com.

APsaA Foundation Announces Grant Awards

The American Psychoanalytic Foundation Committee (APF) of APsaA is pleased to announce that the following grants were recently approved.

**Children’s Psychological Health Center in San Francisco**

$5,000 to conduct a pilot study to evaluate the effectiveness of *My Katrina Story*, a guided activity workbook that adults can use to help children identify, express, cope with, and begin to master the intense emotions and difficult coping tasks following catastrophic loss.

**St. Louis Psychoanalytic Institute**

$2,000 to support a pilot collaborative effort establishing mental health services within a pre-existing, community-based early childhood center, which will lay the groundwork for a comprehensive and cost-effective day care-based mental health treatment model.

**University Forum, Part of the Biannual Meetings’ Scientific Program**

$1,200 to support travel and lodging for its academic presenters for the Winter 2006 Meeting.

**New Orleans Psychoanalytic Center**

$25,000 grant for hurricane relief.

Grant proposal guidelines may be downloaded at [http://www.cyberpsych.org/apf/apfguide.htm](http://www.cyberpsych.org/apf/apfguide.htm)

Don’t miss out on this opportunity!
may be possible to use the independent review for those cases where disclosure even of the limited information that the D.C. law permits for routine claims review would be more disclosure than the confidentiality requirements of a particular mental health treatment could allow.

APSAA’S KEY ROLE

We want to emphasize the crucial role the American Psychoanalytic Association played in this process. The on-going support and advice by the APSAA Joint Committee on Confidentiality, chaired by Howard Levine, was of vital importance in helping us to sustain our effort over four years. So, too, were contributions by the Committee on Government Relations and the Task Force for Access to Care. In particular, our collaboration with Paul Mosher was crucial in helping us to develop and clarify our thinking in regard to the meaning and wide ranging usefulness of the D.C. law. As noted above, Jerry Beigler also provided crucial expertise and knowledge of this area. Jon Meyer, president of APSAA, helped us with further development of strategy and by meeting with us and the D.C. insurance commissioner at a crucial stage of the process. The Association’s legislative consultant, attorney James Pyles, greatly helped us develop our strategy of working with the D.C. insurance commissioner. In addition, APSAA members, Danille Drake (who functioned as unofficial secretary of our local working group), Earle Baughman, and Ernest Wallwork participated in the many meetings at the D.C. Insurance Commissioner’s Office.

At the present time, the consensus agreement has been sent by the D.C. Insurance Commissioner’s Office to the D.C. attorney general for legal review. The plan is that, once the agreement is confirmed as legally appropriate by the D.C. attorney general, the D.C. insurance commissioner will issue the proposed regulations inviting public comment during the 30-day period, referred to above. Once that is accomplished, the agreement would become official policy of the D.C. insurance commission.

From the Unconscious

S h e r i  A .  H u n t

Ruth Neubauer is a graduate of the Advanced Psychotherapy Training Program at the Washington School of Psychiatry. As a member of their faculty, she teaches basic psychoanalytic concepts to beginning therapists. She is also a graduate of the New Directions Program of the Washington Psychoanalytic Society, which is a program for clinicians interested in both psychoanalysis and writing. She is a licensed clinical social worker in Washington, D.C., and Maryland, with a private practice in psychoanalytic psychotherapy, working with both adults and couples. Neubauer has co-founded “Retirement” or WHAT NEXT™, which are weekend workshops designed for women over 50 working on life transitions. In keeping with her desire to bring basic psychoanalytic concepts to the general public, she has designed a course entitled, Psychoanalytic Ideas for Everyday Living, which she teaches at Politics and Prose, a Washington bookstore.

Neubauer has many other writing and artistic accomplishments. In reading about them, and a number of her poems, it was clear that there is an interweaving between the strands of artistic life, daily experience, and reflective, psychoanalytic-style listening. One of the delights of her poetry is that the interweaving seems so unstrained.

TALK TO ME—TWO POEMS

Listen
Listen carefully
Listen
Inside, inside, inside
Where the music
Lives
And the harmonies
Begin
Lost
So often
In the sounds
Of
Avoiding silence.

—Ruth Neubauer

Sheri A. Hunt, M.D., is a candidate at the Seattle Psychoanalytic Society and Institute in both the adult and child training programs. A published poet and member of TAP’s editorial board, she welcomes readers’ comments and suggestions at sherihunt@hotmail.com.
The intrapsychic implications of physical pain for the performing musician are as career threatening as are physical conditions. One cannot dismiss emotional pain from someone who has a lifelong ego investment in playing a musical instrument.

Psychoanalysts and musicians have much in common. Musicians, like psychoanalysts, are deeply involved affectively in a working-through process as they interpret musical/nonverbal (and verbal for psychoanalysts) themes, which can be conceptualized as manifest melodies with overdetermined latent meanings. Musical meanings become interpreted through performance and affect both performer and listener, who form a special type of “musical object relationship” replete with transference and countertransference implications. Should intrapsychic conflict block the creative and performing process, psychoanalysts can offer their unique talents to our cultural ambassadors who have the potential to enrich our lives so deeply.
APsaA Task Force Raises Profile of Psychoanalytic Psychotherapy

Richard P. Fox

Psychoanalysts practice more psychotherapy than psychoanalysis and many of our societies and institutes now sponsor psychotherapy training programs. Yet our stance toward psychoanalytic psychotherapy remains highly ambivalent. Our neglected stepchild is still considered “what is not psychoanalysis.” How did such a situation develop, is it a major obstacle to the future of our discipline, and what can we do about it?

Following World War II, a crucial debate between William Menninger, on one side, and Ives Hendricks and Bertram Lewin, on the other, established the status of psychotherapy in APsaA. Menninger suggested that because many physicians returning from the war would be seeking training in psychotherapy, an opportunity was presented for organized psychoanalysis. Hendricks and Lewin countered that addressing this need would dilute psychoanalysis and argued that a firm line should be drawn between the two types of therapy. The Hendricks-Lewin position prevailed; Freud’s metaphor of the “pure gold” of psychoanalysis and the “lesser alloy” of psychotherapy became institutionalized within APsaA.

Henceforth psychoanalysis and psychoanalytic psychotherapy followed separate pathways. “Dr. Will” returned to the Menninger Clinic, one of the first of many first-rate departments of psychiatry. In the 1960s, as psychoanalysts faced further competition from newer psychotherapies and psychotherapists, the differential “branding” of analysis and psychotherapy was felt to be not only scientifically, but also economically and politically, essential for the future of the profession. However, because psychoanalysts occupied key positions in educational and training institutions, the connection between the two disciplines remained close, albeit ambivalent.

Richard P. Fox, M.D., is chair of the Task Force on Psychotherapy and former APsaA president.

Since then the shift in emphasis to psychopharmacology and to briefer and more behaviorally oriented psychotherapies has undermined this affiliation. Our relations with other disciplines have been weakened, depriving young professionals and students exposure to psychoanalytic understanding. This in spite of the fact that psychotherapy, rooted in an analytic understanding of character and treatment, remains an important if not critical treatment modality for a wide range of patients.

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CHALLENGING OLD DIVISIONS

More recently some of the old divisions have come to be challenged. Many of our psychoanalytic societies and institutes have initiated psychotherapy training programs and APsaA instituted a category of affiliation for psychotherapists. The Menninger-Lewin/Hendricks debate of 50 years ago is being quietly reconvened but the “upstairs-downstairs” hierarchy endures. Psychotherapy faculty, graduates, and students still face second-class status compared with their institute colleagues with whom they share a psychoanalytic orientation.

