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The Art [Product] of Psychoanalysis

Phillip S. Freeman

I once spoke with an author who was attempting to write about a conflict with his analyst over the question of termination at the same moment he struggled with the issue in his treatment. As he creatively explored and researched the topic, and discussed it with other analysts and friends, it became apparent that his interests as an analyst were not being served by his interests as a writer. In this case, the writing survived but the treatment did not.

Last January, at the meetings of the American Psychoanalytic Association, a novelist, a filmmaker, and a playwright offered the opportunity to consider the implications—for their art, their treatment, and the public perception of analysis—of their decisions to introduce their experiences in psychoanalysis into their creative work. Their comments on panels and in subsequent interviews offered insights into the creative process and helped clarify questions about the accuracy of representations of analysis and analysts. They also managed to provide by example, in their work and their comments, evidence that aspirations to truthfulness, in what can be heard and what can be said, constitute the core of the psychoanalytic enterprise.

Phillip S. Freeman, M.D., is a psychiatrist and a training and supervising psychoanalyst at the Boston Psychoanalytic Institute. *Adaptations, a collection of ten years of his satirical monologues regarding the fate of the psychoanalyst in the modern market place, will be published in the fall.*

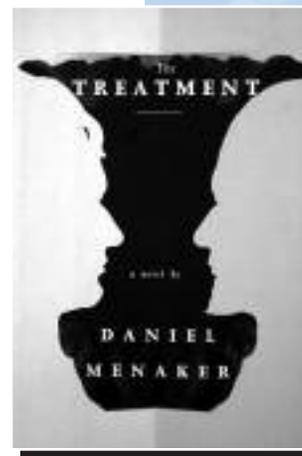
Daniel Menaker, a novelist and executive editor-in-chief at Random House, did not begin writing *The New Yorker* stories about the brilliant and outrageous psychoanalyst, Dr. Morales, which became the basis for his novel, *The Treatment*, until a few years into his second analysis. Before that he waited. "I was scrupulous about not writing. I did keep a journal. I have always stood outside my experience. I observe. I am a writer: I tried not to be too much the observer. But writers store things up. They are always making mental notes. Like magpies."



Daniel Menaker

An intentional ambiguity and openness to interpretation characterizes the novel. Menaker designed Morales to be "admirable and awful." An example of openness lies in his sophisticated discussion of termination. The patient in the novel wants to move on with his life. He has made impressive gains and feels excited about his prospects. The analyst resists and appears to be clinging to the treatment for selfish or authoritarian reasons. And yet. The analyst articulates a not unreasonable interpretation of flight: The patient is leaving prematurely—in this case to rescue a recently widowed mother and her child and to defy a father/analyst.

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Science in the Association—Part I

Lynne Moritz

Whatever one's perspective, research and science deserve an increasingly important place in the Association. More than a decade ago, the Association undertook a brave leap forward to implement exactly this point of view—the Omnibus Science Initiative. That task force, chaired by Allan Compton, developed a series of integrated recommendations designed to give science a greater prominence and more active role in the Association. Many innovations were implemented; some, though important, were not. And it is clear, in evaluating the current functioning of research and science within the Association, that we have not yet found the optimum structures. Coordination, prioritization, and communication to members remain as challenges to the science division. Furthermore, we need a consistent means to inform entities with responsibility for initiating projects of the research needs of the Association. And, as we mature in research and science, our vision must expand: How do we attract young researchers to psychoanalysis? How do we foster collaboration with neighboring disciplines?

Since enhancing the place of research and science in the Association was one of my major presidential goals, this column announces the initiatives that I have set in motion or helped facilitate to date.

TASK FORCE ON RESEARCH AND SCIENCE

I am pleased to announce the formation of the Task Force on Research and Science made up of the following distinguished scientists, APsaA members and non-members: Stuart Ablon, Jacques Barber, John Clarkin, Bertram Cohler, Stuart Hauser, Linda Mayes, Bradley Peterson, David Reiss, and Steven Roose. Allan Compton and Eric Nuetzel will serve as consultants. This team has a one-year timeline to complete its charge and report to Council at the June 2008 meetings.

