Cone of Uncertainty: Post-Katrina Recovery of City and Psychoanalytic Center

Dale Firestone

For New Orleans the arrival of Katrina was The Day the Earth Stood Still. Returning to the city one month after the hurricane, one was confronted with eerie stillness in the mostly unpopulated city—a virtual ghost town. Life as we had known it had stopped.

Though not searching consciously for a metaphor for this vista, my thoughts turned repeatedly to the above-titled 1951 film, a cautionary tale regarding aggression, in which the temporary suspension of all activity had an instructive purpose. Thoughts of the movie, for me a childhood memory of the threat of terrifying power, did seem an apt metaphor as I tried to grasp the scope of interruption of life. It was perhaps unprecedented for an entire American city to simply stand still.

What was unclear, though, was how, or if, life would begin again. How might it be reordered? What might we learn from this about ourselves, about the experience of trauma, and about the process of recovery as we lived within this situation and worked to reconstruct our personal and professional lives? Unlike the film, in which the continuity of life resumes undamaged after an hour’s interruption, the effects of the storm and its aftermath are ongoing.

The outcome remains uncertain, with what locals refer to as the “new normal” not yet established.

In this context, reporting on the status of the New Orleans-Birmingham Psychoanalytic Center requires discussion of both the psychological situation as well as the practical aspects of our recovery; the two are inseparable. When describing the status of recovery here to those outside the city, New Orleanians are careful to present a balanced and accurate picture that includes both the significant progress that has been made as well as the vast amount of work that remains to be done. It is essential to its eventual restoration that the city remains in the consciousness of the nation, that awareness of it does not fall away due either to unrealistic optimism about the state of its recovery, or because of undue pessimism about the daunting work ahead. Indeed, each of us here works to maintain this balance in our own thoughts and efforts.

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The Question of Representation

Lynne Moritz

Put simply, the Renew Board of Directors is a great idea! As Victoria Bjorklund, our non-profit corporation attorney and expert, explained to the Executive Council:

Clearly, the size of a board of directors has tremendous impact on an organization. [She described a huge board with affiliated organizations (like our societies), so large it was dysfunctional.] Therefore, what is happening is that actual functioning of the organization is operating largely through the executive committee of the organization. We do see some organizations, especially large fundraising organizations—[she named one]—where a large board is desired because it is a placement program for donors. Those boards are not meant to be real governing boards; they are meant to be fundraising boards.

Another reason that you sometimes see larger than typical boards would be that you are trying to amass a certain body of skill sets. For example, [our firm] works with Doctors Without Borders. It is very important that they have practicing physicians as well as nurses, midwives, logisticians, and then lawyer and banker type people on the board as well as representatives of the international affiliates. So they have gone to composite board structures that are based on the attributes that a person brings.

Another problem with large boards, behavioral psychologists (and psychoanalysts, I imagine) would tell you, is that when you have a large board, people do not have the same investment in the organization that they may have when there is a smaller board or when they are on a committee of the board where direct responsibility is assigned to them. So, the newer models favor smaller boards. Even for large public charities, smaller boards are being favored. In fact, the attorney general in New York State has proposed legislation that would limit the size of the board at the outside to 25 members. That legislation has not gone forward because the public charities that have the fundraising boards have criticized it. But, clearly the former head of the Charities Bureau took the very strong view that there is a breakdown of behavior of board members through this lack of ownership, lack of responsibility, if boards are too large. In that case, boards get too passive or you get rump groups that start taking over the boards, etc. So therefore, the view is that the ideal sized board is somewhere between 7 and 15 people.

Our 58-member Executive Council is simply too large to be the board of directors of a modern corporation. Under the Renew Plan, this group of representatives of societies will be relieved of the contentious issue of governance and permitted to turn its attention to the actual areas where society representation, deliberation, and input is most urgently needed. Societies need what institutes have abundantly received from the Board on Professional Standards—a representative council focused on nurturing functions, assistance with society problems, and shared solutions to shared professional problems. This model has worked exquisitely well for the institutes. Why not for societies? Because the societies have eschewed those sorts of functions in favor of running the corporation—a role for which the Council is simply unsuited.

Why is it unsuited? Here are a few of the answers:

• 58 members cannot be a work group. No amount of time will allow this many persons to be known and heard out on every subject.
• We have no term limits—thus, “lifers” (many have served as councilor for decades) become attached to the power that accretes to them from sheer tenure and resist replacement by their societies (which often care little) or run multiple times for councilor-at-large.
• Large boards of this kind frequently fall under the sway of small highly organized political parties—Webster calls them “rump groups.” If such happened in our Council, for instance, a small group with a particular internal political agenda could promote it at the expense of the interests of the membership, the Association, and psychoanalysis in the world—even at the risk of fragmenting the Association. The duty of care, of course, is owed to the corporation by every director under New York law.
• “Freshman” councilors cannot be expected to understand the complex histories, players, politics, and covert agendas in play when they try to absorb the enormous stack of action papers on which they are required to vote. Even their very conscientiousness puts them at risk of falling prey to power brokers.
• Because an individual is selected by his or her society, there is no special reason to think that this person was chosen for, or has a special talent for, running a corporation. These individuals, however; would be invaluable in the different role they would have under the Renew Plan’s Society Council—to bring the local problems that need addressing, to share solutions and failed attempted solutions, to bring to bear all their creativity to

Lynne Moritz, M.D., is president of the American Psychoanalytic Association.
work together toward solutions for psychoanalysis both locally and in the world. We desperately need a forum that accepts this charge and that brings forward initiatives for the Board of Directors to bring to action. Here is where representation of each society can play an urgently needed role.

THE ISSUE OF COUNCIL REPRESENTATION

Even the much touted demand for equal “representation” from each society on our board of directors is not the virtue that some pretend:

• Our councilors have always been chosen according to idiosyncratic and ad hoc local practices. Some are elected. Some are appointed. Some are assigned the job as a favor to friends. Some councilors are known to participate solely by rushing into Executive Session for the casting of one vote, and then will leave, having heard not a single word of Council discussion.

• Some local groups allow candidates to vote for councilors, some do not. (Candidates are about 20 percent of our members.)

• Members who do not belong to societies are not represented on Council at all—their interests are overlooked.

• Finally, a personal example. In my own society, a meeting was arranged to discuss and vote on a subject specifically to inform our councilor of the views of our society members. The vote was 3:1 in favor of the motion—but our councilor abstained when the vote was called at Council, thus, specifically denying any voice at all to our medium-sized society. Representation is a tricky business. This idealization of the Executive Council as a necessary “representative body” for governance is both reactionary and anti-democratic in my view.

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HAVE YOU moved RECENTLY?

If so, please be sure to notify APsaA of your new address!

Simply e-mail bcanty@apsa.org or call 212-752-0450, x29.
On Our Future

Eric J. Nuetzel, M.D.

We are all being asked to vote on a new set of bylaws for the Association, known as the Plan to Renew the American. If you have not yet voted, please vote now and vote in favor of the plan. We need these new bylaws. They represent our best opportunity for a more adaptive system of governance. We face profound challenges to our profession. The new bylaws establish more flexible governing structures for our Association and will enable us to continue our commitment to future generations of our profession.

How much do our bylaws really matter in shaping the future of our profession? Tremendously. Although bylaws are only a vehicle, after 60 years of organizational conflict, we desperately need a new vehicle. Our organizational model is 60 years old, an antique, ill suited to 21st century realities. Our current bylaws are far too detailed. They attempt to govern, rather than create structures for governance. A more flexible and adaptable governance structure will enable us to take the Association in new and exciting directions, such as advancing psychoanalytic research and scholarship. The Renew Plan’s bylaws formalize a structure for research and scholarship.

In order to increase our visibility and relevance, we need to commit ourselves to solid research into the process and outcomes of our treatments, as well as our concepts of the mind. One of the most important features of the Renew Plan’s bylaws is the creation of the Council for Research and Scholarship. This should put the leaders of our Association in a position to steer our course toward greater relevance in our society by helping advance our traditional health-care disciplines of psychiatry, psychology, and social work. It should also enable us to be contributors to future developments in cognitive neuroscience while also applying our knowledge to all humanistic disciplines, literature, history, art, political science, economics, religious studies, and jurisprudence—to name just a few. As we commit ourselves to such efforts, we need to think critically about our ideas, our concepts, and our practices. We must not be afraid to change when cherished beliefs prove wrong. We must not cling to the fantasy that we are somehow a special science, above providing evidence to a skeptical world. We need to move beyond our theoretical controversies into the realm of data. If we are to thrive, we need to commit ourselves to scientific and critical thinking. The alternative is to be only a system of belief.

EVIDENCE REQUIRED

We need to provide evidence of the value of our efforts to understand and heal the human psyche. There will always be suffering individuals who want to understand themselves and their motives. They will find their ways to our doors. Psychoanalysis as a clinical practice is likely to survive in some way, shape, or form as long as human beings are troubled by their own thoughts, feelings, and actions. Our profession should be concerned with the general public’s access to psychoanalytic care. Invoking our authority as the most highly trained mental health practitioners is unlikely to get us very far with policymakers. Convincing skeptical public and private policymakers of the value of our work is a major challenge. It requires systematic studies demonstrating the value of particular interventions for specific clinical situations. In this era of evidence-based health care, outcome research must be part of our future; the public’s access to care increasingly depends on it. We will either provide the data, or we will survive solely as an increasingly small part of the privately funded health-care sector.

Can we demonstrate the value of our interventions? Can we show that frequency makes a difference? Is frequency a false issue, and the relevant factor in efficacy the dose, the total number of hours of treatment? If we can make such determinations and demonstrate relevant factors, controversies about training standards should evaporate. The problem with our current situation is the lack of data to guide us. We need to generate data. Without it, our discourse is dominated by authority and opinion.

The problems in our field boil down to this: Are we going to provide evidence? Unfortunately, some of us still feel that such efforts are of dubious value. We have existed for over 100 years, and we have generated valuable insight into the human mind, human culture, and the therapeutic process. We have many interesting hypotheses, but we have too little systematic data. We have been content to rely on anecdote. Some say this is the nature of our field; we are not like other sciences, we deal in human subjectivity and need to utilize the methods of hermeneutics, not science. Like Robert Stoller, I believe that psychoanalysis is the subjective study of subjectivity, striving to be the objective study of subjectivity. It follows that we must become more objective in our study of subjectivity. To do this, we need to employ the methods of modern empirical research. We need to demonstrate the value of what we do, settle controversies, create new ones, and advance our knowledge of the human psyche in all of its individual, group, and cultural forms.

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On Our Future
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We need new structures within the Association to accomplish all this. Thinking honestly and critically about all aspects of psychoanalytic thought and practice and putting them to the test will not be easy, but it is our best hope for our future. An adaptable American Psychoanalytic Association, committed to advancing research and scholarship, can lead the way.

APsaA Scientific Paper Prize Competition

The Committee on Scientific Activities is accepting submissions for the fourth annual Scientific Paper Prize. A prize of $500 will be awarded to the North American author(s) of a psychoanalytically relevant conceptual and empirical scientific research paper published in peer reviewed journals between January 1 and December 31, 2006. Authors need not be members of APsaA.

The Committee will review the major psychoanalytic journals to identify papers for consideration, and authors are invited to submit papers published in other professional journals.

Submission deadline is February 1, 2007. Please send paper (PDF format preferred, or six hard copies) with cover letter to:

Wendy Jacobson, M.D.
Chair, Subcommittee on Paper Prizes
c/o Tina Faison
tfaison@apsa.org
or
309 East 49th Street, New York, New York 10017

For questions, contact Wendy Jacobson at wjaco02@emory.edu or (404) 325-5677
Who Holds the Franchise for Psychoanalysis in America?

Paul M. Brinich

Our current debate regarding APsaA’s governance reflects the fact that we have no simple answers to two groups of questions, one centering on issues of professional identity and the other on training. Examples of the first group are:

- Who is a psychoanalyst?
- Who should be eligible for APsaA membership?

Examples of the second group are:

- What is essential to psychoanalytic training?
- Who decides who may enter training and when they have finished?
- Who may analyze and supervise trainees?

Questions like these have dogged psychoanalysis for nearly a century, yet show no sign of disappearing.

Forty years ago APsaA-approved institutes had three or four applicants for every available slot and trainees outnumbered graduated analysts by a similar ratio. Today, however, it is a rare psychiatrist who sees much professional advantage in psychoanalytic training. Mental health professionals of all sorts have turned toward more “efficient” interventions.

APsaA has responded to these changes in many ways. Training has been opened to non-medical candidates. Equally important, voting rights have been expanded. Until recently, only “certified” members were allowed to vote in the affairs of the Association. Two “delinkages” have changed matters: The first (1992) gave non-certified graduate members a somewhat restricted vote; while the second (2001) extended an unrestricted vote to all Active and Affiliate members.

These changes have provoked the Law of Unintended Consequences. The Association’s board of directors (the Executive Council), which had been limited to certified physician members, was broadened to include younger, uncertified members, some from non-medical backgrounds. The Executive Council—for years a rubber stamp for APsaA’s Executive Committee—began to assert itself. Simultaneously, some local institutes began to question various training standards mandated by the Board on Professional Standards (BOPS).