APsaA launched a “psychotherapy initiative” and appointed a Task Force on Psychotherapy to reconsider the place of psychoanalytic psychotherapy within our discipline and institutions. At a panel in Seattle on this topic, sharp divisions of opinion were voiced between those who drew precise boundaries and those who conceptualized a continuum. One panelist said that analysis is the treatment of choice for most patients and anything less is preliminary to full analysis. Another panelist suggested any divisions were purely arbitrary and basically politically motivated. A third compared the difference to that between a pencil or charcoal sketch and a textured oil painting. Each involves related but different media and techniques, but both are worthy of detailed study in their own right.

The question remains as to how to integrate as well as differentiate between these two forms of treatment flowing from the same scientific source. Can the two therapeutic modalities be integrated without compromising the uniqueness of traditional psychoanalysis? What do analysts actually do when they conduct psychotherapy? Are there real differences between psychotherapies conducted by analysts versus therapists not analytically trained or between individual analysts? These kinds of studies about technique are possible without the addition of value judgments. It is past time for this work to be done if we are to reclaim one of our most successful achievements.

DEVELOPING OPPORTUNITIES

Currently the task force is working at an operational level to break down old barriers and to develop new opportunities. We have focused on four related areas to promote the profile of psychotherapy in APsaA and to re-establish communication with clinicians and students from neighboring disciplines.

Continued on page 35
Attendees of the January 2006 APsaA meeting in New York may have noticed some fresh faces at the Waldorf-Astoria. The newly appointed Undergraduate Advisory Board (UAB) attended its first meeting with the Task Force on Undergraduate Education (TFUE) and got a taste of what APsaA is, and what it has to offer the 10,000 best minds of tomorrow. But it was the TFUE that received a valuable education on how psychoanalysis is taught, which areas of academia are teaching it, and how it is perceived in many undergraduate institutions throughout the United States.

The TFUE has initiated a number of projects aimed at increasing the exposure of undergraduates to the very basic concepts of psychoanalysis as theory and treatment. We are studying the psychoanalytic content in introductory psychology courses and texts, establishing a Web site to provide teachers with resources for including psychoanalytic content in their undergraduate courses, developing a packet of activities for local societies and institutes that want to get involved with their local campuses, establishing liaisons with a variety of other associations with common interests, and more. One of our favorite projects concerns the recruitment and formation of an Undergraduate Advisory Board.

This advisory board will serve an important function in helping us gauge the level of interest in the theory, application, and practice of psychoanalysis, as well as helping us determine the most effective ways of reaching out to undergraduates and facilitating their interest in psychoanalysis.

In early January 2006, the TFUE posted an e-mail asking APsaA members to forward to colleagues teaching at the undergraduate level, or directly to undergraduate students with whom members may have contact, information about a proposed Undergraduate Advisory Board. In just a few days we received applications from 17 undergraduates representing 13 universities and colleges from four distinct regions of the U.S. Much to our surprise, a minority (six) of the applicants are relatives of APsaA members.

Remarkably, 13 UAB representatives traveled to the January 2006 meeting at their own expense, several, in spite of spring semester classes commencing the very same week. The UAB convened for a lunch meeting to become familiar with the objectives of the TFUE. UAB representatives shared information about personal and on-campus psychoanalysis, including classroom curricula, and experiences with student mental health services and private treatment settings. In many of the on-campus contexts, there was a good bit of dissatisfaction with access to psychoanalytic theory and treatment methodology in course work or readings.

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Meet the APsaA Undergraduate Advisory Board

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<td>Keith Budner</td>
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<td>Caroline McCann Culverhouse</td>
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<td>Natalie Dupecher</td>
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<td>Rebecca Hammond</td>
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Some Thoughts on Membership Policy

Gail S. Reed

Changing membership policy requires careful reflection and the ability to imagine the future. If we do not take this care, small changes in membership bylaws may result in profound, but unintended, organizational change. The previously proposed bylaw that would make those in the category of Academic Associate, who do not have a vote, into Academic Members, who do vote, illustrates this point. Giving non-analysts a vote changes our organization from a professional organization to an interest group. The issue is not the merits of this change, but whether members will have considered the consequences of becoming an interest group instead of a professional organization when deciding this question.

Potentially unintended consequences also accompany the recent bylaw making all IPA members automatically eligible for membership in APsaA. This policy ratified a change in BOPS procedure based on 10 years’ experience with members of the independent IPA societies. BOPS was comfortable with these applicants’ level of knowledge and practice and with the congruence of the educational requirements of these institutes and those of APsaA institutes. However, the bylaw, in effect, created two accrediting bodies, each with the authority to set training requirements for membership. This, as Paul Mosher has pointed out, is a “multiple accreditation” membership structure and could be expanded. The bylaw was not intended to create this new structure and the membership did not vote for the bylaw with this choice made explicit.

Current tensions in APsaA render rational reflection on membership difficult. Opposing stances toward membership mirror general tensions. Those who would have the organization primarily represent psychoanalysis nationally favor an open membership policy not tied to our training requirements; those more closely associated with our educational mission are concerned about protecting member institutes with their stringent training and seek to maintain the link between membership and training requirements. Of course, the picture is always more complex. Many members also value the synergy created by a national membership organization of the most highly trained psychoanalysts that also has a hand in determining educational requirements and standards and are reluctant to interfere with that synergy. Others fear that the exclusivity of our Association has already had a deleterious effect on candidate recruitment and will have an even greater such effect in the future. They want to open up membership as much as possible.

VARIED PERSPECTIVES

I am fortunate to hold organizational appointments that afford me varied perspectives on membership issues. My responsibilities to BOPS give me an educational perspective, while my service on Council leads me to value the synergy that comes from the intertwining of the different functions of the organization. The Task Force on Extended Membership Criteria (TFEMC), ably chaired by Harriet Wolfe, educated me to the technicalities of membership issues. Most important of all, I am acutely aware that had many members not fought for change, I would not be writing this article because I would not be a member. I am aware of the rigidities and prejudices that were part of that exclusion and that still, to some extent, remain, but I also value the organization for what it has meant to high quality psychoanalytic practice and thinking and do not wish it to become unrecognizable.

So is there anything we can do to expand membership in the near future without unwittingly changing our fundamental structure? I think so. There are a significant number of serious analysts who have trained at institutes that require less than APsaA or IPA institutes require in the way of training, but who either during or after their formal training have met the requirements we ask our candidates to meet. We can and should work out an equivalency procedure for these individuals.

True, the numbers may not be staggering, though I suspect they are higher than many think, but this change could well have a greater influence than the number of people it initially affects. None of the reasons given for the reluctance of free-standing institutes, with their long histories, to join through the present Committee on the Accreditation of Free-Standing Institutes (CAF), procedures has captured the complex mixture of collective identity, fierce independence, ignorance of what APsaA can offer, and generationally transmitted transference attitudes that I know from personal experience prevail in these cultures. If, however, we can gradually expand membership as I have indicated, in a fair and nonjudgmental way without giving up the essence of what we are as an organization, and truly integrate these members into all facets of our organization, these attitudes are quite likely to change.