Lynne Moritz, M.D., is president of the American Psychoanalytic Association.

The task force is charged to resurrect the mandate of the original Omnibus Science Initiative, examine the current status of research and science within the Association, and recommend optimal structures within APsaA to:

- Foster and coordinate research and science within the Association.
- Promote research and science among our members.
- Make the Association and our meetings welcoming and user-friendly (even essential) to young researchers from all related fields.
- Promote research and science collaboration with both related organizations and neighboring disciplines.

We will welcome suggestions from the task force on enhancing research and science teaching in our institutes as well.



Lynne Moritz

scientific meetings with a science focus. Part A will occur in April 2008 at Division 39's annual meeting in New York; Part B will occur in January 2009 at APsaA's winter meeting in New York. APsaA will co-sponsor and participate in Division 39's science meeting, and they will co-sponsor and participate in ours.

We are hopeful that this experiment will lay the groundwork for other initiatives of mutual interest and benefit.

THE RESEARCH PROJECT IN CHILD-FOCUSED TRAINING

The results of the 5-year research concerning the pilot project in "child-only training" were presented at the Denver meetings. The research found that the child-only candidates at the four institutes that participated in the project were judged by faculty and program directors to perform at least at the level of the cohort of traditionally trained candidates at those institutes. This formative research allowed BOPS to approve what will be called "child-focused training" for inclusion in the approved training programs of the Association. [See page 20, *New Child and Adolescent Psychoanalysis Training Program Wins Approval.*] This will allow other institutes that are eager to start such training to collaborate with the Committee on Child and Adolescent Analysis (COCAA) in developing these programs locally.

Since enhancing the place of research and science in the Association was one of my major presidential goals, this column announces the initiatives that I have set in motion or helped facilitate to date.

JOINT SCIENCE MEETINGS WITH DIVISION 39

Science was very much on my mind as I planned and ran for office, was elected, and served my term as president-elect. By serendipitous good fortune, honorary member Nancy McWilliams and I discovered this mutual interest and commitment. Since McWilliams became president of Division 39, she and I have worked together and with our respective Program Committees to plan a first-ever joint venture: two jointly sponsored

Congratulations and thanks are due to Jill Miller, Bob Emde, and all the faculty and candidates who took part in this intensive study.

This project demonstrates a research-based approach to thoughtful evaluation of innovations in our training standards and recommendations. Not only has this project allowed us to respond to new training opportunities, but it supports the value of training at venerable child-focused centers—e.g., the Hanna Perkins School and the Anna Freud Centre—

Continued on page 4

Help Develop New 10,000 Minds Web Site

Prudy Gourguechon

APsaA's Task Force on Psychoanalysis and Undergraduate Education known as the "10,000 Minds Project" has several initiatives underway to expose college students to psychoanalytic thinking.

One of those initiatives, the development of a Web site to support college instructors who are teaching psychoanalytic ideas, is nearing completion. Task force member Lisa Damour, working with psychologist Heather Davidson, created this wonderful resource.

When you visit this Web site at www.teachpsychoanalysis.com, you'll see that it contains information on articles about teaching psychoanalytic ideas, lists of recommended resources, course materials, and specific advice on how to introduce psychoanalytic concepts to college students.

Prudy Gourguechon, M.D., is APsaA president-elect and chair of the Task Force on Psychoanalysis and Undergraduate Education (The 10,000 Minds Project).

Although the Web site's target audience is instructors of college students, the ideas and resources will be quite useful to anyone teaching psychoanalytic ideas to non-analysts, from high school students to graduate students. We've crammed in every resource and link we can find—and very specific guides for conveying selected psychoanalytic ideas in ways that engage the learner.

To bring the Web site to completion, we need your help!

Please visit the Web site and contribute your suggestions about how to engage students in thinking about psychoanalytic ideas. On the Web site, you'll see clear and simple instructions for doing so when you click the "Contribute to the Web site" link.