TURNING BACK THE CLOCK

The Renew the American bylaws propose to turn back the clock by:

- Revamping the Association’s board of directors so that, once again, most directors probably would be senior analysts.
- Insulating BOPS training and certification standards from the membership.

In psychoanalysis Freud created not just a new mode of treatment, a new field of research, and a new theory, but also a peculiar kind of a franchise.

Renew attempts to defend values that some APsaA members consider truly essential. While I disagree with many of its features, I believe that Renew was born out of concern for psychoanalysis. A bit of history may provide some context.

In psychoanalysis Freud created not just a new mode of treatment, a new field of research, and a new theory, but also a peculiar kind of a franchise. Trainees came to Vienna and then returned to Berlin, Budapest, London, and New York, taking with them Freud’s blessings and the exhortation to spread the word. They established psychoanalytic societies across Europe and westward to America.

In the 1920s, analysts in Berlin created a model for psychoanalytic training and other training centers followed. Soon the International Psychoanalytical Association (IPA) created an International Training Committee (ITC) with representatives from five European societies plus the New York Psychoanalytic Society.

When APsaA turned its attention toward training, it decided to keep its educational activities and standards “in house.” Although the IPA allowed the training of people from a wide range of backgrounds, APsaA sought to confine training to physicians. When the ITC collapsed due to the economic and political upheavals of the 1930s, APsaA demanded (and got) an exclusive training franchise from the IPA and then imposed a “physicians only” rule upon its affiliated institutes.

APsaA has the dubious distinction of having been the most restrictive of Freud’s franchisees, the only one to insist that a medical license was required for psychoanalytic training and practice. This worked as long as there were few competitors to its training and plenty of patients for its graduates. A later innovation—certification—reinforced APsaA’s medical identity by mimicking the board certification available to psychiatrists and neurologists. When certification was introduced (1977), all then-current APsaA members were declared certified for practice. This worked as long as there were few competitors to its training and plenty of patients for its graduates. A later innovation—certification—reinforced APsaA’s medical identity by mimicking the board certification available to psychiatrists and neurologists. When certification was introduced (1977), all then-current APsaA members were declared certified for practice.
The early analysts who gathered around Freud included not only physicians but people from fields as widely dispersed as musicology (Max Graf), publishing (Hubert Heller), mechanics and myth (Otto Rank), law (Hans Sachs), and education (August Aichhorn, Anna Freud, Erik Erikson, and Siegfried Bernfeld)—to say nothing of people like Melanie Klein, Lou-Andreas Salome, and Marie Bonaparte, who completely evade such pigeonholes.

FRANCHISE LOST

In stark contrast to this open creativity, APsaA fought to limit who could claim to be a psychoanalyst by restricting:

1. Who could obtain psychoanalytic training.
2. Who could join APsaA.
3. Who could analyze and supervise candidates.

In doing so APsaA created a Maginot Line that, in retrospect, was vulnerable to the many alternative training programs that now attract more candidates than our own institutes.

While APsaA was busy guarding the entrance, the title of “psychoanalyst” was written into legal language we find hard to recognize. The franchise has been lost.

Renew attempts to strengthen our national organization at the cost of our local societies and institutes. Under Renew our societies lose their votes on APsaA’s board. Our previously approved and autonomous institutes face periodic “re-accreditation” and “re-approval.” The criteria for re-approval are those currently used by BOPS; they can be modified only if the new Institute Council (IC) recommends changes. At every level Renew moves power away from the periphery (the local societies and institutes) and toward the center (the Board of Directors [BoD], the Institute Council, and the Board on Accreditation and Certification [BAC or LLC]).

Renew is built upon the mistaken premise that APsaA owns psychoanalysis. This attitude underlies many of our difficulties in relating to colleagues who should be our allies. In my view the future of psychoanalysis depends upon our willingness to broaden our membership, our training, and the horizons of our field.

NECESSARY CHANGES

It’s not hard to see the handwriting on the wall. APsaA must change and our local societies and institutes should be at the forefront of that change. Only if they are free to develop will APsaA itself survive. Moving power toward the center will simply accelerate the aging of our membership and the declines we have seen in both trainees and patients.

If a third of APsaA members agree that Renew is a regression toward the center, it will not pass. However, this must not be the end of the story.

1. We must bring our bylaws into conformity with New York state law governing non-profit corporations.
2. We must enable and encourage young APsaA members to take on active, vital roles in our Association and our profession.

3. We must help the Executive Council to become a body that truly directs our Association, focusing our efforts to benefit our practices, our profession, and our communities.
4. We must clarify the relationship between our Executive Council and BOPS, perhaps using the model of a university board of trustees and its faculty senate.
5. Finally, we must preserve the autonomy of our local societies and institutes so they can innovate and share their diverse efforts with us all.

Further details about how Renew embodies the problems mentioned are available at http://alliance-21.org/renew/.

Isn’t It Always the Mother?

Dottie Jeffries

In case you don’t recall her name, Freud’s mother was Amalia Nathanson, Freud’s father’s younger third wife.

But if you were opening a place of lodging in New York named the Dream Hotel, would you not covet an adjacent restaurant named for the woman who gave us Freud himself?

A 135-seat restaurant and lounge, to be named “Amalia” no less, will open in late November 2006 at 210 West 55th Street, complete with a passage to the Dream Hotel. The restaurant’s décor—dark and intimate on the lower levels, floating and cloudlike upstairs—is the creation of noted New York restaurant designer Steve Lewis, whose other culinary works of architecture include two other Big Apple restaurants, Butter and Aspen.

Certainly, those attending the Winter 2007 Meeting won’t want to miss Freud’s mother!
Great theatrical experiences in New York City take place not only on Broadway, but equally often, if not more so, on Off Broadway. It’s a smart New York visitor who scours the theater listings for the Off Broadway productions. Off Broadway plays or musicals are performed in smaller theaters than Broadway, but larger than Off Off Broadway productions. Off Broadway theaters (venues) have anywhere from 100 to 499 seats. (By the way, the classification of theaters is governed by language in Actors’ Equity contracts, rather than by whether the theater has a Broadway address.)

Generally, the productions that take place in Off Broadway theaters are less expensive, less publicized, less well-known and feature less famous performers. The smaller scale often allows more experimental, challenging work to be presented. Off Broadway is the country’s most artistically influential and culturally diverse theater community. Eight of the last 10 winners of the Pulitzer Prize for Drama debuted Off Broadway.

### TAP’S TIPS

Here are TAP’s recommendations for the best of Off Broadway taking place during the week of APsaA’s Winter 2007 Meeting.

**Toys in the Attic**, by Lillian Hellman
The Pearl Theatre Company
80 St. Mark’s Place
212-598-9802
http://www.pearltheatre.org/
LivePearl/PRO_07TOYS.shtml

On a steamy New Orleans evening a terrible thing happens to the Brenier family—all their dreams come true. Julian, the prodigal brother, sweeps home to his middle-aged sisters with the American dream in his pocket: an overnight fortune, a truckload of presents, even that trip to Europe they’ve imagined for years. But what happens when you discover the things you thought you wanted…aren’t what you want at all? Lillian Hellman’s last great play, Toys in the Attic (1960), follows a single day in the life of one family—as love turns destructive, innocence becomes dangerous, and truth will out…no matter the cost.

**Angry Women in Low Rise Jeans with High Class Issues**
Therapy for the New City
155 First Avenue
212-254-1109
http://www.theaterforthenewcity.net/

This play is a light-to-serious look at the psychology of urban goddesses. It’s one thing to be beautiful by an act of God. It’s another to be paying for it every day of your life. These girls are coffee-driven, sensitive, wired, misunderstood, and fuming with awkward issues.

**Suddenly Last Summer**
Laura Pels Theatre
Roundabout Theatre Company
111 West 46th Street
212-719-1300
http://www.roundabouttheatre.org/

Mark Brokaw (The Constant Wife) directs the new production of the psychological drama by Tennessee Williams starring Blythe Danner and Carla Gugino. Though this play will have opened in November 2006 with no close date at this time, TAP anticipates that the run will be extended through January 2007.

**The Scene**
Second Stage Theatre
307 West 43rd Street
212-246-4422
http://www.secondstagetheatre.com/homepage.html

This Theresa Rebeck play was a hit at the Humana Festival, a renowned theater event that takes place each spring in Louisville, Kentucky. The Scene is described as being a “biting new black comedy [that] takes on New York, the entertainment industry, marriage and even Ohio.” The play is also described as “a shrewd and bitter comedy about the empty narcissism of American pop culture.”

**All That I Will Ever Be**
New York Theater Workshop (NYTW)
79 East Fourth Street
212-460-5475
http://www.nytw.org/

Alan Ball, the creator of HBO’s Emmy Award-winning Six Feet Under and the Academy Award-winning screenwriter of American Beauty, has written his first new play in over a dozen years. All That I Will Ever Be is a richly characterized tale of cultural imperialism and our eternal search for belonging as seen through the eyes of two young men in Los Angeles, one a restless native Angeleno, the other an enigmatic immigrant from the Middle East.

**Frank’s Home**
Playwrights Horizons
416 West 42nd Street
212-279-4200
http://www.playwrightshorizons.org/main.htm

A New York premiere written by Richard Nelson (Franny’s Way; Tony Award for James Joyce’s The Dead) and directed by Robert Falls (Tony Award for Death of a Salesman; Long Day’s Journey…). It is summer, 1923, and architect Frank Lloyd Wright has recently left Chicago for California, determined to embrace Hollywood’s youthful zest and mend broken relationships with his adult children. Having recently completed his latest “wonder of the world”—Tokyo’s Imperial Hotel—Wright is poised to settle down and embrace his new home. But his splintered family still holds deep-seated resentments. Frank’s Home is a lyrical, heartbreaking story about one of our greatest, if less than perfect, visionaries—a man who created a new architectural vocabulary but couldn’t create a home for himself and his family.

*Continued on page 23*
Scientific Program Update

Glen O. Gabbard

The Program Committee, which meets twice a year at the January and June meetings, carefully considers what changes need to be made in the program to be more responsive to the needs and wishes of our members. In this article, I will briefly pass on some of the latest considerations of the committee. As I enter my sixth and final year as program chair, I want to say I am grateful to the Program Committee and to members of our organization for their creative suggestions. During this year, Henry F. Smith will serve as co-chair and after the June meeting in Denver, will succeed me as chair.

A number of our members have expressed interest in having outside speakers invited to give plenary addresses. At the January meeting, we had the eminent neurologist and author, Antonio Damasio, from the University of Southern California. At a future meeting in 2008, we will have the honor of hosting the award-winning poet and past national poet laureate, Robert Pinsky, as a plenary speaker. We also have slated a special symposium for the January 2007 meeting in which filmmaker Oren Rudavsky will talk about the making of his award-winning, soon-to-be-released film, “The Treatment.” Based on the novel of the same name by Daniel Menaker, the film depicts an unorthodox but compelling analytic treatment with the distinguished British actor Ian Holm in the role of the analyst. Film clips will be shown, and Menaker will participate in the discussion along with Rudavsky. In addition to these special events, a recent expansion of our budget has allowed us to fund more international colleagues as well as academics from within the United States.

Over the last year, small work groups have been assembled to deal with specific concerns about the program that have been raised by attendees at the meeting. We have had the embarrassing situation of scheduling precirculated paper sessions that have involved a good deal of work by the author and the discussant, only to have only three or four people show up for the session. This small turnout is an unpleasant experience for both the presenters and the attendees. Hence, after careful consideration, we decided to discontinue the precirculated paper format while continuing the scientific paper sessions where shorter papers are presented by the authors.

As I enter my sixth and final year as program chair, I want to say I am grateful to the Program Committee and to members of our organization for their creative suggestions.

PROLIFERATING DISCUSSION GROUPS

Another problem we have been encountering at recent meetings is that the discussion groups continue to proliferate and will soon exceed the availability of meeting rooms in the hotels that we use. The discussion groups are truly the heart of our scientific meetings, and we have tried to accommodate the interests of our members who wish to meet together to chat about a topic of mutual interest. My policy as chair, and that of my predecessor Owen Renik, has been to add discussion groups whenever a member expresses an interest in establishing one, as long as another group on the same topic is not already on the program. We are now finding it difficult to locate hotels that have the requisite number of meeting rooms. Part of the difficulty is that we continue to add discussion groups but we do not eliminate pre-existing ones.

The Program Committee discussed this problem at length because we do not want to interfere with longstanding groups that have provided stimulating experiences for attendees. We have several ideas in mind about how we might approach the problem. We will ask discussion group co-chairs to volunteer to end their groups if they feel they have run their course. Alternatively, they may wish to continue meeting informally at dinner or in other settings, rather than being a formal part of the program. In addition, we will carefully study the numbers of participants in each discussion group at the January meeting to see which ones may not be drawing large enough groups to continue placing them on the program. We would also welcome any ideas from our members about the best way to go about cutting back on these groups.