It should be noted that this proposal preserves the link between membership and training requirements. Indeed, proposals that involve greater change should await a more comprehensive reorganization plan. As I have tried to show, it is otherwise too easy for change in membership policy to create a new organizational structure without members being aware that they are creating something they had not contemplated.

Changes in membership policy are both necessary and inevitable. The important and difficult task for all of us is to imagine the organization as we would have it, test that imaginative vision against a practical knowledge of political realities and of human nature, define a realistically envisioned possible organization, and then make sure that, where membership policy is concerned, in implementing that vision we minimize unintended consequences.
Cláudio L. Eizirik, president of the International Psychoanalytical Association, at the BOPS meeting.

Barbara Rosenfeld was presented with a Distinguished Service Award.

Steinway Hall following Louis Nagel’s sold out concert for University Forum. Certificate of Appreciation from APsaA presented by Stanley Coen and Julie Jaffee Nagel, co-chairs of the event.

New Honorary Members of APsaA are (left to right): Jonathan Shedler, David Pincus, Susan Coates, Ellen Fertig, and Jules Roazen (accepting the award posthumously for his father, Paul Roazen).

Lynne Moritz, president-elect of APsaA, and Beth Seelig, secretary of BOPS, at the Board meeting.

Jon Meyer names Ellen Fertig an Honorary Member of APsaA.
Awards

Michael Slevin

Ellen Fertig, the distinguished former administrative director of the American Psychoanalytic Association, was named an honorary member at the January 2006 meeting in New York City. She retired in 2004. The Association grew tremendously during her leadership. She had exceptional skill and diplomacy in helping to guide the officers of the Association. Jon Meyer noted that, “Many presidents have commented that Ellen Fertig’s skills as an advisor made a truly impossible job almost possible.”

Four others were named honorary members for their distinguished contributions to psychoanalysis. Susan Coates was recognized, the award states, for “her contributions to our understanding of gender development in early childhood and her subsequent work in trauma, attachment theory, and parent infant relationships.” She is a member of the teaching faculty of the Columbia Center for Psychoanalytic Training and Research.

David Pincus, a psychologist, is founder and director of the Cleveland Mind Brain Group, a monthly gathering of professionals from numerous fields who are devoted to cross-disciplinary learning about issues of mind, brain, and spirit. He was honored for “his dedication to consolidating the bridge between neuroscience and psychoanalysis.”

Paul Roazen was honored posthumously. As a profound intellectual historian and scholar, he wrote numerous biographies of noted psychoanalysts. He was a political scientist and chronicler of the development of psychoanalysis who explored Sigmund Freud’s complex relationships with his family, students, and adherents. He was professor emeritus of social and political science at York University and adjunct professor of psychiatry at Tufts-New England Medical Center.

Jonathan Shedler is one of the outstanding academic psychoanalytic psychologists working today whose work is highly relevant clinically. The award of honorary membership reads, “Few in the psychoanalytic field have his talent for writing about research that assesses complex psychoanalytic constructs which provide the foundation for developing assessment instruments that can advance psychoanalytic knowledge.”

DISTINGUISHED SERVICE AWARD
For exceptional dedication to APsaA, building the complex and undervalued liaisons with other professional organizations which strengthen the Association’s presence in the world of ideas and action, Barbara Rosenfeld was presented with a Distinguished Service Award.

EXCELLENCE IN JOURNALISM
Alix Spiegel was presented the 2005 Excellence in Journalism Award for her article in the New Yorker magazine on the development, intellectual and pragmatic, of the Diagnostic and Statistical Manual of Mental Disorders. Her detailed research spoke to the impact that one man, Robert Spitzer, had on revolutionizing the field of psychiatry.

Both the Hanna Perkins Center for Child Development in Cleveland and the Pacella Parent Child Center of the New York Psychoanalytic Center and Society were presented awards for Children and Family Community Service.

The Karl A. Menninger Memorial Award was presented to Jennifer Stuart for her paper, “The Experience of Conflict between Work and Motherhood: A Psychoanalytic Research Study.” “It doesn’t matter whether a woman’s mother worked outside the home or not,” says Stuart. “Working moms who have had warm, positive relationships with their own mothers tend to combine work and family with relative ease, taking pleasure from both their children and their work. Where there is intense, internal conflict in a woman’s relationship with her mother; there is likely to be an intense struggle over work-family balance, whether or not she works outside the home after having children.”

The CORST Essay Prize in Psychoanalysis and Culture was presented to George Mashour for his essay, “Toward a General Theory of Unconscious Processes in Psychoanalysis and Anesthesiology.” He is a clinical fellow in anesthesiology at Harvard Medical School.

The Edith Sabshin Awards for distinguished teaching honored Efrain Bleiberg (Houston-Galveston Psychoanalytic Society), Jennifer M. Bonovitz (Psychoanalytic Center of Philadelphia), Richard J. Kessler (Long Island Psychoanalytic Society), S. Kalman Kolansky (Baltimore Washington Center for Psychoanalysis), Stephen Rosenblum (Washington Psychoanalytic Society), Jan Van Schaik (Wisconsin Psychoanalytic Society), and James E. Wilson (Chicago Institute for Psychoanalysis).

Adele Tutter was awarded the Affiliate Council Scientific Paper Prize for the essay, “Medication as Object.” The runner-up was Susan Scheftel, for her paper, “The World of William Steig: A Creative Representation of Early Separation and Resiliency.”

Michael Slevin is editor of TAP.
The line between investigating and persecuting is a very fine one and the junior Senator from Wisconsin has stepped over it repeatedly.

Edward R. Murrow, March 9, 1954

In an important victory for the protection of patient privacy and the preservation of professional ethics, Judge Durke Thompson ruled that the Maryland Board of Physicians had erred in their punitive actions against Harold I. Eist. The American Psychoanalytic Association’s amicus brief was cited by the judge when he ordered all charges against Eist dismissed.

Eist is a psychoanalyst and child psychiatrist practicing in Bethesda, Maryland. His ordeal began in 2001 when the estranged husband of his patient submitted a complaint against him to the board. Eist had been treating a mother and two children and attested to her fitness as a parent during a bitter divorce. Soon after that, the complaint was filed, charging him with overmedicating the mother and children.

Without investigating further, the board demanded the records to investigate the complaint. Eist contacted his attorney and notified his patient. The patient did not want the records released, nor did the attorney representing the interests of the children. The board insisted that their investigatory powers were unlimited, and that patient consent was irrelevant. When Eist did not immediately surrender the records, he was further charged with failure to cooperate.

Peer review and a review of the record (the patient ultimately gave consent) completely vindicated Eist, and found his clinical treatment exemplary. In the face of this incontrovertible evidence that a false charge had been filed, the board persisted, shifting their focus from content to process. Eist was fined and reported to the National Practitioner Data Bank for failing to act in good faith because he did not immediately relinquish the records.

Over the course of the next five years, the case was reviewed by three judges and four courts; all found in favor of Eist and indicated that the board had exceeded its authority, violating Maryland law. The judges repeatedly praised Eist for his courageous and ethical stand in defense of his patients’ rights. Judge Thompson wondered whether the board was “out to get Dr. Eist,” finding it hard to understand why they would pursue ongoing punitive action against him, when the board had acknowledged the original complaint was false and there was no deviation of the standard of care. He indicated that Eist had been placed between a rock and a hard place, an untenable position for an ethical psychiatrist.