Even if you do not teach undergraduates, please share any teaching methods, demonstrations, and/or resources you think would help undergraduates and other interested students understand psychoanalytic concepts.

Your local psychoanalytic group might also consider e-mailing the www.teachpsychoanalysis.com link to college and university faculty in your communities along with a cover letter explaining the possible uses of the Web site and the availability of your group and faculty as a local resource. You can easily find the e-mail addresses of such faculty by visiting the online faculty directory at each school.

Thanks for your willingness to contribute to this important initiative. 

The www.teachpsychoanalysis.com Web site is a project of APsaA's 10,000 Minds Project, which aims to expand the exposure of undergraduates to psychoanalytic concepts and thinking. The Project is made possible through the generous support of the Developing Psychoanalytic Practice and Training Program (DPPT) of the International Psychoanalytical Association as well as through the support of the American Psychoanalytic Association.

Science in the Association

Continued from page 3

whose graduates have not previously met our training standards. The Council may wish to take a fresh look at membership criteria in light of this study.

COMPARATIVE OUTCOME STUDY OF PSYCHOANALYSIS, CBT, AND SUPPORTIVE-EXPRESSIVE PSYCHOTHERAPY

A pilot study to determine the feasibility of randomization for an outcome study that has

been in the works for two years is now making its way through our research review processes. As you may remember from our recent Strategic Planning Study, members specifically flagged outcome studies of psychoanalysis as an urgent priority for the Association. Steve Roose is chairing this project with distinguished researchers from each of the three disciplines. The intent is to study patients who present with chronic, complicated depression, who will be randomly assigned to the three modalities and treated by graduate clinicians at multiple sites for four years. The primary outcome measures will

assess satisfaction with interpersonal relationships, self-esteem and identity, and pleasure and gratification in work and relationships. I was privileged to be present at the first organizational meeting of the research consortium—a thrilling weekend indeed!

The initiatives described above represent just a few of the endeavors that are currently under way in the Association. Part II will highlight the accumulating arsenal of structures and resources that mark our Association's science commitment—resources that are available to researchers, to our institutes, and to all members. 

The Evolution of Our Profession

Cal Narcisi and Myrna Weiss

In this, our first message to you as the incoming co-chairs of BOPS, we must begin by expressing our deep gratitude to Eric Nuetzel and Beth Seelig. As chair and secretary of BOPS, they worked as a dedicated team to further the educational mission of our Association. They have been wonderful friends, colleagues, and mentors who shared tirelessly of their time and energy.

Many important and positive developments came out of the June meeting in Denver. BOPS and the Executive Council were informed by Eric Nuetzel and Lynne Moritz that BOPS's manner of acting in regard to reporting to Council (APSA's board of directors), as well as appointment of fellows and BOPS subcommittees was NOT out of compliance with New York not-for-profit corporate law. This means that at the discretion of the board of directors, BOPS and Council can continue to work together as they have for the past 61 years. Although this arrangement can be changed at any time by the board of directors, both BOPS and Council affirmed their wish to continue to work collaboratively and collegially.

We also held a second Congress of Institutes on Tuesday, June 19. All institutes and new training facilities were represented, and approximately 100 people attended. The very rich discussion seemed to reflect much preparatory thought at the institute level. An overwhelming majority of our institutes favored the continuation of national standards. A majority seemed to favor a continuation of one organization containing both membership functions, as well as educational, standard setting, and accrediting functions.

EXPLORATORY PROPOSAL FOR MOVING FORWARD

The Congress of Institutes also considered the Rosenblitt proposal, which was renamed the Exploratory Proposal for Moving Forward.

Cal Narcisi, M.D., and Myrna Weiss, M.D., are co-chairs of the Board on Professional Standards.

This proposal had two parts. The first reaffirmed the current working relationship between BOPS and the Executive Council. The second part established a joint committee to assess the advisability and feasibility of creating two separate corporations. One would deal with membership issues and the other with the educational, standard setting, and credentialing functions.