A third work group focused on the two-day clinical workshops. We have been concerned that the limited enrollment in these workshops generates considerable disappointment among those who are unable to attend. We have discussed several alternatives to the current lottery system. As it turns out, the National Office has now computerized the registration process for all aspects of the program and will send an e-mail notice to all members when registration is available. With this change, we will now accept registrations for the two-day workshops in the order in which they are received. We have also expanded our two-day workshops. There are now five two-day clinical workshops (three for adult psychoanalysis, one for child psychoanalysis, and one for adult psychotherapy). While enrollment will still be limited for each workshop, we hope these changes will address some of the concerns.

As always, we want your feedback on our programs. We depend on your suggestions to help us improve the quality, scope, and formats of the programs we offer. Please contact me at ggabbard@bcm.tmc.edu with your suggestions.

Glen O. Gabbard

Glen O. Gabbard, M.D., is Brown Foundation Chair of Psychoanalysis and professor of psychiatry at Baylor College of Medicine. He is also joint editor-in-chief of the International Journal of Psychoanalysis and training and supervising analyst, Houston/Galveston Psychoanalytic Institute.
Highlights of the Winter 2007 Meeting in New York

January 17 to 21

Gary Grossman

For those of us on the West Coast, January may not seem like the most desirable month for traveling to Manhattan, however the diverse program of APsaA's Winter Meeting promises to make it worth the trip. With five clinical workshops, six symposia, five panels, five programs for residents and students, four seminars/courses, three research programs, two plenary addresses, a University Forum, and a Meet-the-Author Among the highlights, in addition to the discussion groups and paper presentations, attendees will be faced with an abundance of compelling choices.

The popular two-day clinical workshops offer a variety of options. Christopher Bollas, Stephano Bolognini, and Michael Feldman will be our guests at the Process and Technique Workshops. Peter Blos, Jr. chairs the Child and Adolescent Workshop, with special guest, Majlis Winberg Salomonsson, and the Psychotherapy Workshop features Alan Pollack and Nancy McWilliams.

ARTISTS AT THE WALDORF

We are fortunate to have two special symposia featuring talented artists from theater and film. The first of these, “Psychoanalysis and Theater: The Inner World in Christopher Shinn’s Dying City—A Drama of Violent Aftershocks from the War in Iraq,” on Wednesday, will include a presentation by the playwright. A success at London’s Royal Court Theatre, Dying City tells the story of Kelly, a therapist and widow of the Iraq war, and a surprise visit from her deceased husband’s twin brother. Writer Daniel Menaker and director Oren Rudavsky will be on hand for Saturday afternoon’s presentation of their film, The Treatment.

Gary Grossman, Ph.D., is a member and faculty of the San Francisco Psychoanalytic Institute and a member of APsaA’s Program Committee.

Bruce Sklarew chairs the two-session film workshop, “Psychoanalysis and Film,” beginning with Thursday evening’s, “Brokeback in the Consulting Room,” and concluding with “Cinema and the Rise of Nazism: The Psychoanalysis of Propaganda” on Friday afternoon.

January’s symposia cover a broad range of contemporary topics impacting psychoanalysis. Friday’s noon offerings include: “Working Parents and Their Children: Psychoanalytic Perspectives and Public Policy,” featuring presentations by Anne C. Dailey from the University of Connecticut, Ellen Galinsky, president and co-founder of Manhattan’s Family and Work Institute, and Leon Hoffman; and “Scanning the Brain for Transference?: Using fMRI to Explore the Neurobiological Underpinnings of the Core of Psychoanalysis,” with Columbia University Research Fellow Andrew Gerber, Kevin Oschner, director of Columbia’s Social Cognitive Neuroscience Lab, and Glen Gabbard. The Saturday noon symposium, “Shame, Disgust, Violence, and Ethics,” presents University of Chicago’s Martha Nussbaum. Also at noon will be “Hurricane Havoc: Educators and Psychoanalysts Working Together to Respond to Natural Disasters,” with Stephen Kerzner, Gilbert Kliman, and New Orleans analyst Joy Ososky.

Attendees will also have a variety of panels to choose from, beginning with Friday afternoon’s, “The Action in Therapeutic Action: Non-Verbal Interventions,” featuring Dale Boesky, Jodie Messler Davies, Alexandra Harrison, and Judith Chused, followed by one-hour small group discussions. Henry Smith chairs the Saturday morning panel, “When Analysis Makes Patients Worse: The Negative Therapeutic Reaction Revisited,” featuring the diverse clinical perspectives of Michael Feldman, Shelley Orgel, and Anna Ornstein. Also on Saturday morning is the child and adolescent panel, “The Silent Adolescent: Thoughts on Technique with Implications for Adult Analysis,” with Ruth Fischer, Theodore Fallon, Jr., Steven Luria Ablon, and E. Kirsten Dahl. Saturday afternoon’s “Courage” panelists include Theodore Jacobs, Joan Wheelis, and Charles Spezzano, with Warren Poland as chair. Sunday morning’s panel, “How Much Can Analysis Be Discovery; Not Suggestion?” features Lawrence Friedman, Elizabeth Auchincloss, Robert Michaels, and Owen Renik.

We are fortunate to have two distinguished members of the Association for Friday’s plenary presentations. Past president Jon Meyer’s morning address is entitled “Analysis and Re-Analysis.” Irwin Hoffman’s “Doublethinking Our Way to Scientific Legitimacy: The Desiccation of Human Experience,” will be the afternoon’s plenary presentation.

APsaA WELCOMES THE ACADEMY

Cultural critic and historian Sander Gilman and Princeton University professor Elizabeth Lunbeck are the invited speakers for the “University Forum: Historians of Science Contextualize Psychoanalysis.” Roger Frie and George Makari will chair this exciting interdisciplinary program.

Research in psychoanalysis and psychoanalytic informed research is thriving and is well represented at the January meetings. Wednesday’s research seminar, “Constructing the Enemy-Other: Anxiety, Trauma, and Mourning in the Narratives of Political Conflict,” features Jeffrey Muror; assistant professor of political science at Swarthmore College. Linda Goodman, Stuart Hauser, and Linda Mayes are the co-chairs for the fifth annual poster session, “Research Relevant to Theory and Practice in Psychoanalysis,” on Friday afternoon. Saturday’s daylong program is sponsored by the Research Associates of the American Psychoanalytic Association (RAAPA).
Cone of Uncertainty

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The description of our recovery thus includes the polarities of experience with which each of us struggles daily: hope, planning, enthusiasm, creativity on the one hand, and profound feelings of loss, uncertainty, anxiety, and vulnerability on the other. At the risk of appearing to describe two different environments, I will first report on the forward-looking, restorative work of the center, then comment on some of the continuing difficulties of our situation. Concepts regarding trauma and its resolution are useful in articulating our experience, in identifying what has been helpful, salutary, as well as that which interferes with recovery and reintegration.

CREATIVE INITIATIVES

Chief among the creative initiatives for recovery is the formation of the joint New Orleans-Birmingham Psychoanalytic Center. Although the post-hurricane diaspora is an impetus for this union, a close relationship already existed between New Orleans and Birmingham. Two of the New Orleans center faculty, Lee Ascherman and Fred Griffin, live in Birmingham and have been active in analytic education in both cities. Both are involved in residency training programs with the University of Alabama, Birmingham, and the establishment of a joint center offers exciting possibilities for analytic education and training there. It is most fitting that Ascherman and Griffin, who were longtime commuters during their respective analytic training, should play such an important role in making training more physically and financially accessible to their community.

The existing relationship between New Orleans and Birmingham deepened in the wake of Katrina as two past New Orleans institute presidents, Sam Rubin and Ted Revley, relocated permanently to Birmingham. The establishment of a joint center somewhat mitigates their loss for those of us in New Orleans. Additionally, while members of the New Orleans center were mired here in the crisis, Ascherman and Griffin were tireless advocates. It was greatly reassuring to have such colleagues in our corner and on dry land.

The commitment to form the joint center was unanimously made by the center board at a retreat in Birmingham in May. It is expected that the general membership will affirm this decision in its vote for the same compelling reasons that prompted the board’s decision: Given the dispersal of so many valued and creative members in New Orleans, the joint New Orleans-Birmingham center will do much to ensure the continuation of psychoanalytic education, training, and community in the region. Classes will be conducted via video-conferencing, allowing candidates and psychotherapy fellows to attend at both sites. Speakers and scientific presentations will similarly be available to attendees in both Birmingham and New Orleans. The February scientific meeting will be held in Birmingham.

Outreach efforts, an impetus for the transition to a center model for New Orleans a year ago, continue to be a priority. There are five scientific meetings scheduled for the coming academic year, with each speaker presenting at an additional community event. Partnerships with community organizations, and the arts community in particular, are being developed. Other outreach activities, which had been in process, will resume, including a film series, honorary fellowship program, teaching in the residency training programs at Louisiana State University and Tulane, and our Psychoanalytic Evaluation and Referral Service. Regarding classes, our two fifth-year candidates resume class in the fall, and potential candidates are being interviewed in hope of beginning a new class in January 2007. Classes for the psychotherapy program will not be held currently, due to the dispersal and relocation of fellows, but will be continued as new fellows enroll.

Yet this favorable news of restitution and recovery occurs within a general surround of profound loss, anxiety, and uncertainty. One encounters such juxtapositions everywhere. New Orleans, a year after the flood, is still a place in which one can be driving within the narrow margins of what appears to be normal life, and turn off the peninsula of high ground (“the sliver on the river”) that had been the unflooded footprint of the city 130 years ago, and within a few blocks encounter miles upon miles of ruined, empty neighborhoods. To some degree, we wonder if something similar may be said about the status of our practices: While many analysts may now have practices approaching their pre-Katrina caseloads, it is difficult to know whether this too is an uncertain security within narrow margins, another peninsula, and whether the eventual population and economy of the city will sustain such activity.

It would be remiss not to convey something more of the dynamics of the psychological crisis that persists here. In so doing, I would like to refer to a few concepts regarding trauma which we understand to either facilitate or impede its working through. While these concepts and dynamics are no doubt familiar to all analysts, they are perhaps understood anew,
SPECIAL SECTION: NEW ORLEANS

and in a unique way, when one is personally experiencing the trauma, concurrently treating others for its effects, and when the effects are felt—without exception—by everyone in one’s environment. A few of such issues will be discussed in a mostly anecdotal and impressionistic way to communicate more of the affective climate here.

CONTINUITY

Reviewing the 1986 APsaA monograph, “The Reconstruction of Trauma,” I found a statement by Harold Blum that was particularly resonant with something I felt and many I spoke with had confirmed: “Trauma may encompass radical change in the self and object world, leading to a ‘great divide’ in the patient’s life… which anniversary reactions attempt to bridge and reintegrate.” Many of us appear to experience such a “great divide” in our before and after lives along with a curious effect: a kind of temporal confusion and dislocation. Within the relatively uninterrupted continuity of our lives before Katrina, one could easily locate events and their landmarks within time; on this side of the “great divide,” time is experienced in a somewhat vague or unreal way. It is as if the part of us that measures time, and knows our location in it in an automatic and preconscious way even when our attention is not focused upon it, remains in the pre-Katrina time line and we are not yet fully oriented in the nascent post-Katrina continuity.

My initial experience and recognition of this occurred on my first day back in the office, excited to see my first patient since the storm, hopeful my practice would survive. At the end of the session, the patient and I discussed the next appointment. I reached for an appointment card and, without hesitation or thought, wrote: August. It was in fact October 6—six weeks after I had last been in my office. I looked at the card, quite taken aback, and became aware of a gaping emotional and temporal divide; in a very meaningful way, I was not quite sure when it was.

The disruption of continuity has had implications for analytic practice. Many analytic cases have been lost due to relocation of analysts or patients, or to altered financial and employment circumstances. Beyond this, doing work that requires a reasonable presumption of stability, consistency, and availability has been something that both analysts and analysands may have had difficulty committing to in this environment. My impression, also, is that it may have been difficult for both parties in the analytic dyad to sustain listening in an attentive or attuned way with so many noisy survival demands clamoring for attention, particularly in the first six months after the storm.

Somewhat in retrospect, I realize that I was able to begin two new analytic cases eight months after the storm because it was only then that I began to have faith that an analytic process could be sustained in this environment.

TRAUMA

One knows it when one sees it. Defined as a continued environmental effect, one feels it constantly. Virtually everyone describes a degree of fatigue that is unremitting and not easily attributed to any specific momentary factor. At the first social function at the center following the storm, at the Christmas holiday, it was somewhat surprising to find that a staple of conversation was about nap taking. The tension is palpable at almost all times. Many report feeling worse now than in the months immediately following the shock of the hurricane’s devastation due to the cumulative effect of strain.

VULNERABILITY

Anxiety and hypervigilence naturally accompany increased vulnerability. One notable result of the storm is that with our heightened sensitivity there is a certain difficulty in evaluating the power and reach of the traumatic agent even a year past its initial impact. Even now there is a tendency to wonder whether every reported mishap, crime, or death may be an effect of the hurricane. Locals read the obituaries and question whether the death of each young person lacking mention of a specific cause of death is a suicide and whether the deaths of the elderly or infirm were hastened by some aspect of the storm, perhaps just the despair of their situation. The same is true when crimes are reported. In all these cases one often wonders: Would this have happened without the storm?