The American Psychoanalytic Association played a critical role in this case. The amicus brief was written by our legislative representative, James Pyles. Seventeen patient and professional groups joined us in submitting this brief to the court, including two analytic institutes (PINE and Baltimore Washington), two national psychiatric organizations (the American Association of Practicing Psychiatrists and the American Psychiatric Association), eight state psychiatric groups, and two National Alliance for the Mentally Ill chapters. This case has received widespread attention as medical boards across the nation have become increasingly invasive.

The board has 30 days in which to appeal this decision, having exhausted all other means available to them. Should they choose to do so, Eist is prepared to continue to fight. The principle at stake is crucial to our patients, our profession, and our practices; the right of consent must not be overridden by government agencies or others without legal standing. Privacy is the heart of the therapist-patient relationship and must be protected at all costs.

Janis G. Chester

Janis G. Chester, M.D., is a psychotherapist associate, a member of the Committee on Government Relations and Insurance, a consultant to the Liaison Committee, and president of the American Association of Practicing Psychiatrists. She is in private practice in Delaware.

Janis G. Chester

Archived Online Conferences

The Boston Process Change Study Group

What is Deep and What is Superficial in Psychoanalysis?

The Boston Change Process Study Group, which includes Daniel Stern, Louis Sander, Karlen Lyons-Ruth, Alexander Morgan, Jeremy Nahum and Nadia Bruschweiler-Stern, will discuss their latest work on implicit process and the foundational level of non-conscious mental life — on the relationship between the implicit non-conscious and the repressed unconscious. Commentators on this thinking will include Jessica Benjamin, Adrienne Harris, Arnold Modell, and Donnel Stern.

Gender as Soft Assembly

Adrienne Harris discusses the themes of gender and development from her book “Gender As Soft Assembly.” Along with being interviewed by Sam Gerson, she discusses her ideas about gender with Muriel Dimen, Virginia Goldner, and Deborah Roth and then her ideas about development with David Olds, Billie Pivnik, and Steven Seligman.

Sign up for PsyBC’s newsletter announcing other online events at www.psybc.com
Why HIPAA? The Fight Continues

Robert Pyles

In 1932 a remarkable correspondence took place between Albert Einstein and Sigmund Freud entitled “Why War?” At the heart of the dialogue is the mutual understanding that individual freedom is in perpetual conflict with the often destructive and exploitative wishes of those in power.

With that in mind, the Committee on Government Relations would like to update you on the HIPAA (Health Insurance Portability and Accountability Act) suit, in which our Association is a participant. As you may recall, this is a suit against the Department of Health and Human Services of the current administration and seeks to restore the right of patient consent regarding the release of health records, which the Amended HIPAA Rule removed.

Both the Third Circuit Federal Court and the Appeals Court acknowledged that the privacy of the plaintiffs had been damaged by the Amended Rule and that the plaintiffs had standing to bring the suit. However, both courts found a way to rule against us on different, and narrow, legal grounds, while failing to address the major constitutional questions we raised. In the latest development, our petition for the Supreme Court was denied. The next step is a petition for certiorari from all of the Third Circuit judges to review the decision we raised. In the latest development, our petition for certiorari has been reviewed and contributed to the case, including such notables as Arthur Miller of Harvard Law School.

The latest positive news is that the entire cost of the petition for certiorari has been contributed by a member of the MacArthur family of MacArthur Foundation fame, who has been impressed by our efforts on Capitol Hill to protect patient privacy.

ERODING SAFEGUARDS

So, why would we bring such a suit, which was obviously an uphill battle from the beginning, and persist in it despite these losses?

The answer is that what has happened subsequent to the establishment of the Amended HIPAA Rule is exactly what we thought would happen. The rule itself did away with patient consent, but left some meager safeguards in place. These were: (1) that HIPAA constituted a “floor” for privacy, and stronger state laws still prevailed; (2) “psychotherapy notes” required specific written authorization by the patient (our Association was largely responsible for achieving this protection); (3) the proverbial “country doctor” exclusion existed for paper-based practices; and (4) Medicare exempted small practices.

We anticipated that as soon as the first major step was in place, the loss of patient consent, these other safeguards would come under attack, and would begin to melt away like the winter snow. This is exactly what is now happening.

The current and imminent legislation pending in the House on electronic medical records specifically aims to preempt stronger state laws, and establish HIPAA as the national “ceiling,” not the “floor” for privacy. This legislation, if passed unmodified, would gut all the protections listed above, and might very well invalidate the Jaffee-Redmond privilege.

Combined with “Pay for Performance” (government and industry established treatment protocols which would determine reimbursement), the Orwellian vision of a completely controlled health network (first introduced in the Clinton Health Plan) will have been achieved.

This is the reason our Association established a three-pronged coordinated strategy, consisting of legislative efforts, legal action, and media interaction, to deal with these dire threats to our patients and our profession.

The current and imminent legislation pending in the House on electronic medical records specifically aims to preempt stronger state laws, and establish HIPAA as the national “ceiling,” not the “floor” for privacy.

Our Association has become well known and respected on Capitol Hill as a leader in this fight. We are regularly consulted by major media sources, members of Congress, and attorneys involved in related cases (such as the Ashcroft abortion records cases).

Because of the magnitude of the issues, every chance is worth pursuing. Courts are unpredictable, and one never knows when judges will find the courage to make a cause their own. As one famous coach remarked, “You’ll miss 100 percent of the shots you don’t take.”

We have achieved, and continue to achieve many successes, such as the Shrager, Eist, and RICO cases, in the protection of individual freedom. The issue at stake in the HIPAA suit is nothing less.
Board on Professional Standards
Reports on Challenging Issues

Jane Currin Walvoord

UPDATE ON NEW ORLEANS PSYCHOANALYTIC CENTER

Beth Seelig announced that after generous support from APsaA, the American Psychoanalytic Foundation, and APsaA members, as well as many others, the New Orleans Psychoanalytic Center (NOPC) is making progress on its revival efforts. Denise Dorsey expressed intense gratitude, saying that she wanted everyone to know that the majority of members of the NOPC community had been overwhelmed with the devastation from Katrina. She said, “We were just shaking our heads saying, ‘there is just no way.’ It felt totally impossible. But with the heartfelt response, both emotional and financial, we have been resuscitated. The majority of our group is feeling vastly better and I just want to say thank you.”

COI WORKSHOP FOR DIRECTORS AND EDUCATION COMMITTEE CHAIRS

Myrna Weiss enthusiastically reported that the Committee on Institutes (COI) workshop had begun a discussion about the role of the training analyst and the faculty of the institute in candidate education. The workshop was oriented around the following questions: What is the rationale for the current training analyst system? What should be the role of the institutes and the national organization in the selection of training analysts? And should TA and SA be separate designations with different requirements, different tracks of development, and different selection processes? There seemed to be a consensus that some form of TA system was important for the analysis of candidates, but there was no consensus on the question of what form it should take.

PROJECT FOR INNOVATION IN PSYCHOANALYTIC EDUCATION

The Project for Innovation in Psychoanalytic Education (PIPE) committee members are still in the process of gathering information and formulating recommendations about the complex and sensitive subject of the current training analyst system and its functions, both positive and negative. Michael Singer said that, in their study, the members felt they must keep in mind the best interest of the candidate, while not neglecting the interests of the faculty. It is not good to ask an applicant for training to switch analysts; however, it could work out to be better in some circumstances. He said, “Choosing a candidate is probably the thing we do least well. Insuring they have the best chance once admitted might be better than having to ask them to leave down the road or graduating them for the wrong reasons.” Eric Nuetzel, speaking as the chair of BOPS, added, “We try to give institutes maximal latitude within the parameters of our standards, many of which can be waived, to allow them to appoint anyone they want to be a training analyst. It’s a local decision. There has to be a way out of this dilemma, to give institutes some flexibility but to maintain that core idea that there has to be some assurance that the person is minimally competent.”