During the discussion of the proposal, several interesting ideas were raised. Nuetzel mentioned the Canadian system as a potential model. He had discussed this with Charles Hanley, president-elect of the IPA. In this system two separate corporations, one for membership issues and another for educational and credentialing issues work very closely together.

However, final decision making in each arena is left to the individual corporation responsible for it. This arrangement is completely acceptable to the IPA.

Nuetzel and Moritz also mentioned that during their respective terms as BOPS chair and president, 95 percent of their time and energy have been consumed with political conflicts. This left very little time or energy for the accomplishment of the substantive goals that they had hoped to achieve. Several people expressed the opinion that there were inherent contradictions between membership interests and educational, standard setting, and credentialing functions. The goal of the membership organization is to expand membership and keep its members happy. Standard setting and credentialing inevitably make some members unhappy. Others argued that we had reached a point in the development of our profession where an administrative



Cal Narcisi



Myrna Weiss

rearrangement was called for. Almost all other professions are structured in such a way that these often contradictory functions are separated in different corporations. This would not mean that the membership would be removed from educational decision making, or that the two separate corporations would not continue to work very closely together. There was majority support for the externalization of certification, as well as for ongoing attempts to keep membership and educational, standard

An overwhelming majority of our institutes favored the continuation of national standards. A majority seemed to favor a continuation of one organization containing both membership functions, as well as educational, standard setting, and accrediting functions.

setting, and accreditation functions under one roof. At the conclusion of this discussion, there was overwhelming support (approximately 90 percent in a straw vote) for the Exploratory Proposal for Moving Forward.

It was also decided to continue the Congress of Institutes at the January meeting in New York. On Wednesday, BOPS was strongly in favor of the Exploratory Proposal. On Thursday, the board of directors voted overwhelmingly to establish a joint committee to study the advisability and feasibility of establishing two separate corporations.

At the Denver meeting, there was continued evidence of a strong, positive working relationship between BOPS and Council. In fact, this appeared more evident than at any time in recent memory. We sincerely hope that this continues, while we study together the next steps in the developmental process of our organization and profession.



Art of Psychoanalysis

Continued from page 1

Menaker leaves it to the reader to decide. "Psychoanalysts, like artists," he says, "are interpreters of texts. . . . The patient like the writer brings on a mass of material but they only bring it halfway." It requires an active reading. Menaker grants that the person sitting in the analyst's chair may be in a better position to see things clearly. "Who better to be on top of things?" he asks. "But, of course, we know," he adds, "there is no top."

SEEKING TRUTH

Christopher Shinn, the playwright, entered analysis because he felt that writing could



Christopher Shinn

only take him so far in dealing with his conflicts and concerns. Once in analysis, he did not wait to write. "I began thinking of writing a play at the same moment and with the same motive as

entering analysis." His motive for beginning the analysis was a concern about the potentially character deforming aspects of celebrity. He had won an Obie for his play *Where Do We Live* at the age of 26. He had reason to anticipate a degree of fame within his "small world of theater." His encounters with members of the entertainment industry convinced him of the dangers of "unbridled narcissism" that might accompany success. He needed to know that somebody would be willing to tell him the truth. He imagined a psychoanalyst might be willing to be straight with him, but, just to be sure, he began the analysis by soliciting a promise from his analyst that he "would not lie" to him. Shinn recalls associating in his initial session to having read of the misadventures in the analysis of Masud Khan by D.W. Winnicott. He recalls speculating that they ran into trouble because "they became so invested in their fame that they couldn't look at reality."

Although he later would think of his analysis as the "most wonderful thing in my life," Shinn found the outset of the analysis a torment. He felt alone and thought he was going crazy. He insists his hair changed color. He thought he was dying. And yet he "only wanted analysis." He says that he "wrote the play to continue psychoanalysis in disguised form through the characters." The play, *Dying City*, that has now completed successful runs in London and at Lincoln Center, was placed by Bennet Simon in the tradition of modern tragedy that offers degradation without resolution—except perhaps through an appreciation of the writer's craft.