Indeed, the effects of the hurricane are vast and continuous, and some of these events are in fact distal effects of the storm. However, there is a component of this feeling that each insult might be a continuing cascade of damage from the storm that seems due to continued

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The Diaspora
Sylvia J. Schneller

With the anniversary of Hurricane Katrina's devastation, I discovered that I am a member of the post-Katrina diaspora. At a meeting of the Unified New Orleans Rebuild Committee, I listened as several national and local city planners and architects presented their ideas for helping each neighborhood in New Orleans recover. I heard one of the consultants recommend that each neighborhood work to help those citizens who were lost in the “diaspora” return. The diaspora, such a melancholy and significant sounding term for what I experience mainly as a sensation of floating above the ground, my roots hovering loosely above the city of New Orleans and above the city of Houston. In my mind’s eye, I see myself disembodied, a truncated tree whose roots hang precariously above the earth beneath them, sometimes briefly touching the ground in one city, sometimes in the other. At times, my roots simply sway aimlessly.

New Orleans was founded upon and still sits upon muck, swampy, porous muck. It is not even solid enough to contain its dead; tombs must be built above ground to avoid the water table that lies so close to the surface. Yet, for 300 years, we of New Orleans have lived here, captivated by its culture, its music, its sense of history, and its sense of place. Believing, as we do, in its soul, we have withstood heat, crushing humidity, mosquitoes, yellow fever epidemics, and hurricanes. Never in all that time have we seen the likes of Katrina. She has tested us and our resolve. It has everything money can buy, but I have yet to find its soul. Its citizens are from everywhere. I wonder, is no one born in Houston?

In my new apartment there, the solid ground beneath me provides much sought-after security. Its people, acclimated to newcomers, openly welcome me in a friendly, outgoing manner. It is pleasant and reassuring. Its opera, symphony, ballet, museums, and theater feed my mind and my aesthetics. Yet, I stand on its streets, its sidewalks, and its parks and remember New Orleans. I am drawn back to the city of my birth, back to my ancestors’ home. It seems as though everyone who lives in New Orleans has been born in New Orleans.

So I return there, over and over again. After all, I have an intact house, even though my neighborhood was partially flooded and only half repopulated. The image of my roots floating aimlessly between Houston and New Orleans haunts me. It is the bubbling muck of New Orleans that sucks at me, grapps at me, and threatens to recapture my soul. I struggle to avoid its seductive power. I wonder how many of us caught in the post-Katrina diaspora suffer the same ambivalence, the same pull to return combined with the same fear of disaster: Can any of us take the chance that should we return, we could re-experience that searing loss of all that we once dreamed of and owned? Taunting us with memories of its soul, like a decadent mistress, it beckons us. “Come to me,” New Orleans whispers. “Remember what I gave you, and what I still offer.”

I have but to drive down the lakefront street to my home to see what she offers: blighted homes, debris cluttered sidewalks, uncut grass, and decaying swimming pools whose surfaces flutter with hatching mosquito larvae. Many of its citizens suffer from chronic anxiety and depression. In the never-flooded fully repopulated areas uptown and in the French Quarter, life seemingly goes on as it did before the storm. I say seemingly because those who live in that section of the city religiously avoid driving 20 blocks north from their area toward the lakefront and and the breached levees. It is the only way to deal with the reality of 200,000 people migrated and an area of gutted, dusty, empty, and decaying homes seven times the area of Manhattan. Homes awaiting the bulldozers, the developers, the return of the displaced. This new Pompeii must be seen to be believed. It must be avoided to maintain sanity.

DRAVEN BACK

Sitting at one of the choice marble-top tables along the wrought iron railing of the Café du Monde, I look around. Even though it is the middle of the week on a sultry August
Looking across the street at the umber colored Pontalba apartments, I experience the city’s seductive pull. As I brush the powdered sugar from the beignets off my t-shirt, I remember many other such occasions, occasions filled with laughter. Be careful never to wear a black dress or shirt when going to the French Market for coffee and doughnuts was the dictum from my youth. You’ll never be able to get the sugar off.

I am flooded with other memories: the insistent sound of jazz music filling the streets at night, the haunting song of the steamboat’s whistle as it leaves the dock, the mingling aromas from food booths lining Jackson Square during the French Quarter Festival, the sight of ships plowing through the current as I sit listening to music on the lawn by the Aquarium. So many sights, smells, and sounds of New Orleans.

The image of my uprooted self comes forcefully into my mind. My truncated being, blown toward Houston, trails its roots behind it in the wind. The longest and strongest of the group reaches back to New Orleans, its tip sinking into the dark, black, muddy soil. Halfway to Houston, I am still attached by the tip of that one root to New Orleans’s past and its hoped-for future. It will take another Katrina-like wind to wrench it fully from the ground.
Psychoanalytically-Based Workbooks 

to Help Children Cope with Disaster

Gilbert Kliman

My own disaster work goes back to crises such as helping schoolchildren deal with the death of a president. As a clinical analyst, I learned from my individual child patients at the time and reported on Oedipal themes I observed being activated among them. However, it was a formative experience to realize I learned even more of practical public health value from a psychoanalytically informed behavioral survey of teacher observations about the behaviors of 800 schoolchildren. Through that study, it was learned that on the fateful afternoon of John F. Kennedy’s death, teachers and administrators who avoided immediate discussion of the assassination with their in-school pupils experienced behavioral deterioration in their classroom populations as measured by behavioral checklists. The pupils of teachers who initiated discussion with their children had markedly better classroom behavioral outcomes.

I kept applying this knowledge about the value for children of adult leadership during times of crisis. Adult-augmented ego executive function and use of adult superego modeling could be essential factors. This clue proved useful in later systematic population-based research I undertook with foster children. Controlled studies of a pro-active approach to having foster children create written narratives about their personal life histories led to a significant public health breakthrough. The method produced a sharp reduction of a psychologically malignant phenomenon—already vulnerable children bouncing among foster homes.

Questions arise which can help in future crises: What are the psychoanalytic principles that make a difference; why is it that creating a written narrative of a foster child’s life, one that is authored by the child with the aid and input of a network of current caregivers, results in a statistically significant lowering of “bouncing” to another foster home and in a qualitatively improved experience of life for the child?

Since Kennedy’s death, many large-scale crises have provided the impetus to produce psychoanalytically-informed guided activity workbooks for children, families, and teachers, similar to those that helped foster children. My colleagues and I have authored workbooks concerning the Loma Prieta earthquake, the first and second Gulf Wars, the attack on America, floods, fire-storms, the Kosovo refugee experience, terror attacks in Israel, and we are starting one for Lebanese children who have been caught in the war in Lebanon. Recently a Guatemalan mudslide book was produced with the leadership of Leah Fisher. A tsunami storybook is being developed with Sombat Tapaya in Thailand. These resources for children, teachers, and caregivers are available without charge online at www.cphc-sf.org, or by emailing me (gil.kliman@cphc-sf.org).

To evaluate the effectiveness of the intervention, the American Psychoanalytic Foundation and Mercy Corps jointly funded a study of the resource. The objective of the resource was to decrease post-traumatic symptoms in several hundred among the evacuated fifth- to eighth-grade children attending a displaced school, temporarily based in Houston. The formerly New Orleans student population was 100 percent African-American, the majority (82 percent) from impoverished areas of New Orleans that were widely devastated by Katrina. The University of California at Los Angeles Child Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) was administered to the children prior to beginning work on the Hurricane Workbook and again after three months of working with the specially designed psychoanalytically informed workbooks.

My Personal Story About Hurricanes Katrina and Rita: A Guided Activity Workbook for Children, Families and Teachers was given to each child. Each worked on it in class for 30 minutes weekly for three months. Post-traumatic symptom level scores among 100 twice-tested adolescents declined sharply. The improvement was statistically highly significant (p=.0001). It confirmed compelling clinical observations that even classes of highly agitated and overactive inner city children quickly grew very calm when using the activity workbooks. My Personal Story About Hurricanes Katrina and Rita appears to have contributed to decreasing PTSD symptoms. Reports of post-Katrina mental health symptoms in other studies generally contrast with this one—showing increases of pathology over time. According to the most comprehensive survey yet completed of mental health

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I was initially introduced to New Orleans’s black and poor neighborhoods in 1991 by way of a consulting planning assignment. The neighborhoods I got to know then are the same neighborhoods that suffered the most severe flooding as a result of hurricanes Katrina and Rita. Now, I have been asked to plan for the recovery of the Lower Ninth Ward.

Stray from the Mississippi River corridor (the French Quarter, the convention center, the Garden District, the St. Charles Boulevard, Audubon Zoo, Tulane University, Uptown, or neighborhoods that surround the University of New Orleans) and you are likely to find weary and run-down neighborhoods. The poor neighborhoods of New Orleans are in as bad shape if not worse than those in Gary, Newark, or even Detroit.

Many of the poor neighborhoods that flooded, Lower Nine among them, have suffered from disinvestment and struggled with severe social problems for decades. Before the hurricanes of 2005, all kinds of infrastructure, streets, sidewalks, overhead and underground utilities, were worn-out, some beyond repair—had any money for repair been available. School buildings and other community facilities reeked figuratively and literally from years of neglect. Few tourists ever see this New Orleans.

I vividly recall being shocked by the deterioration and despair that hung in the air, mimicking the mid-summer New Orleans humidity. Living conditions at many public housing projects and the neighborhoods around them were appalling. I felt a sense of shame and disgust for society (and myself as a fortunate member of that society) that such conditions could be tolerated. It seemed a cruel joke that one of the worst projects carried the name, Desire.

Crime was out of hand with multiple murders many nights. City government was broke and had little capacity to carry out policy. Nothing seemed to get fixed. Public safety personnel were grossly underpaid. (New Orleans Fire Department firefighters still earn but $8.50 per hour.) My impression then was that New Orleans was more like a Third World city than an American city. Yet, Mardi Gras and Jazz Fest graciously enabled denial and distraction from the city’s problems and tensions.

ABANDONED NEIGHBORHOODS

Approximately 80 percent of the city flooded; however, areas along the Mississippi River corridor—the French Quarter, the Upper Garden District and the Tulane /Uptown area—remained “dry.” The terms “upper” and “lower” in New Orleans refer to elevation. Historically, wealthy parts of the city occupied the high ground while first slaves and subsequently the poor and disenfranchised were relegated to the low ground. The water was in excess of 12 feet in some of the lower neighborhoods such as the Lower Ninth Ward.

Lower Nine remains largely empty. Block after block of abandoned houses, most filled with detritus of rotted possessions that once told the story of a life. The personal belongings left behind were the small treasures we all keep close to bless our memories and our connection to family and kin. Little things, but they define who we are, who we belong to, who we love, and who we miss.

In severely flooded neighborhoods, including the Lower Ninth Ward, mold, the handmaiden of flooding in Louisiana has rendered 90 percent of the flood damaged structures unsalvageable. Estimates are that only 10 percent of residential dwellings that remained standing in Lower Nine can be saved and they are scattered about the Lower Nine, not clustered in any particular area. The inundated flood zones will never return to what they were a year ago. There is much to grieve.

A CULTURE SORELY DAMAGED

Most distressing to me is the rending of the social bonds that gave sweetness to life in an otherwise problematic city. New Orleans may have been poor, but it was connected through generations by a special culture of closely interwoven networks of intimates. Extended families, a major support for those in the Lower Nine community, are split up. Lifelong friends and their families are also gone.

My sadness for the losses suffered by so many families and the destruction of such a unique place in America approaches the unbearable because I know, along with many others, that this calamity was avoidable. In 2002, I prepared an economic and community development program for a mayoral candidate’s campaign. Our first recommendation was to improve the city’s hurricane protection. Anyone who was even slightly conscious knew the levees would fail in a big storm.

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among Hurricane Katrina survivors from Alabama, Louisiana, and Mississippi, the proportion of people with a serious mental illness doubled in the months after the hurricane compared to a survey carried out several years before the hurricane. We await, however, controlled and random assignment studies, which we have conducted so far only with foster children. We also await with great interest studies of cognitive functions such as I.Q., which have been shown to improve when other supportive expressive methods are used in social networks—particularly the Cornerstone therapeutic preschool method.

Alas, there will never be a time when children are exempt from disasters. The creation and use of psychoanalytically informed public health measures, as well as further study in this area, are essential. We have some tentative hypotheses about the reasons children improve through use of such adult-recommended measures. The use of guided activity workbooks shows children that honestly facing the disaster is supported rather than avoided by their teachers and families. The use of drawings and encouragement of narrative writing advances a sublimative and witnessing process in which the child feels respected and useful within the child’s human network. The child’s personal locus of control and sense of personal history are enhanced. These factors all can easily be absent in a disaster. Current and future research will augment our understanding of how psychoanalytically-based resources make an important difference.

For a list of references used in this article, you may e-mail me at gil.kliman@cphc-sf.org.

What Constitutes Recovery?

Barbara Bush made an outrageous gaffe, when touring the Houston Astrodome filled with recently evacuated refugees, by suggesting that “those people” (largely displaced African-American residents of New Orleans) were better off to be out of New Orleans where life was so dismal anyway. While grossly insensitive for a former first lady and mother of the current president to say, it is fair to ask a year later, was she right?