CHILD AND ADOLESCENT ANALYSIS

Phyllis Tyson, as the new chair, reported on the Committee on Child and Adolescent Analysis (COCAA) sponsored workshops, which are now open to chairs and faculty of child committees as well as to graduates and candidates of child programs. The workshop at this meeting was entitled “Child Analytic Consultation and Community Outreach.” After three stimulating presentations and discussion, the committee had concluded that community outreach can help both child and adult practices. The three institutes represented by the presenters, the Hannah Perkins Center and the institutes in St. Louis and Houston, have been thriving because of their community outreach activities. Communities have many needs, especially in the area of child care and education. These needs present many opportunities for institutes to help the community and, by so doing, to help themselves. COCAA strongly recommends that institutes develop child and adolescent psychotherapy programs, low fee clinics, community outreach, and new training centers.

CERTIFICATION ADVISORY RESEARCH AND DEVELOPMENT

In his report, Cal Narcissi said that the potential for injury in the certification interview had become apparent to the members of the Certification Advisory Research and Development Committee (CARD). At the next meeting, Narcissi and Kirsten Dahl plan to sit in on the interviews as observers for the purpose of gathering data that will be used in subsequent training of interviewers. In an effort to increase the percentage of graduates who apply for certification, the committee wants to advertise the theoretical diversity of the Certification Examination Committee (CEC). CARD is also considering regionalization of the certification procedure. With four regional teams with at least one representative from each institute, certification may become a possibility for those who prefer not to travel or cannot afford to travel to the national meetings.

RESEARCH AND EDUCATION

Stuart Hauser stated the goal of the Committee on Research and Education (CRED): to enhance opportunities for research, critical thinking, and scholarship in the educational activities of our institutes and organization’s educational activities. Many committees, PIPE, COCAA, CEC, CARD, and the Task Force on Reorganization, had already found the resources of CRED to be helpful. Hauser said that there are many opportunities to study questions, and the membership of CRED would like to see the services provided by CRED become systematic rather than serendipitous.

TASK FORCE ON REORGANIZATION

Robert Galatzer-Levy emphasized, as he explained the recommendations of the Task Force on Reorganization (TFoR), “If we do not work together and decide how to proceed with governance, we will spend the next decade struggling…and if we struggle and use our energies only to fight with one another, the major job of this organization, that is to accomplish things in the world, will not get done.” A lively discussion preceded BOPS’s acceptance of the TFoR proposal.
Executive Council Reports Good News

Jane Currin Walvoord

AFFILIATE COUNCIL

Julio Calderon reported good news. After the Affiliate Council’s membership drive, there were several institutes reporting 100 percent membership among their first-year candidates. There was a 76 percent acceptance rate among first-year candidates, which was a 14 percent increase over previous years and it was the highest since 2000. There are 119 new first-year candidates in our institutes, which is also the highest number of new candidates since 2000. Other good news included the fact that a group of 12 candidates from the Affiliate Council attended the Project for Innovation in Psychoanalytic Education meeting to discuss their views of the current training analysis system. The candidates felt welcomed and their opinions valued by the members of the committee. Calderon said, “Candidates represent the future of our profession and will be most impacted by any changes to our current system.”

PRACTICE GUIDELINE

Robert Cummings brought the final draft of the practice guideline for the approval of Council. The guideline describes the process of psychoanalytic clinical assessment, clarifies defense in malpractice cases. The guideline was adopted and authorized for publication by the Council.

RICO SUIT SETTLEMENTS

Bob Pyles reported that the RICO (the Racketeer Influenced Corrupt Organizations Act) suit has resulted in settlements from all but three managed care companies charged in the suit. Seventy-seven thousand dollars has been added to the coffers of APsaA through the generosity of many APsaA members who donated their share of the settlements.

ETHICS-BASED MEDICINE ACT EFFORTS AND NATIONAL INFORMATION HEALTH NETWORK

James Pyles also reported that, after influencing the inclusion of many improvements in the Health Information IT bill in the Senate, “The war on medical privacy now hangs in the balance.” As the House takes up a bill that is specifically designed to eliminate privacy protections under state law and possibly even under the psychotherapy patient privilege,” we should be aware that, “the other side does have weapons of mass destruction.” Those weapons are ignorance and money. And what we have to fight with are facts and medical ethics. He asked that we all contact members of Congress and mental health associations and urge them to take a stand on HR 4157 by asking this simple question, “Will patients have a choice?” And he added, “Electronic information may be a good idea, but it must be grounded in established principles of medical ethics, Constitutional law, and the law of medical privilege.”

TASK FORCE ON EXTENDED MEMBERSHIP CRITERIA

The final report of the Task Force on Extended Membership Criteria (TFEMC) includes two proposals. Proposal A omits numerical thresholds and is, in the opinion of some, more appropriate for a bylaw. Proposal B includes numbers which are familiar to the Association. The report will serve to guide the members of the Membership Requirements and Review Committee (MRRC) as they develop standards and procedures. Harriet Wolfe said of the task force, “As a microcosm of the Association, we found ourselves reflecting a fault line in our organization related to trust. And this question of trust often comes out in arguments that are based on a funny mix of history and science and get marshaled flexibly to support one or the other side of an argument. We felt we needed to look at the ways in which we resist relying on and learning from each other to create something more forward looking than what we already have. We hope that the current members of the Association will focus on the issues we describe in the report and become prepared to support the evolving work of the MRRC.” The report was endorsed by the Council as it had been the day before by BOPS.

PEP CD-ROM

Nadine Levinson reported that in November papers were signed with the Institute of Psychoanalysis in London, with Random House, the Sigmund Freud Copyright, and Harris Trust to take on the Standard Edition, which will be in PEP Archive 1, Version 6.

TASK FORCE ON REORGANIZATION

The Task Force on Reorganization report was considered. Some councilors felt that they did not have enough time to discuss the report. They felt referral to our attorney to put the TFoR recommendations into bylaw language would be premature. Others objected strongly to what they saw as the plan’s protection of the successor to BOPS from Executive Council oversight. It was referred back to the TFoR by a vote of 33 to 11.

“Candidates represent the future of our profession and will be most impacted by any changes to our current system.”

—Julio Calderon
IPA Helps Aspiring Korean Psychoanalysts Join Mainstream

Barbara Stimmel

The Korea Guest Study Group of the International Psychoanalytical Association (IPA) comprises approximately 45 members longing to learn and practice psychoanalysis. They also yearn to belong to the larger universe of psychoanalysis, much as we all do when starting out, whether as an individual, an isolated group of therapists, or an institute.