The answer is playing out now and will continue to be revealed over the next five years. Along with a New Orleans based colleague, I have been asked to undertake a program to help the residents of the Lower Ninth Ward create a plan and program for recovery.

NEEDED SOCIAL REPAIRS

The City of New Orleans had a population of 454,000 before hurricanes Katrina and Rita ripped through and the levees failed. It now has a population of 187,500 according to the Louisiana Recovery Authority. About 266,000 New Orleanians remain scattered across the nation. Many have found jobs and housing and their kids have entered public school systems. These American refugees will tell us if Mrs. Bush was on to something.

There is little to induce people to return as of last fall. Essential services are only slowly coming back; many remain woefully inadequate. Except for demolition and reconstruction, there are few jobs. The tourist industry is valiantly working to return, but Bourbon Street was empty the evening I spent in the French Quarter last August.

Recovery becomes a strange word when applied to an entire city. Can New Orleans recover? Without greater hurricane protection than is being proposed at the moment, should the lowest areas of the city (such as the Lower Ninth Ward) be abandoned? How can the residents of Lower Nine participate in such a momentous decision when so many remain in distant cities, continue to struggle with trauma and personal loss or both? Fortunately, a few amazingly resilient people have emerged as leaders. But, after more than a year advocating for their homes and their neighbors in the diaspora, these people are just plain tired.

Along with physical rebuilding, economic recovery will also be necessary. To return to Lower Nine, its people need good jobs that will support a family. How will job training be delivered in a recovery environment? Will their neighborhood be safe? When will medical care be available?

But, most difficult will be to replace the social networks that have been so important. What can we do to create an environment that will make it possible for the people not just to rebuild, but to replace the breakdown of multi-generational families, lifelong friendships, and the support and love of fellow congregants—bonds that made the Lower Ninth Ward home despite the problems and poverty? These are the foundations of a way of life and a culture that has enriched us all. And I keep wondering, can a neighborhood be expected to engage in planning in a meaningful way if it has not yet fully grieved its losses?
Hurricane Katrina hit the Gulf Coast August 28 and 29, 2005. Members of the New Orleans Psychoanalytic Center soon realized that they could not quickly resume their practices. Even if homes and offices were intact—which was not always the case—patients were gone. The Psychoanalytic Assistance Fund of the American Psychoanalytic Association stepped in to provide help. Initially established to help refugees of World War II resettle, the fund had not since had an event of this magnitude to which to respond. New Orleans center members Lee Ascherman and Fred Griffin helped APsaA and the fund determine how best to help. An appeal was sent out to APsaA members, who generously contributed $61,880 to the fund. (They also contributed $20,000 to the Red Cross.) Grants of up to $5,000 were offered APsaA members who were privately employed and whose practices were interrupted abruptly by the hurricane. The sum of $103,000 was disbursed—about what the center had predicted would be needed.

The center circulated information about the grants, and reached out to members who were reluctant to apply for help. Members had never anticipated the disorienting experience of being unemployed. Others, some felt, were more in need. The vast majority of those eligible, however, accepted help. Ascherman says that it is difficult for those outside the region to realize “how isolated and overwhelmed people felt.…. Once they got over their awkwardness and embarrassment, people felt really moved.” As much as the value of the monetary gift, which Ascherman says was “sizeable” but was “not going to carry the day,” was the deep value of not being forgotten by their colleagues and their organization.

—Michael Slevin
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APsaA is making the reprints available to members and to APsaA’s institutes and societies at special reduced rates.

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In your waiting room—as some members already are doing, leave a copy out for patients to peruse. Or leave several copies—and let patients take them. Patients probably will be passing copies on to colleagues or friends who represent a group of potentially new patients.

At scientific meetings and public events—either sell or have available free copies of the reprint.

Queries from potential candidates—distribute the reprints at recruitment Open Houses. Also, include the Newsweek reprint in mailings of application forms to potential candidates.

Key Referral Points for Candidates and/or patients—if there is a department of psychiatry at a medical school from which candidates are coming or a particular physician who refers patients, make sure they have a copy.

Board members—distribute copies to your Board members and develop your own plan for how you might make use of the reprint in fundraising endeavors or grant applications.

Local educators—distribute copies to high school teachers of psychology in your community as a way to inform these educators about your institute or center. Make sure you send copies to professors of psychology at colleges and universities in your community—again, as another way to build visibility for your organization, training programs, clinic, and members.

On your website—hyperlink to APsaA’s Online Store page where the Newsweek reprint is featured for sale.

*Note: In all of the above instances, psychoanalytic groups should apply a label to the reprints which bear the following information:

- Name of psa group.
- Website address and/or phone number for more information.

If the reprints are distributed at no cost, then the label should read:

- “Compliments of _________ Institute, Society, or Center.
- Website address and/or phone number for more information.”
From the Unconscious

Sheri Hunt

Nathan M. Simon is a training and supervising analyst at the St. Louis Psychoanalytic Institute. His medical training was at Washington University; residency at Yale, and he was the director of psychiatry at Jewish Hospital in St. Louis for 16 years. He received his analytic training at the Institute for Psychoanalysis in Chicago. He is in private practice in St. Louis, teaches at the St. Louis Psychoanalytic Institute and the St. Louis University Medical School, and is the director of the Schiele Clinic at the St. Louis Psychoanalytic Institute.

Simon’s interest in literature and poetry has unfolded over his lifetime. He has written on a wide variety of subjects, which include: therapeutic abortion, heart disease, adoption, health-care delivery, and a book on psychological stress in intensive care units. Some of his poetry will be published in Friends of Acadia and New Millennium Writings.

Simon creates a delightful, earthy bridge between natural, everyday scenes and the events of the mind. With humor or a tightly woven image (as in his haikus) he evokes a sense in the reader that he or she knows these scenes and feelings, too. The result is a poetic déjà vu; a feeling of something in common with the author, and an easy entree to his writing.

DROLL YANKEE FEEDER WITH SQUIRREL SPOOKER POLE

Yesterday I realized my bird feeder has come to resemble my mind
Crowded with starlings, pigeons, and grackles
Arrogant, raucous, pterodactyl Jays.
At the pole’s base that fucking con artist
Squirrel waits to take over.

The elegant, quick finches, sparrows, buntings
Cardinals, chickadees, rufous sided towhees
Share perches and cup without strain
Find room to feed till a bandit
Clears the deck, exiles them to high
In the sweet gum or pyracantha thicket.

Smeared, spotted nondescript blacks and grays
Greedy beyond belief, ugly without relief
Of a single joke, they take over like terrorists.
I believed the ad “Guaranteed to attract
Small song birds. Thwart large birds and squirrels.”
“Thwart” my ass! Nothing thwarts the force of wanting.

In my head rare flights of song bird joy,
Ordered multihued harmony are driven
Off by starling-grackle thoughts in feeding
Fury showering seed cascades of feeling
Out of the cup. If my head is ever clear again I’ll report it to the Audubon Society.

TWO HAIKUS

The fountain murmurs
In summer’s dusk
Beyond the hedge
The white ghost looms.

2

Time has curled up
In the willow
Dusk slowly drips
Down its branches

Sheri Hunt, M.D., is a candidate at the Seattle Psychoanalytic Society and Institute in the adult training program and a graduate analyst in the child division. A published poet and member of TAP’s editorial board, she welcomes readers’ comments and suggestions at sherihunt@hotmail.com.

—Nathan M. Simon
Putting Business on the Couch
An Interview with Kerry Sulkowicz

Kerry Sulkowicz, a member of the American Psychoanalytic Association, in September began writing a sophisticated biweekly column, “Analyze This,” in BusinessWeek, a major national publication with over a million readers. Stephen J. Adler, editor-in-chief of the magazine, in introducing the column said, “Of course, a 50-line answer can’t make a problem disappear, any more than a 50-minute hour can. The idea is to offer an insight, a start. Kerry has experience with this kind of distillation.”

I interviewed Sulkowicz by e-mail to learn more.

TAP: How did the column come about?
Sulkowicz: After writing the monthly “Corporate Shrink” column in Fast Company magazine for the past three years, I was asked by John Byrne, the executive editor (who had previously been editor-in-chief at Fast Company) to start writing a similar column, called “Analyze This,” in BusinessWeek. The column made its debut in the September 11 issue and runs biweekly. It will involve answering questions from readers on the psychology of business, as well as occasional pieces offering a psychoanalytic perspective on current business news and trends. I will also be doing regular podcasts, downloadable from the BusinessWeek Web site and iTunes, which will give me a forum for interviewing business leaders and for conversations with business journalists about similar topics.

TAP: Are you identified as a psychoanalyst?
Sulkowicz: Yes, the tagline reads: “Kerry J. Sulkowicz, M.D., a psychoanalyst and founder of the Boswell Group, advises executives on psychological aspects of business.”

TAP: Does that give you credibility—or not?
Sulkowicz: Being identified as a psychoanalyst lends credibility, even if most people don’t understand the distinction between psychoanalysis and other mental health disciplines. It connotes understanding and exploration, rather than drugs or testing or mental illness, and the ambiguity and mystery surrounding our profession makes some readers curious about what psychoanalysis is. That curiosity is a very good thing.

TAP: What are your plans for the column?
Sulkowicz: I plan to take up questions and issues in business that have broad interest to the more than one million people who read the magazine each week, and offer them what will most likely be a novel way of thinking about the world in which they work. I’ll also give a lot of advice from a psychoanalytic perspective, not unlike the advice I give my CEO clients everyday. My hope is that readers will gradually learn to approach work problems more psychoanalytically, which would be to everyone’s benefit.

TAP: You have many skills. What are those that most qualify you to write the column?
Sulkowicz: I started consulting to businesses more than 10 years ago, sparked by a cocktail party conversation with a man who needed help leading his senior management team and dealing with the emotional transition from being an entrepreneur to running a growing, successful organization. I always enjoyed teaching and writing, and was always drawn to organizational politics. I was also struck earlier in my career by how psychoanalysts tended to be so awful at running their own organizations, in part because they erroneously assumed that their deep knowledge of individual dynamics translated naturally into an understanding of groups, and in part because most psychoanalysts were not natural leaders. Their personalities made leadership too conflictual an act. My interest in these problems, as well as my experience as a spokesperson for the Association as chair of the Committee on Public Information, made me want to discover ways to apply and spread the word about psychoanalysis on a larger scale. In a sense, I realized that I wanted to become a professional applied psychoanalyst.

It soon became clear that, while there were many consultants who tried to help companies, there were very few who had any psychoanalytic experience, and there was an enormous need for that sort of understanding in the workplace. I’m a driven, restless person and found myself enjoying my work outside the consulting room more than my work inside it. I kept getting more clients in larger and larger organizations, and eventually closed my clinical practice to focus full time on the Boswell Group, a consulting firm I founded in 1998.

Most of my clients now are CEOs, boards of Fortune 500 public companies, hedge funds, and private equity firms, as well as founders of large family businesses in the U.S. and Asia. I advise CEOs on senior team dynamics, psychological negotiation strategy, and corporate culture, and serve as a sounding board on things they can’t discuss with anyone else. I also advise boards of directors on CEO succession and leadership transitions.
**Meeting Highlights**

**PROGRAMS FOR THE NEXT GENERATION**

Candidates, students, and trainees will be particularly interested in these highlights: the Affiliates’ forum, “’Power to’ Versus ‘Power Over’; The Dynamics of Power in the Consulting Room,” with Beverly Betz, Susan Jaffe, and Ethel Person. Wednesday’s daylong senior analyst presentation program features Muriel Dimon, editor of Studies in Gender and Sexuality. Other programs of interest include “Boundaries of All Kinds;” “Going Deeper: Intensifying Psychotherapy;” “Race, Culture, and Treatment;” and “Play and Mentalization.”

Herbert Schlesinger will talk about his newest book, *Endings and Beginnings: On Terminating Psychotherapy and Psychoanalysis*, at Saturday afternoon’s Meet-the-Author session, Judy Kantrowitz will be the discussant.

As you can see, we have much to look forward to, with plenty of stimulation to warm us during Manhattan’s unpredictable winter.

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**How to Participate in APsaA’s Scientific Program**

**Scientific papers** for oral presentation must be no longer than 22 pages. Submit all manuscripts by electronic mail and please include an abstract. JAPA has right of first refusal on any paper accepted for presentation.

**Panel proposals** must be submitted in writing (two pages maximum, two copies). Each proposal should contain a description of the format, the objective of the panel, and names of possible participants (chair, panelists, discussant, if any). The Program Committee usually chooses panels one year in advance.

**Discussion group** proposals must be submitted in writing (two pages maximum, two copies). The Program Committee chair selects new discussion groups based upon their subject matter vis-à-vis material covered by existing groups.

**Symposia** explore the interface between psychoanalysis, society and related disciplines, attempting to demonstrate how psychoanalytic thinking can be applied to non-psychoanalytic settings. Symposia must be in talking points format, 10 to 15 minutes per presentation (no papers read), with a minimum of 15 minutes for audience participation with emphasis on audience interaction. Submit a brief (two pages maximum) proposal outlining rationale, program format, and suggested speakers.