An integral component of the IPA endeavor to help psychoanalysis develop in Korea is the Korea Advisory Committee (KAC), (Sander Abend, chair; Robert Tyson, Georg Bruns of Germany, Melvin Lansky and I, with Owen Renik, an adjunct member) which oversees and assists the development and progress of this group. In October 2004, the KAC developed an experimental, intensive four-day didactic and clinical seminar in San Francisco, attended by 20 members of the Guest Study Group. It was followed by a similar event in 2005, and one is planned in 2006. The core faculty comprised Abend, Tyson, Lansky and me, along with Michelle Stewart and Jim Dimon. The meetings, primarily arranged and coordinated by Tyson, ran each year from Thursday through Sunday, from 8:30 a.m. until 6:00 p.m., with lunch together every day, and a celebratory dinner on Saturday.

Each faculty member presented a paper on one of the mornings on a different theoretical or clinical concept. The remainder of the program consisted of multiple small groups with case presentations and discussions from the Korean attendees. The groupings of students changed throughout the days as they rotated among five simultaneous groups led by the core faculty. Several additional IPA training analysts from the San Francisco Psychoanalytic Institute (SFPI), volunteering two to six hours each, joined one or another of us throughout the program, thereby adding exposure to a variety of points of view.

It was exhausting and rewarding for us all, teachers and students alike. The eagerness, intelligence, commitment, and hunger to learn psychoanalysis on the part of our Korean colleagues were infectious. They expressed great appreciation for the valuable clinical experience as well as the boost to their group morale. And despite having to pay for travel, a small registration fee plus their living expenses, and giving up work and family time, they voted unanimously to continue this as an annual event.

CONTINUOUS STUDY

These budding psychoanalysts study in other and all ways imaginable—some go regularly to San Diego for abbreviated courses of study in the APsaA institute there; others have episodic durations of intensive and meaningful psychoanalysis; many have long-distance telephone supervision with psychoanalysts in various parts of the world; at least one has graduated from the Cleveland Institute, and another has had some exposure at the British Psychoanalytic Society. Together they read Freud and those who have followed, as well as papers on technique, metapsychology, and new and old controversies. Additionally, the KAC is helping them create not only a more comprehensive integration between their readings and their guest clinician/lecturers but also an overall curriculum based on their long distance learning.

This last is a major aspect of the Korean learning experience, consisting as it does of psychoanalysts from around the world visiting Seoul to teach, and, in turn, learn. The Koreans are marvelous hosts who help make the complex cultural and intellectual exchange meaningful for all of us. As just one example, last year, I went to Seoul for six days, giving a theoretical lecture followed by several days during which cases were presented to me for extended discussion and teaching. The whole of the Guest Study Group, whose members range in age, levels of theoretical sophistication, and clinical experience, participated in conversation and questions, many questions. Our mutual exchange of ideas was very rewarding.

Although an apparent and vexing contradiction, it is very clear that both rigorous thinking and creative, non-standard teaching conditions sometimes can combine to produce exciting educational outcomes. Seizing the moment allows the Koreans to move forward into the broader mainstream of our profession. It is the willingness to grow, join, share, and inspire a love of psychoanalysis in others that ensures our longevity as a profession. After sufficient analysis, supervision, and academic preparation, our colleagues present themselves for evaluation in order to become Direct Members of the IPA; three have successfully accomplished this important goal. We are all intellectually and professionally energized by this international endeavor.

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Pioneering Spirits: The Russian-American Connection

Barbara J. Novak

Yulia Aleshina and her husband, Pavel Snejnevski, came to Washington, D.C., in 1993 from Moscow to begin psychoanalytic training and to establish their practices as clinical psychologists. Both had completed their doctoral training in Moscow and had been in private practice since the early 1980s. While a rising interest in psychotherapy among psychologists was replacing the academic, experimental psychology, they were leaders in promoting psychodynamic understanding in treating patients. Aleshina was also teaching psychologists as a professor in the Moscow State University. In 1987, Snejnevski formed a study group for the understanding and practice of psychodynamic psychotherapy. Weekly meetings were held for discussion and supervision of clinical cases in what later became the Moscow Psychoanalytic Society. As office space in Moscow at that time was scarce, they saw patients in their living room.

They were hungry for more training, and particularly interested in Freudian psychoanalysis as a developmental psychology with deep insights into the workings of the mind and human behavior. Perestroika made it possible for them to attend an international family therapy conference in Budapest. There they met David Reiss, Joann Reiss was president of Washington Psychologists for the Study of Psychoanalysis. The Reisses invited them to Washington, D.C., to present their work in 1990. They were also welcomed in Denver, Boston, and San Francisco to talk about psychotherapy training and treatment in Moscow. With the help of the Reisses, Aleshina and Snejnevski then came to the United States for further training. Aleshina completed her psychoanalytic training at the Baltimore Washington Psychoanalytic Institute while Snejnevski completed his training at the Washington Psychoanalytic Institute.

The Moscow Psychoanalytic Society now has official psychoanalytic study group status through the International Psychoanalytical Association. In preparation for becoming a psychoanalytic training institute as well, members have undergone analyses in Germany and other countries. (There is a second IPA sponsored psychoanalytic study group in Moscow whose members travel to France for their training analyses.) Aleshina and Snejnevski travel to Moscow about twice a year where their colleagues present psychotherapy cases to them for supervision. They also spend a day teaching the students enrolled in the two-year psychotherapy course of the Moscow Psychoanalytic Society. Aleshina remembers being asked by colleagues when she first returned to teach to sign a handbook on psychotherapy she had published prior to leaving Moscow. Startled, she says, “I was a big celebrity and never knew about it.”

BICONTINENTAL TEACHING

In March 2000, Aleshina and Snejnevski began teaching and supervising both faculty members and students of the psychodynamic psychotherapy division of the Institute for Professional Psychology in Moscow. One division of this group is similar to Division 39 of the American Psychological Association. The Russian Consortium of the American Psychoanalytic Association (ad hoc Committee on Russian-American Educational Exchange, then chaired by Homer Curtis, and now more focused on liaisons in Ukraine under the guidance of Gary Goldsmith), made the initial contact between Aleshina and Snejnevski and the psychodynamic psychotherapy division of the Institute for Professional Psychology.

In addition to meeting in Moscow with faculty members (about 20) and students for didactic work, group supervision/discussion of presented cases, and individual supervision of cases, Aleshina conducts ongoing individual supervision by telephone with members of this group. Snejnevski does some individual supervision as well as small group supervision by conference telephone. Initially, there was no other way to provide the much-needed, continuing case supervision since other potential supervisors were involved in their own training “shuttle-analyses.” Over the years not only has the technology vastly improved, allowing for higher audio quality of connections, the relationships have developed as well, shortening the distance between continents and cultures.

The Moscow Psychoanalytic Society now has official psychoanalytic study group status through the International Psychoanalytical Association.
Training at APsaA Meeting for National Outreach Program to Military Families

Jaine Darwin and Kenneth Reich

SOFAR, Strategic Outreach to Families of All Reservists, working with president-elect Lyne Moritz, is offering members of the American Psychoanalytic Association access to participation in a program that provides pro bono mental health services to families of Army Reservists and National Guard deployed in Afghanistan, Iraq, and Kuwait. The program was initiated by gaining the support of the Commanding General of the New England Reserves, who requested that the Judge Advocate General’s (JAG) office of the New England Reserve, develop a working relationship with SOFAR.

Bridges had to be built between two cultures: the military structure and the Psychoanalytic Couple and Family Institute of New England, which launched the program. The program now involves three psychoanalytic institutes in Boston: the Boston Psychoanalytic Society and Institute, the Psychoanalytic Institute of New England, and the Massachusetts Institute for Psychoanalysis.

The JAG senior commander turned over his responsibility to the director of Family Readiness, who began to serve as a crucial liaison to the families and to the SOFAR teams created to assist them pro bono. SOFAR hoped to address the emotional difficulties family members were experiencing, to work with the children in these families to prevent psychic difficulties and to build resilience in these stressed families. SOFAR’s goal was simple: provide top-notch services to families of Army Reservists who had limited options from which to choose. No civilian program had worked with the Army Reserves in this way, so each step required thought, discussion, and negotiation. By piggybacking on the relationships and procedures SOFAR has developed, members of APsaA interested in participating in the program can bypass those painstaking early steps.

These families function as single parent families as their loved ones become deployed and struggle with ambiguity and uncertainty as to their families’ future. SOFAR presents psychoanalysts with the opportunity to build resilience, to acquaint a large population with the benefits of mental health services, and to disseminate information to teachers and pediatricians whom SOFAR considers first responders in the lives of children. One-third of the family population is under the age of 18. The emphasis on families and on preventing the intergenerational transmission of trauma are unique aspects of the program.

Between October 2001 and January 2006, nearly 1.5 million troops have been deployed to Iraq and Afghanistan. Predictions are that 40 percent of the returning soldiers will suffer from some psychological difficulties. No studies exist on how many family members may have problems, whether or not their soldiers come home with psychological difficulties.

BUILDING RESILIENCE

SOFAR builds resilience by addressing the predisposing issues, providing and expanding coping skills via support services, direct therapy services, psychoeducation, and outreach to teachers.

Originally SOFAR planned that the bulk of its services would take place in the volunteers’ offices. As SOFAR became acquainted with the military culture and the families, the prioritizing of services changed. The military are distrustful of outsiders; this includes mental health professionals, with whom families had little prior contact. Seeking psychological help is often stigmatized. Further, despite reassurances of confidentiality and SOFAR’s independence from the Army Reserves, the families feared negative repercussions on their soldiers’ careers if they sought help. Participation in support groups held no such risk.

Support groups provide relief to family members because their experiences are named and normalized. Psychoanalysts often fail to appreciate how frightening it is for family members to deal with their ambivalent feelings. One might feel fear when one learns about casualties in Iraq, relief when one learns one’s loved one is safe, and then guilt and remorse at the feeling of relief coming at the expense of another family’s suffering. Parents worry their children aren’t talking to them about their feelings about the deployed parent, not realizing the child is trying to protect the parent who remains at home from the added stress of the child’s distress. The families utilized the support groups to deal with these issues and to begin to identify SOFAR volunteers as safe people with whom to talk. SOFAR has had contact with approximately 2000 family members and military personnel via support groups.

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APsaA Task Force

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With the assistance of the Program Committee, we aim to promote psychotherapy as a topic for scientific study and discussion. At the scientific meetings we sponsor workshops on training, regular two-day clinical workshops, and several ongoing discussion groups on psychotherapy and supervision. We hope to encourage the submission of more papers devoted to these topics. In addition the task force publishes a bimonthly e-newsletter that highlights the scientific program and other items of interest to those who conduct psychotherapy.

Within the organization the Psychotherapist Associates that numbered 139 when the group was formalized in 1999 has grown to about 350 active and involved members. This group forms the core of our evolving initiative. The task force also promotes the development and growth of similar affiliations in local societies thereby providing a home for many practitioners who seek greater involvement with psychoanalysis. The Committee on Societies (COS) is helping us acquire further information on the status of psychotherapists in local societies.

The psychotherapy training programs sponsored by our societies and institutes vary widely in their duration, intensity, and requirements. The task force conducts an ongoing psychotherapy training workshop where faculty members can meet and discuss shared problems and solutions. New programs can turn for assistance to those who have established programs. An ongoing topic at these workshops is the ambivalence encountered by psychotherapy programs. It is reassuring to learn from well-established programs that with sufficient time and longevity these prejudices tend to melt. In the meantime, however, we are concerned about what happens to psychotherapy students and graduates.

One of our biggest challenges has been confronting the breaches between analysts and non-analytic groups and practitioners. Institutional resistance has become entrenched and attempts to develop liaisons with departments of psychiatry, psychology, and social work have proven difficult and of limited value. On the other hand, working on an individual basis, we find eager partners, practitioners, and leaders interested in promoting the cause of psychotherapy and who share our interest in restoring its connection to psychoanalysis. By including “outsiders” in our workshops, discussion groups, and task force, collaborative relationships are developed and our goals find meaningful expression. This “big tent” approach, which is opening doors closed for many years, is fostering fluid relationships with individuals and groups that, in the past, were beyond the analytic pale. This direction has been greeted with new enthusiasm and excitement. Our challenge is to make distinctions between these therapies while continuing to integrate the therapists!
PRO BONO HELP

In the pilot project, individual and family therapy were available from any of 70 licensed mental health professionals recruited from the three local psychoanalytic institutes who committed themselves to volunteering at least one pro bono hour of psychotherapy per week. Service requests were received and funneled to the program’s intake worker via a SOFAR phone line. Clients are self-referred, sometimes with encouragement from a member of the support group. SOFAR’s current mandate is to offer psychotherapy services beginning at alert, when members of a unit are notified they will be deployed, through mobilization, when the unit is sent for training in the United States, through deployment when the soldiers go to Afghanistan, Iraq, or Kuwait, and during the first four months of reunion/reintegration when the soldier returns home. The program is willing to modify these parameters as their usefulness is tested. SOFAR will not offer services to anyone who is already in therapy or whose psychopathology is too severe to be treated on an entirely outpatient basis. Families have been slow to make use of these services. But SOFAR has found the number of referrals grows as families have informal contacts with volunteers. As soldiers get closer to the date of reunion, SOFAR anticipates a large increase in families requesting therapy services.

The first phase of the prevention effort is completed; a pamphlet, compiled by a group of educators, The SOFAR Guide for Helping Children and Youth Cope with the Deployment of a Parent in the Military Reserves, is currently being distributed electronically to teachers and pediatricians (available for free download at www.sofarusa.org or www.pcfine.org). These educators will also develop workshops to train teachers to identify children at risk in this population. In New York post 9/11 the importance of training teachers to recognize and deal with trauma has been seen. In Louisiana and Alabama post Katrina psychoanalysts have trained teachers in that work.

TIME TO SHIFT OUR JARGON!

To what extent can we reconcile some of the more obvious protests against psychoanalysis with simple shifts in jargon? Can we use semantic similarities between our language and that of the competing schools to further the integration of psychodynamic reasoning within the now necessary empirical context of academia?

Can we find a few semantic similarities between the psychodynamic interpretation of transference and the cognitive behavioral constructs of shaping and modeling? While it is evident that transference is far more complex than shaping and modeling combined, it is less evident, but true, how similar our language is in describing the mental processes intrinsic to these distinct events.

We live in a time in which undergraduates leave their introduction to psychology courses with little more than the provocative cultural cliché—Freud has an unhealthy obsession with sex. Although psychology is still labeled a social science, increasingly its dominant schools are relishing the financial, empirical, and scholarly benefits of masking every niggling vicissitude of the mind behind the numerical parameters of a hard science. They have “operationalized” love, father, and, one might even suspect, Freud himself.

In short, we need to consider whether a strict adherence to psychoanalytic jargon doesn’t ultimately limit the clinical uses of psychoanalysis and reduce it to the level of one, among too many, critical paradigms in the history of psychology. We do not want our fate to resemble that of Marxism, a critical paradigm practiced by few, and understood by fewer.