The deadline for submission of panel proposals is October 1 for the Winter Meeting and March 1 for the Annual Meeting. The deadline for all other submissions is May 1 for the Winter Meeting and December 1 for the Annual Meeting.

Address correspondence to Glen Gabbard, Chair, Program Committee, c/o The American Psychoanalytic Association, 309 East 49th Street, New York, New York, 10017.
The NewsHour on Site at the Annual Meeting

Dottie Jeffries

Sometimes, stories in the press come about through careful planning and other times, by way of good neighbors and coincidences. How can that happen? Here’s a story about a story.

First, the good neighbor. APsaA member Ted Jacobs counts among his neighbors the veteran New York Times economics reporter, Louis Uchitelle [see Uchitelle’s excerpts, page 25]. Last year, Uchitelle brought to Jacobs’s attention his forthcoming book, The Disposable American: Layoffs and Their Consequences, which recounts the damage to mental health from job layoffs and the importance for clinicians to be aware of this stress factor among many Americans. Jacobs immediately saw the relevance to APsaA and so proposed to Committee on Public Information chair Kerry J. Sulkowicz that Uchitelle be the presenter for the session “Psychoanalysts and Journalists” at APsaA’s 95th Annual Meeting.

Meanwhile, unbeknownst to APsaA, there was continuing interest in the timely issue of job layoffs at PBS’s The NewsHour with Jim Lehrer. In particular, producer Lee Koromvokis had been consumed by this topic after covering the massive layoffs last year at Delphi, a Michigan automotive parts manufacturer. Koromvokis had learned of Lou Uchitelle’s new book and was very intrigued—even more so when she learned that he would be presenting at APsaA’s Annual Meeting in June. What intrigued her especially was that the session, “Journalists and Psychoanalysts,” would include not only a discussion between Uchitelle and chair Ted Jacobs, but also a Q & A with the audience. The prospect of The NewsHour’s viewers being able to hear directly from psychoanalysts on this topic might turn out to be the most memorable part of such a segment, Koromvokis thought.

Paul Solman, The NewsHour’s economics reporter; reports on such issues working in tandem with Koromvokis. “What Paul and I always strive for in our work is the element of surprise. Sometimes, that comes in the form of new information. But often, it’s a new way of looking at seemingly ‘old news.’ That’s why, when we heard that Lou Uchitelle was addressing the American Psychoanalytic Association, we knew we had to be there. Because what could be more surprising than having a room full of shrinks pop up in a business and economics story about job layoffs!”

She continued: “The psychoanalysts in the audience did not disappoint. Their nearly unanimous show of hands to the questions, ‘How many of you have had a patient or patients who have been laid off?’ and ‘How many of you have had patients who have been traumatized by that event?’ was truly amazing, driving home the message of just how pervasive and powerful the pink slip experience has been. Their case studies of patients were illuminating and emotionally affecting.

“There’s usually one quirky bit in every story that viewers wind up remembering, and our visit with the psychoanalysts may well turn out to be this story’s memorable moment. Our thanks to the Association for letting us in.”

TAP was most interested in learning from Solman about his reaction to being with an audience of psychoanalysts. “What struck me was the near unanimity of the vote concerning the ‘trauma’ of layoffs. This, after all, is Lou Uchitelle’s main point: That, regardless of what happens to the employee subsequently, the experience of being laid off is in itself devastating, as the data now confirm,” commented Solman. [See http://www.webmd.com/content/article/123/1/5277]

The testimony that really made an impression on Solman was that of APsaA member Alexandra Rolde, who appears in Uchitelle’s book. As this exchange was ultimately deleted from the final segment that aired on The NewsHour, TAP reports it here—with the hunch that TAP readers might be curious about what would be most striking to a seasoned reporter like Solman, who rarely is in a discussion with a group of psychoanalysts.

Paul Solman: Do you see a difference in the effects on children because of what you think you see, which is to say, more layoffs?

Alexandra Rolde: Yes, but the type of problem the children come to me with is completely different from what it was 30 years ago.

Solman: …specifically?

Rolde: I think it relates to the changing socioeconomic condition in the country and the fact that people have difficulties with jobs, they can’t find jobs, they lose jobs, they change professions. Parents are disgruntled. You have two parents working, as opposed to one. And frequently that’s not because they both want to work, but because they have to, because one has to pitch in because the other one’s about to lose his job. So what happens in society obviously affects the entire family, as well as the children.

Continued on page 27
Louis Uchitelle, an economics writer at The New York Times, discussed mental health and job layoffs at the June meeting of APSaA. His new book, The Disposable American: Layoffs and Their Consequences, chronicles the rise of job security over 90 years, starting in the late 19th century; its contribution to the nation’s industrial and commercial success, and then the dismantling of job security starting in the mid-1970s. Layoffs became the chief tool in this dismantling, and by the end of the century, we as a people had acquiesced. In doing so, we have failed to recognize the damage to mental health that layoffs inflict—a damage that Uchitelle documents in his book with narrative accounts of men and women who were laid off. The following excerpt from The Disposable American speaks to the issue.

In the cataloguing of damage that results from layoffs, incapacitating emotional illness almost never appears on the lists that economists, politicians, sociologists, union leaders, business school professors, management consultants, and journalists compile. There is much discussion of income loss, downward mobility, a decrease in family cohesion, a rise in the divorce rate, the unwinding of communities, the impact on children, the impact on survivors who dodge a layoff but are left feeling insecure and guilty that they kept their jobs while colleagues did not. Extended periods of unemployment bring a cascade of damages, including depression, and these too are documented….

The layoff, however, is seldom singled out as damaging in itself, quite apart from the unemployment that follows. But the trauma of dismissal—the “acuteness of the blow,” as Theodore J. Jacobs, a prominent New York psychoanalyst and professor of psychiatry, put it—unwinds lives in its own right, damaging self-esteem, undoing normal adaptive mechanisms, and erecting the sort of emotional barriers that have prevented…millions of (people) from returning energetically to the workforce in jobs that draw productively on their education and skills. “There are many people who do not want to face that trauma again and to some degree they lose a sense of reality,” Jacobs said. “They give themselves a lot of conscious reasons why they cannot accept this job or that job, but deeper down they don’t want to face the rigors and anxieties of work and the fears they won’t be up to it and they will be dropped again.”

Only one group of psychiatrists that I could find had singled out the layoff, the act in which a worker is sent away, as damaging in itself to mental health. The alert had come from the 300 members of the Group for the Advancement of Psychiatry, or more specifically from the dozen or so on the Group’s Committee on Psychiatry in Industry. These were psychiatrists who worked with companies as consultants.

Continued on page 27
Free-Fall in America:
The Psychoanalyst and
the Laid-Off Worker

Erik Gann

By the mid-1990s, practicing in the city of San Francisco amidst the amazing economic explosion of success in the neighboring Silicon Valley, I had become accustomed to, even if not totally at ease with, the experience of a 20-something-year-old walking into my office for emotional help only to have it mentioned in passing that he/she had become a millionaire the day before. Countless others had recently arrived to join enterprises that had mushroomed into billion-dollar businesses in some cases, seemingly overnight, in others, after a long and labored birth. Still other individuals made huge sums of money by providing huge sums of money to the brash start-ups they thought would be winners. There were not enough computer-savvy teenagers to fill all the programming positions that blossomed at every turn. There was work for everyone at all levels.

No one, not even we wizened psychological professionals, expected that these warm winds of fortune would turn so suddenly and violently southward. The scene changed dramatically. The commonplace became the many start-ups that failed, major companies that downsized, formerly proud corporate giants who had committed everything or had become merged to survive. Young people who had risen quickly straight out of business schools were suddenly searching for jobs, anything to pay the inflated mortgages they had unwittingly helped to produce on houses that were in fact nowhere close to the value placed on them.

No one had assumed that we would see the birth of the pejorative, the condescending term: ‘Downsized, Laid-off, Let go, Unemployed.’ Out of work. Euphemisms for various moments, states of being, conditions or actions one has had to submit to. It is a painful and awkward reminder that fast upon the initial introduction to someone new, the almost inevitable, automatic inquiry that follows is: “So what do you do?” What is your occupation? How do you occupy yourself? In what manner is your self employed, your talents or capacities deployed?”

The Psychoanalyst is perhaps the most direct route to an answer to such a question and also to the core of the issue: the personal to the professional, the self to the other, the patient to the therapist. It is a risky and inevitable development that derivatives of the question are asked: “What are you good at? What are your skills? What did you study? What can you do to apply your learning and capacities to performing tasks for which we can be remunerated to provide ourselves and dependents with at least the basic requirements for survival and comfort. This is, of course, the simplest, if not simplistic, way of putting it all. But, invite someone who has lost his/her job into your consulting room and you will soon be carried into a realm where one experiences a

But, the psychology of work, what one does by oneself, with oneself, and for oneself to earn an income or one’s keep in some form is less well articulated, but no less important in our therapeutic goals and in our patients’ functioning, not to mention survival.

ESSENCE OF WORK

If it seems at first too dramatic to put it in these terms—identity and survival—it will not require much reflection to see why it is nothing less. We spend a majority of our childhood and growing-up time being educated eventually to apply our learning and capacities to performing tasks for which we can be remunerated to provide ourselves and dependents with at least the basic requirements for survival and comfort. This is, of course, the simplest, if not simplistic, way of putting it all. But, invite someone who has lost his/her job into your consulting room and you will soon be carried into a realm where one experiences a

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basic threat to one’s sense of stability and well-being and a constant challenge to one’s identity. Most of an individual’s waking life will be spent working.

The therapist will not be surprised by the kinds of clinical problems encountered in the office that develop in the wake of an individual’s loss of work. Almost always, some degree of narcissistic injury is present, often mixed with depression about the losses incurred and anxiety about one’s present and future states and plans. The psychological symptoms are often compounded by practical issues—financial complications, possible geographic relocation, loss of familiar life structures, resultant familial pressures, social stigma, and so on. The clinician may be challenged to offer a kind of flexibility in treatment arrangements—such as fee, frequency, length of treatment—that do not always figure into the picture otherwise.

Beyond the traditional consulting room, the psychoanalyst has a larger role to play in this domain. The laid-off individual is part of a system, several systems, in fact. There are needs for a consultant on many levels. Recently, a major retail electronics chain laid off hundreds of workers, notifying them by e-mail! This was not the first or only such instance of a thoughtless, leave aside inhumane, method of communication, utilized to avoid the discomfort of delivering bad news. It cannot be overlooked, however, that someone else’s job is to deliver this blow, and this is not pleasant or easy work.

Psychoanalysts could offer valuable help to organizations and businesses on a number of levels in this regard. The managers who have to do the firing need to be educated about the kinds of trauma that this can precipitate. Businesses and corporations need help in dealing with the kinds of regressive transfereces and countertransferences that arise and in developing better systems to provide support and transition for those who have to leave. The business or organization as a group may well be enmeshed in a regression and become symptomatic on a larger scale. An on-going consultative relationship may provide additional resources to a business undergoing restructuring of the sort that requires laying-off workers. In the end, economic cycles will ensure recurrent epidemics of unemployment. Psychoanalysts may be able to play a crucial role at many levels to help promote a more salutary outcome for the individual, the business, and society. There is much work yet to be done in this area.

Trauma of Layoffs
Continued from page 25

Their client companies engaged in layoffs and they had first-hand knowledge of what people went through. In 1982, when the modern layoff was still a raw American experience, they published a monograph entitled “Job Loss—A Psychiatric Perspective,” in which they declared: “Our experience in industry and with patients suggests that those who lose their functional role as workers may behave as if their society no longer values them. Because they accept that as true, they suffer a consequent loss in the perception of their value in their families and to themselves.”

They distributed that study, with its straightforward, unpleasant observation, and eight years later, three psychiatrists on the committee elaborated in a book, The Psychosocial Impact of Job Loss. Neither drew any attention.

Our experience in industry and with patients suggests that those who lose their functional role as workers may behave as if their society no longer values them. Because they accept that as true, they suffer a consequent loss in the perception of their value in their families and to themselves.

“Company managers were more interested in talking about the coping skills of those who remained on the job than they were about the damage to those they had laid off,” Stephen Heidel, a consultant to business and a clinical professor of psychiatry at the University of California, San Diego, told me. I asked the doctors why, in their opinion, they had had so little success in publicizing the message in their monograph and book. Various possibilities were mentioned, but all seemed to agree with Heidel’s observation that managers don’t want to be told about damage to mental health that they inflicted as a result of a layoff that the managers initiated. “If a psychiatrist goes out and says, ‘I am an expert in job loss,’ the manager does not want to hear that and the psychiatrist won’t be consulted about other services he can provide to a corpora- tion,” Heidel said. “If you lead with that, the door will be shut. You need to put a positive spin on things.”

The NewsHour
Continued from page 24

Solman: But you actually think that the current generation of kids you’re seeing is worse off than the previous generations that you’ve seen?

Rolde: Yes, yes.

Solman: And how does it manifest itself?

Rolde: It manifests itself in the violence in the schools, in the acting out of the children, and the broken homes and the fact that the children, even if they’re placed in a foster home, often can’t stay there because they misbehave, they’re traumatized.