Caroline Culverhouse
Emory University Graduate Member, Undergraduate Advisory Board of the APsaA Psychoanalysis and Undergraduate Education Task Force

At the upcoming June 2006 APsaA Meeting, Moritz has made it possible for SOFAR to brief members on how to make connections with the Reserve and Guard groups. Institutes will be provided with training materials, including a presentation on trauma by a VA psychologist, an orientation to the military culture by a group of reservists, and a briefing by a director of Family Readiness Services, all on DVD. Digitized copies of relevant readings will also be distributed.

SOFAR will work with APsaA to help alter the public perception of analysts as detached, elitist, serving the wealthy, and isolated from the real world. Analysts have the opportunity to introduce analytic thinking to a population who know little about it and who need what psychoanalysis has to teach.
## In Memoriam

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>David P. Black, M.D.</td>
<td>December 28, 2005</td>
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<tr>
<td>Francis S. Bobbitt, M.D.</td>
<td>June 23, 2005</td>
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<td>Donald F. Bogdan, M.D.</td>
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<td>Donald Cohen, M.D.</td>
<td>January 7, 2006</td>
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<td>Stuart Feder, M.D.</td>
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<td>Peter L. Giovacchini, M.D.</td>
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<td>Kenneth H. Gordon, Jr., M.D.</td>
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<td>Roy B. Gryler, M.D.</td>
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<td>Patricia N. Harper, M.D.</td>
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<td>Grace Garrett Hart, M.D.</td>
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<td>David K. Jordan, M.D.</td>
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<td>Gordon F. Lewis, M.D., Ph.D.</td>
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<td>Ivan A. McGuire, M.D.</td>
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<td>Eugene V. Nininger, M.D.</td>
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<td>Riva Novey, M.D.</td>
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<td>Joseph E. Rankin, M.D.</td>
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<td>Walter J. Reis, M.D.</td>
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<td>Paul Roazen, Ph.D.</td>
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<td>Herman Rolphe, M.D.</td>
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<td>Lawrence Sabot, M.D.</td>
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<td>William Shuter, Ph.D.</td>
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<td>Charles W. Socarides, M.D.</td>
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<td>Vann E. Spruiell, M.D.</td>
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<td>Charles B. Stone, M.D.</td>
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<td>Lawrence Temeles, M.D.</td>
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<td>Helen Stochen Wagenheim, M.D.</td>
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<td>Annette Yonke, Ph.D.</td>
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<td>Nicholas Young, M.D.</td>
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ACADEMIC ASSOCIATE
Michael S. Shevin, M.A.
What’s New in APsaA’s Toolbox for Members

Debra Steinke

One way of looking at the many benefits offered to APsaA members is as a toolbox filled with analytic tools of the trade—a toolbox which continues to grow. Whether you use these benefits once or use them continuously, they can become valuable assets to you in your professional and personal life. From time to time, I will update you on our list of benefits.

New Cartoon Bank Discount: Take a humor break and receive 15% off all New Yorker cartoons and cover art at www.cartoonbank.com—discount good through the end of 2006. (See the ad on page 37)

E-News Bulletins: Our e-mail lists provide the fastest and most efficient way to receive Association news and updates. This past winter, APsaA started sending out E-News Bulletins covering the Winter 2006 Meeting and membership trends. As important information arises, these bulletins will serve to keep the membership informed. If you are not receiving the E-News Bulletin, please send me an e-mail and we’ll add you to the Association list, which enables the National Office and Executive Committee to share official communications with you in a timely manner. Not only will you receive the E-News Bulletin, you will also receive advance notification of the biannual meetings.

Talking Points Cards: This tool was developed to assist members to prepare for interviews with the media and community, as well as for other conversations with non-mental health professionals. It has come to our attention that having Talking Points Cards in your waiting area can be a valuable tool as patients may find them useful, too. The 14 points of how “a psychoanalyst can help you…” may assist patients in explaining their analysis to family members and friends. Talking Point Cards can be ordered from APsaA’s online store.

Therapy Directory Discount: The Therapy Directory by Psychology Today (http://therapists.psychologytoday.com/) is an online directory that partners with many search engines including Google, Yahoo!, WebMD, AOL Health, and MSN Health, allowing you to make a personal connection with thousands of potential new clients. APsaA members receive a 10% discount off the monthly fee. For additional information and to join, call 212-260-7210 and let them know you are an APsaA member.

Couch Discount: 10% discount on all purchases from the Analytic Couch Company. Visit www.analyticcouch.com or call 206-794-1053 and be sure to mention your APsaA membership. For more information, please refer to the membership column in TAP 39/4.

We hope you use the growing APsaA toolbox to assist you in the many facets of your professional life. Of course, to receive any of APsaA’s benefits, members must be in good standing with respect to their dues. Your feedback on these benefits helps the National Office improve its service to you. If you would like additional information on any of the membership benefits, please don’t hesitate to contact me. In addition, you will find the online issues of TAP, located on www.apsa.org, are a useful resource. For more information on member benefits, please review the membership columns printed in volume 38, issues 1 and 2, and volume 39, issues 1 and 4.

For membership assistance, please contact Debra Steinke, Manager, Education & Membership Services, 212-752-0450 x26, or e-mail: dsteinke@apsa.org.
Associating with APsaA

AFFILIATION CATEGORIES FOR EDUCATORS, STUDENTS, PSYCHOTHERAPISTS, RESEARCHERS

Over the last several years, APsaA has developed a number of categories of affiliation to allow colleagues and friends interested in psychoanalysis to establish a tie to our organization. Associates of APsaA get more out of the national meetings, can start to network nationally with like-minded professionals, and contribute to the richness and vibrancy of the psychoanalytic community. Each Associate category is sponsored and supported by a committee of the American Psychoanalytic Association.

EDUCATOR ASSOCIATE—available for teachers and administrators at all levels of education, pre-school through college, who are interested in the application of psychoanalytic principles in classrooms. Any educator who is sponsored by a member of the American Psychoanalytic Association is eligible. Yearly enrollment fee: $25.00

Yearly enrollment fee: $25.00

PSYCHOTHERAPIST ASSOCIATE—available for psychoanalytic psychotherapists with a minimum of a master’s level degree and licensed and/or certified by the state in which they practice. Individual Psychotherapist Associates are listed in a National Directory of Psychotherapist Associates, prepared annually.

Yearly enrollment fee: $75.00

RESEARCH ASSOCIATE—available for research scientists, research oriented clinicians, and others with an interest in psychoanalytically oriented research. The sponsoring committee will facilitate presentations of research at psychoanalytic meetings. Yearly enrollment fee: $40.00

STUDENT ASSOCIATE—available to medical students, psychiatric residents, psychology, social work, and graduate students of all academic disciplines. Yearly enrollment fee: $25.00

Standard benefits provided to Associates in all the above categories include reduced APsaA meeting registration fees, advance notification of meetings, and subscriptions to this publication. Reduced subscription rates to the Journal of the American Psychoanalytic Association (JAPA) are also available.

Please note: Individuals who qualify for full APsaA membership are not eligible to join as Associates.

Contact APsaA’s national office for more information: 212-752-0450 ext. 26. E-mail: membership@apsa.org. Or go to the APsaA Web site, apsa.org, to download the latest brochures.