They end up in institutions like the school where I consult or the Department of Youth Services. Admittedly, I may be seeing a segment of the population because I happen to consult at this school, but I’ve consulted there for a long time and it seems to be getting worse…I haven’t done a study, but it’s my impression.

Solman: But why do you suppose it’s related to layoffs?

Rolde: Because I hear about more and more patients whose parents are being laid off.

Good neighbors? Coincidences? They work together to build a great story, and a timely event.
Extending the Role of Community Psychoanalysis in the Psychoanalytic Curriculum

Stuart W. Twemlow and Jeffrey Taxman

For many decades, and especially during the community psychiatry movement of the ‘60s and ‘70s, psychoanalysts were often involved in community applications of psychoanalytic ideas to the management, work, and daily functioning of mental health centers and schools. In the three decades or so since, psychoanalysis has been much less involved with such issues, although individual analysts continue intense and committed involvement. The burgeoning violence of the ‘90s and beyond, including school homicides, terrorism, and other world and national events such as September 11, have once more reinforced the value of community psychoanalysis as a process to help communities address these pressing problems.

Those of us who work with these problems utilize our theoretical framework, skills, and experience to assist communities in crisis. Such expertise includes: knowledge of the dynamics of small and large groups; managing overwhelming affect and irrational psychological forces; working with non-conscious phenomena and understanding how such phenomena impact communication; and knowing the importance of the timing of interventions. With these ideas in mind, more than six years ago, we formed a COPE Study Group on a Curriculum for Psychoanalytic Applications to Community and Social Problems. We felt it was an opportune time to give community psychoanalysis a more prominent role in the psychoanalytic curriculum.

The original goals of our study group were to:

• **Make Information Accessible** by collecting a bibliography of papers written by psychoanalysts and psychoanalytically-informed clinicians.

  The水库 W. Twemlow, M.D., is professor of psychiatry and behavioral sciences, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, and medical director, HOPE Unit, the Menninger Clinic in Houston. He is also editor-in-chief of the International Journal of Applied Psychoanalytic Studies and president of the International Association for Applied Psychoanalytic Studies.

  Jeffrey Taxman, M.D., is in private practice of psychiatry and psychoanalysis in Milwaukee and a faculty member at the Milwaukee Psychoanalytic Institute.

  Eslee Samberg, M.D., is editor of the COPE column.

The burgeoning violence of the ‘90s and beyond, including school homicides, terrorism, and other world and national events such as September 11, have once more reinforced the value of community psychoanalysis as a process to help communities address these pressing problems.

- **Plan for a Full Institute Course** by gathering models for teaching such a course.

  Twemlow and Henri Parens published a recent article, “Might Freud’s Legacy Lie Beyond the Couch?” in Psychoanalytic Psychology outlining a curriculum covering 20 sessions that argues for community psychoanalysis as a partner co-equal to clinical psychoanalysis.

- **Educate Curriculum and Education Committees** by communicating these ideas to them.

  Twemlow has met with the Committee of Chairs of Curriculum Committees, at the invitation of the chair, Mary Scharold, where these concepts were reviewed and many useful ideas generated.

- **Educate the Larger Psychoanalytic Community** by communicating these ideas to psychoanalysts in the community who do such work but do not conceptualize their work as psychoanalytic.

  Initially, we developed publicity using TAP and listserv conversations.

  The International Journal of Applied Psychoanalytic Studies has been created as a resource for candidates and analysts to publish papers in the field of community psychoanalysis, and a new direction for the work of the Psychoanalysis in the Community Committee. In addition, we have an association, the International Association for Applied Psychoanalytic Studies, and a Web site, www.iaaps.org, which currently sponsors a listserv of analysts discussing these issues. All of this was derived from the combined work of the COPE study group and the Psychoanalysis in the Community Committee of the American Psychoanalytic Association.

  **Continued on page 31**
The Neurobiology of Unconscious Thought

Robert Michels

The concept of unconscious mental processes is one of the most fundamental in psychoanalysis, and one of the most promising for rigorous experimental exploration. For many years, there have been interesting and important studies of unconscious determinants of perception and cognition. However, such research repeatedly runs into barriers—the difficulty in formulating questions that can be operationalized, the problem of public objective as opposed to private subjective data, and the lack of a method that would allow us to uncover the workings of the living brain—get inside the “black box.” In recent years new methodologies have allowed us to peek inside that box, study the brain correlates of complex mental processes, and even begin to refine some of our descriptive and clinical notions of unconscious processes as a result.

An interesting experiment reported by investigators from University College London appeared in the August 4 Science, illustrating the potential of the new approaches. In discussing their findings, Benedetto De Martino and the other authors write of a mechanism “by which individuals incorporate a potentially broad range of additional emotional information into the decision process” and go on to describe this as “possibly unconscious knowledge.” When neuroscientists writing in Science talk of unconscious knowledge, it is time for psychoanalysts to pay attention.

The experiment is simple. Subjects were asked to choose between two options which were equivalent in value—one a gamble, the other a sure thing. However, the sure thing was described in two different ways—as a sure gain or a sure loss. They consistently preferred the sure gain to the gamble and the gamble to the sure loss, an “irrational” bias of which the subjects had no awareness. The entire experiment was conducted while collecting functional magnetic resonance imaging of the subjects’ brains.

The brain imaging revealed three areas of interest. One (the amygdala) showed activity when the subjects biased their responses in the irrational direction. A second (the anterior cingulate) correlated with “the detection of conflict between predominantly ‘analytic’ response tendencies and a more ‘emotional’ amygdala-based system.”

The third finding surprised the investigators. They had anticipated that those subjects with the most active amygdalas would make the most emotionally driven decisions. However, they found rather that the more “rational” subjects had increased activity in a third area, the orbital and medial prefrontal cortex. They speculate that this area integrates emotional signals from the amygdala with cognitive information. “People who are more rational don’t perceive emotion less, they just regulate it better” and “more ‘rational’ individuals have a better and more refined representation of their own emotional biases that enables them to modify their behavior in appropriate circumstances,” according to De Martino.

This gets pretty close to what psychoanalysts mean by “unconscious.” It also suggests interesting questions that we might begin to address. By studying their brains, we may be able to identify individuals who are more or less driven by unconscious emotional forces, as well as delineate specific topics or psychological states that correlate with such patterns. One might dream of a future in which the determinization of analyzability includes a brain scan, or in which we have objective tools that help us to ascertain a patient’s readiness to receive interpretations or assist in the assessment of psychopathology. But those are yet dreams—this is only the day residue.

Robert Michels, M.D., is Walsh McDermott University Professor of Medicine and Psychiatry at Cornell University. He is training and supervising analyst at the Columbia University Center for Psychoanalytic Training and Research.
Political and Public Policy

Lessons from Germany: Single Payer No Panacea

Bob Pyles

Sometimes, our country leads the world in ways that we wish it didn’t. For some 20 years, health-care practitioners, particularly psychoanalysts and psychodynamic psychotherapists, have been struggling with increasing threats to our patients and our profession in the form of intrusive third-party payers, increasing government regulation, and threats from lesser-trained therapists purporting to be psychoanalysts. Interestingly, Europe and Latin America have both begun to come under the same kind of pressure. Country after country is reporting increasing difficulties with these same challenges.

While we do not have a single-payer system in this country, many have argued that this would save our badly broken health-care system. Single-payer is the system of choice in a number of countries in Latin America and Europe. In this system, the government, rather than private companies, is the primary payer (as with Medicare). Germany is one such country and we can learn a great deal from their experience. What has happened in Germany is an object lesson in both the benefits and hazards posed to psychoanalysis when the government is the main health-care supplier and payer.

I am greatly indebted to Ekkehard Gattig of the German Psychoanalytical Association for supplying much of the information that follows.

Bob Pyles, M.D., is chair of the Committee on Government Relations and Insurance and a past president of APsaA.

It is clear from his report that when the government controls the delivery of health care, the problem of corporate entities maximizing their profit margin by continually reducing the cost and amount of health care delivered is avoided. However, inevitably, the government begins to do the same thing, and begins to behave precisely like HMOs behave in this country. The government starts to cut costs by reducing the amount of health care that is delivered.

**PSYCHOTHERAPY GUIDELINES**

In Germany 90 percent of the citizens are insured under public health insurance schemes. Since 1967, Germany has had legislative guidelines for psychotherapy, which detail the kind and extent of psychotherapeutic services which may be offered. Psychoanalysis is included under the rubric of “psychotherapy” for purposes of management by the government. In order to embark upon treatment, a psychotherapist or psychoanalyst has to submit an application and an extensive report to prove that the proposed treatment is medically necessary (yes, they have that, too) and that the treatment is “necessary, appropriate, and sufficiently promising as to outcome.”

Initially, the government insurance would only reimburse for symptom relief and not for a treatment aimed at relieving unconscious conflict or creating structural character change. However, the German Psychoanalytical Society argued that structural change was indeed a legitimate goal, and from 1976 on this was included within the scope of treatment guidelines.

Treatment could only be done, however, by medical doctors and qualified psychologists. The total number of sessions was limited to 300 for analytic psychotherapy. The assumption was that a proper analytic therapy would be finished within that number, and the patient was assumed to be cured either before or when that number had been reached. Apparently, the German regulators operate in the same way as the U.S. Congress, i.e., “in a data-free environment.”

In December of 1992, the board responsible for the regulation of psychotherapy guidelines, the Federal Committee of Medical Doctors and Health Insurances, decreed that psychoanalytic treatment of more than three sessions per week would not be covered by public health insurance. The following rationale was offered: “Analytic psychotherapy as a long-term therapy with a frequency of four or more hours per week cannot be applied in accordance with psychotherapy guidelines because no scientific proof exists of any specific indication for it or of its greater therapeutic efficacy.”

While Gattig and his group suspected that this decision had been made for financial reasons, they were subjected to further arguments that high frequency psychoanalysis, and the so-called Kleinian turning-point, endangered the whole system of guideline psychotherapy by inducing a deeper regression, which caused it to systematically exceed the number of allowed sessions. The problem became even more serious when so-called analysts of other groups, and even some traditionally trained IPA analysts, joined in the government’s argument. The German association was also concerned that private insurers might follow the lead of the Federal Committee.

**LONELY BATTLE**

The German Psychoanalytical Association found themselves, as we often have, fighting a lonely battle. They are the only group in Germany that feels strongly about “high-frequency treatment.” Apparently, they are the only group that teaches or practices in this way. To further complicate this situation, the limitation on frequency was applied to the training of candidates as well, thus endangering the German association’s educational system for candidates.

In their efforts to fight back, interestingly, the German association followed a similar path to that which our own Association has followed. When dealing with the regulating governmental agencies failed, they turned to a legal solution. The German association then...
New books by members

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


Jerome D. Oremland, Death and the Fear of Finiteness in Hamlet. Lake Street, 1134 Lake Street, San Francisco, Calif.

Frank Summers, Self Creation: Psychoanalytic Therapy and the Art of the Possible. The Analytic Press, Hillsdale, N.J.


If you are the author of a book published in 2006 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 Slevinm@aol.com.

Community Psychoanalysis

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Over the next 12–24 months we plan to:

• Develop a teaching model that will allow candidates to get experience in interventions in communities and with social problems, as part of an experiential learning component to supplement the reading discussion group format, typical of institute courses.

• Complete an annotated volume of community psychoanalytic publications, organized so that it may be used as a reference for any practitioner or as a core reference for a curriculum on community psychoanalysis. It is planned to be accessible as a bound text, and electronically as a CD or on a Web-based platform. The extensive work in community psychiatry, although not always a strictly psychoanalytic model, will be included to provide a broader interdisciplinary survey of the literature and to give the candidates ideas about how they may actually engage in a field study as part of their training. Longer-term goals also include creating a resource text for the curriculum.


• Develop and implement a “train the trainer” program to help plan, communicate, educate, and facilitate the use of the curriculum. Wilkinson has pioneered this effort with the San Francisco Institute. The committee will serve as a clearinghouse for a speakers’ bureau and create a group of analysts who can train faculty in developing a curriculum and recruiting teachers.
10,000 Minds Project: Engaging Undergrads through Web Resource for College Teachers

Lisa Damour

Much ink has been spilled over two situations that do not bode well for the future of psychoanalysis: the lay public’s failure to value psychoanalytic ideas and the poverty of interest among young professionals in pursuing psychoanalytic careers. To address both of these problems, the American Psychoanalytic Association has initiated the 10,000 Minds Project, a major outreach effort that aims to increase the positive exposure of college students to psychoanalytic ideas. A significant portion of the funding for the 10,000 Minds Project comes from the International Psychoanalytical Association’s Developing Psychoanalytic Practice and Training (DPPT) project, which supports programs designed to increase the number of psychoanalytic patients and/or candidates.

By connecting with undergraduates, the 10,000 Minds Project hopes to inspire a lifelong appreciation for psychoanalytic thinking, an interest in potential careers in psychoanalysis, and the pursuit of psychoanalytic treatment when help is needed. A number of gateways have been identified through which psychoanalytic ideas might reach undergraduates and several 10,000 Minds projects are well underway (visit http://www.apsa.org/ search “10,000 Minds” and click on the first result for a detailed description of all current projects).

Lisa Damour, Ph.D., is a practicing psychologist, an adjunct instructor at John Carroll University, and the co-author (with Jim Hansell) of Abnormal Psychology (Wiley, 2005) and (with Anne Curzan) First Day to Final Grade: A Graduate Student’s Guide to Teaching, University of Michigan Press, 2006.

One 10,000 Minds initiative already showing promising results is the creation of a Web site for college instructors who are teaching psychoanalytic content. The Web site is accessible through the Training and Education menu of the APSaA main page and also through www.teach-psychoanalysis.com. On the Web site, college teachers from all disciplines can find specific information, ideas, and resources to help them engage undergraduates in psychoanalytic ideas.

The impetus to develop the Web site came from an experience I had two years ago in the undergraduate child development class I teach at John Carroll University in University Heights, Ohio. After spending the better part of a lecture describing Freud’s psychosexual stages, I noticed one of my students looking particularly pensive. When I asked what was on her mind, she said, “This is the third time I’ve heard Freud’s developmental theory, and the first time it’s made sense to me.”

Needless to say, she got me thinking. First, it was apparent that she had actually been taught psychoanalytic ideas in at least two other courses. In general, that’s good news as it counters the sad reality that many college teachers present psychoanalysis as bizarre or out-of-date—that is, if they teach psychoanalytic theory at all. Second, she confirmed what I have long suspected: teaching psychoanalytic ideas to undergraduates is very hard to do.

Indeed, it has taken me a long time to hammer out my own technique for introducing the psychosexual stages to my child development students. Now I begin by asking my students to share their observations of the infants and toddlers in their families. I invite them to tell the stories their families tell about their own early experiences around toileting, feeling competitive, or feeling small and left out. It’s surprisingly easy to hit a home run. Last semester one student volunteered that he still teases his now college-aged brother for declaring, at four, that he was “going to marry mom.” Together, we build Freud’s theory.

Before I came upon this way of teaching the psychosexual stages, I spent a lot of time doing what college teachers hate most, having my students look at me like I was crazy. It should come as no surprise that, at first blush, much of psychoanalytic theory is quite off-putting to the average 18- to 22-year-old. While we may not be able to prevent wholesale Freud-bashing in college classrooms, we can give college instructors who feel neutral-to-friendly about psychoanalytic theory a fighting chance as they try to illuminate the theory for their students.

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To build the undergraduate Web site, I, with technical wizard Heather Davidson, developed and then deployed a survey of teaching methods to all of the members of the American Psychoanalytic Association. Members were asked, through the survey link delivered by e-mail, to share their best practices for engaging students of every level in psychoanalytic ideas. The initial survey responses were used to fill in the basic framework of the Web site. From there, we solicited further contributions from several quarters, including members of Division 39 of the American Psychological Association, members of listservs populated by college psychology teachers, and interdisciplinary psychoanalytic organizations. At present, we are in the process of adding new responses to the Web site as they come in.

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Evidence, Education, and Understanding

Richard F. Summers

Fluorescent lights cast a harsh glare over the seminar table around which sit 10 psychiatry residents, surrounded by coffee cups, notes, palmtops, and handouts. The psychoanalyst professor who teaches basic psychodynamic psychotherapy has piqued the residents’ interest, helping them see conflicts and compromises, repeated relationships, and strangled affects, where there had been confusion and irrationality. The residents’ understanding of deeper dynamics is building, and most are more and more curious. Then, one resident who has been quiet for several meetings says, “This is definitely interesting, but it is not evidence-based like CBT; it’s just so subjective.” Is this a knowledge deficit on the part of the resident, resistance to the affects stimulated by the case discussion, or a consequence of our teaching technique? How can we meet this challenge?

The Residency Subcommittee of the Committee on University and Medical Education developed a two-year agenda to address the educational need expressed in the all-too-common vignette above. Psychiatry residents are often interested in psychoanalytic theory, and certainly in psychodynamic psychotherapy technique, but they are caught in the headwind against the treatment, the result of widespread perception that cognitive therapy has proved to be more efficacious for most problems.

The charge of our committee is to facilitate the relationship between psychoanalysis and psychiatry training in medical schools and residencies. After a period of declining interest in psychiatry departments in the ’80s and early ’90s, there has been a notable increase in interest in psychotherapy among psychiatry residents nationally. This is attributable to several factors, including the American Council on Graduate Medical Education’s mandate to ensure competency in psychotherapy upon graduation from residency, the increased interest in all areas of psychiatry among medical students, and the sense that this is one of the last places left in medicine where relationships are seen as important. Our committee includes a number of senior medical and residency educators and has increased its membership, reaching out to psychotherapy researchers as well.

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We are aware that the evidence base of psychodynamic psychotherapy is a focus of substantial research activity in a number of major academic centers, and that there is a very active scientific and political controversy over its effectiveness. A committee at the American Psychiatric Association is charged with studying this question, and it is also a focus of dialogue among members of the American Psychological Association’s Division 39 Section 6. Embedded in this larger controversy is the question of whether the traditional techniques for evaluating the evidence base of a medical treatment are appropriate for studying and evaluating psychodynamic psychotherapy. The American Psychological Association’s Presidential Task Force developed Guidelines for Evidence-Based Practice, which include a variety of types of data, not just randomized controlled trials. But, we are also aware that the existing evidence base is more substantial than most psychodynamic therapists believe, and this information needs to be more widely appreciated by trainees and practitioners alike.

NEW TRAINING TOOLS

The committee developed plans to create and disseminate new educational materials to be used in medical school and residency designed to increase awareness of psychodynamic psychotherapy as a valuable treatment modality. We saw our role as helping to translate existing research findings into educational tools that would highlight important theoretical and technical literature and expose residents to the substantial database about psychodynamic psychotherapy’s effectiveness and the methodologic issues involved in studying it.

Richard F. Summers, M.D., is clinical associate professor of psychiatry and associate director of education for residency training at the University of Pennsylvania, and a member of the faculty of the Psychoanalytic Center of Philadelphia.

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Lessons from Germany  
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focused on a two-pronged attack: (a) seeking legal clarification of the legality of exclusion of high-frequency treatment and (b) gathering scientific proof that this treatment is medically necessary, appropriate and economical.

The analysts felt strongly that the actions of the regulating committee constituted an unconscionable interference and that the “rights of a psychoanalyst could be violated” if forced to practice in accordance with the guidelines. Their opinion was confirmed by lawyers, who felt that this was a “clear violation of the basic right of every medical doctor to be free and to practice his profession.”

They retained counsel and confronted the committee with their judgment that the rights of the therapists and the patients were being illegally interfered with. Faced with the possibility of a lawsuit that they might well lose, the Federal Committee backed down and re-opened talks.

In their effort to prove that the analytic method is not only necessary but effective, and cheaper than other methods of psychotherapy, the German association prepared a manual describing the psychoanalytic method and its application to the insurance system.

The manual, entitled *The Indication for High-frequency Analytic Psychotherapy within the Public Health Insurance System*, substantiates the need for high-frequency treatment by two lines of argument. The first describes the greater emotional intensity of the therapeutic relationship and the resultant handling of transference, countertransference, and resistance. The second deals with the reasons why high-frequency treatment should be included in the psychotherapy guidelines. The manual enabled the association for the first time to clearly demonstrate how psychoanalysts work. In addition, clinical data gathered from many individual papers were collated and put together in a single powerful argument.

The resultant negotiations with the public authorities have been concluded with something of a compromise but certainly a kind of victory. The assertion that psychoanalytic treatment involving four or more sessions per week is unscientific has been deleted. The new guidelines state that psychotherapy should be carried out within the frequency limits of two to three sessions a week. However, if the analyst deems it necessary, he may for a certain length of time analyze his patient for five sessions a week by filing an additional application. The public health reimbursement is capped at 300 sessions in total. The new guidelines also apply to candidates. Patients and candidates retain the right to pay privately for additional weekly sessions, and they can extend the analysis at their own expense once the 300 session cap is reached.

In summarizing their experience, Gattig ruefully notes that the term “psychoanalysis” cannot be protected and, therefore, it is inevitable that it will be misused. He underlines that the German experience illustrates the importance for analysts to present their case and exert an influence on the system to insure that psychoanalysis retains a respected place in society and a base from which we can describe our method and illustrate its advantages over other treatment methods.

10,000 Minds Project  
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We have discovered that people are eager to share what works in their own classrooms. The Web site includes the syllabi for several college courses featuring psychoanalytic theory, recommended readings, effective writing assignments, useful Web links, and guidance about how to introduce specific psychoanalytic concepts. For example, Jerome Blackman, a training analyst at the New York Freudian Society and adjunct professor of psychology at Virginia Wesleyan College, contributed the following advice on introducing defense mechanisms to undergraduates: “I explain that defenses are like circuit-breakers—defenses shut off some aspect of affect (sensation or thought content) when the current (intensity) gets too hot.”

Soon, the Web site will be advertised to its many potential users as a free service sponsored by the American Psychoanalytic Association. It will be promoted through listservs populated by college teachers, announced to faculty in the many relevant undergraduate departments, and offered to textbook companies as a useful supplement for teachers using their books. Web site users will be encouraged to share their own teaching techniques in the hopes of developing a lively forum for supporting the challenging, rewarding enterprise of bringing psychoanalytic ideas to life in the college classroom.

Education  
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and new directions in psychodynamic psychotherapy. The reading lists were widely publicized to medical school and residency training programs and are also published on the American Association of Directors of Psychiatry Residency Training Web site at www.aadprt.org.

Our committee, especially Ray Levy, collaborated with the Committee on Scientific Activities, and with Andrew Gerber and Stuart Ablon, in particular, to create a Web site for the posting and dissemination of teaching tools on the evidence base for psychodynamic psychotherapy. Dedicated to the notion that excellent teaching materials already exist, tailored to specific programs and trainees, we decided to facilitate the sharing of best practices in teaching in this area. The Web site (www.seedwiki.com/wiki/psaresearchcourse) currently has 13 full syllabi posted by national experts in this area, and more will probably be added soon. We encourage members to visit the site, especially those who are teaching about psychodynamic psychotherapy. Please borrow, edit, share, and use!

We hope that the question posed by the thoughtful resident from our educational vignette above will be moot in the future, having already been covered in an introduction to the psychodynamic psychotherapy course. By including evidence in our education, we can promote broader understanding. Our committee hopes that these new materials will be widely used in settings around the nation and will contribute to training and interest in psychodynamic psychotherapy. Further, we hope to pilot this type of Web-based sharing of best educational practices as a new way of improving our educational techniques and materials.
CDs available in PsyBC’s Library:

New Developments in Attachment Theory
AUTHORS: Beatrice Beebe, Ph.D. Mary Hartzell Sir Richard Bowlby Diana Fosha, Ph.D. Robert Neborsky, MD Edward Z. Tronick, Ph.D. Allan Schore Daniel N. Stern, M.D. Daniel Siegel, MD
CEUs: 12 Fee: $157.00

This special conference offers a cutting-edge view from leaders in the integration of knowledge about the mind, the brain, and developmental processes. With its synthesis of information from both psychotherapy and non-clinical research, the conference offers a perspective on the process of human development and interpersonal relationships. It is designed to provide a convergence of developmental research and clinical application of this knowledge. Presenters are some of the foremost thinkers in the area of development and mental health. The focus is on the relevance of current attachment research to clinical practice, with the speakers presenting material on Attachment.

Traumatic Attachments & Borderline Personality Disorders:
Implications For Clinical Treatment
AUTHORS: Karlen Lyons-Ruth, Ph.D. Bessel van der Kolk, MD James Masterson, M.D. Allan Schore Howard Steele, PhD Alicia Lieberman, PhD
CEUs: 12 Fee: $157.00

Early attachment disturbances can lead to a variety of adult relational problems, especially when combined with unresolved trauma. The ability to form and sustain reciprocal interpersonal relationships is notably disrupted in individuals who experience early traumatic attachment patterns.

In these recordings leading experts discuss the ways in which personality development shapes and is shaped by ongoing interactions with important attachment figures, with the goal of developing a deeper understanding of the interrelationship between emotional, cognitive, social, and biological disciplines within the fields of psychiatry and psychology.

The Integration of Neurobiology, Attachment Theory, Infant Development and Psychoanalysis
AUTHORS: Daniel Siegel, MD Diana Fosha, Ph.D. Mary Main, PhD Robert Neborsky, MD Allan Schore Bessel van der Kolk, MD Francine Shapiro, PhD
CEUs: 12 Fee: $157.00

Cutting edge presenters provide a framework for understanding normal growth and development, as well as a re-evaluation and redefinition of “small t” and attachment traumas. Attachment trauma is clarified as different from other life traumas. There will be clarification between attachment trauma and other kinds of trauma.

The old dichotomies of “nature or nurture” and “mind or brain” yield to an appreciation of the complex and powerful ways in which biology and environment continuously interact in shaping perception and behavior. Thus, a new paradigm for treatment is now possible; therapy is an intervention that changes the brain. These tapes examine: 1) how early childhood experience influences maturation and development of the brain and 2) the effect of both positive and traumatic environmental events in the development of behavior, symptoms, and illness.

To purchase one or more of these CDs, visit us at www.PsyBC.com and click the “Library” tab.
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