Beyond capturing the violence of his experience beginning analysis, Shinn also evokes psychoanalysis by introducing the character of a therapist and through the fact that only two of the play's three characters appear on stage at any moment. Two of the characters, played by the same actor, are identical twins.



Dying City
Artwork by James McMullan

The analysis reappeared in the parallel process of the rehearsal. There Shinn worried about the potential for the frequent and intense interactions of the two actors to spill over into action, romantic or otherwise. It did not. Parallel to the role of the analyst, Shinn depended on the "firm but loving" hand of the director to keep the dyad away from the ever tempting alternative of avoiding the work of the play.

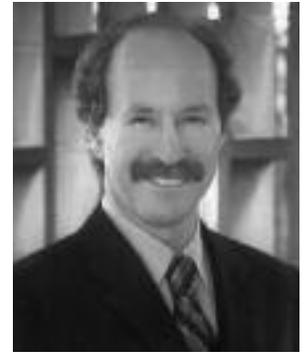
We can speculate, given the strong feelings with which the author described struggling at the outset of his analysis coincident with writing the play, that the play serves in part as a creative solution to concerns that urgent needs and passions might be damaging to the analyst.

TRUTH OR ACCURACY

In *Dying City*, the therapist's absolving psychological perspective regarding hurtful and lying behavior by her patients—that they are communications of pain and reenactments of injury—is questioned by the brothers, who hurt and lie to her. This representation of a therapist did not pull for worries about accuracy from an audience of psychoanalysts, perhaps because the setting remained distant from an actual clinical situation and the therapist is portrayed in the role of a victim.

Menaker's character of an analyst is portrayed in the clinical situation and is depicted as confrontational and aggressive. This characterization led to protests by analysts viewing clips of the film based on the novel to the effect that analysts were never represented with the sympathy or depth that the characters of patients received. Oren Rudavsky, the director of the film, was forced to defend the film as based on the truth of his experience of analysis, a response greeted with protective applause by the audience.

Menaker reminded those who criticized the accuracy of the characterization that it was,



Phillip S. Freeman

Continued on page 7

Statements from candidates in the Fall 2007 APsaA elections begin on page 8.

Norman A. Clemens and Warren R. Procci are the candidates for president-elect. The winner will begin a two-year term in June 2008 and assume the presidency in June 2010.

Richard Lightbody and Judith S. Schachter are the candidates for treasurer for the three-year term beginning in June 2008.

David I. Falk, Ralph Fishkin, Stuart D. Hirsch, Malkah Notman, Dwarakanath G. Rao, and Stephanie D. Smith are candidates for councilor-at-large nominated by the Nominating Committee. Tom Bartlett is also a candidate for councilor-at-large nominated by a member petition. The top two vote-getters will begin four-year terms beginning in June 2008. The candidate with the third highest tally will complete the last two years of the four-year term which is vacant due to the resignation of Robert Tyson.

Ballots will be mailed the week of December 3rd. Completed ballots must be received in the National Office no later than Friday, January 11.

after all, a caricature, but it may be that a long history in the arts of representing psychoanalysts and mental health professionals in general as fools or worse makes an audience of analysts sensitive on this point. In a subsequent interview, Menaker said that all professions chafe at their fictional portrayals. He certainly does regarding stories about writers or the publishing industry, but he thinks it is also important, when receiving an unwelcome observation, to consider the element of truth that might be captured in the caricature. Like an analyst recommending that recognition of both the reality and the distortion are necessary for an analysis of the transference, Menaker emphasizes openness, complexity, and an avoidance of premature closure. Happily he attributes these aspirations, in part, to his experiences in analysis.

The question of accuracy arises again in the translation of the novel into a film. The filmmaker quotes *his* experiences in analysis and dedicates the film to his own psychoanalyst. In the film, the analyst character and the discussion of termination are reconfigured in light of the filmmaker's concerns. The analyst in

the film is represented as an analyst-hallucination who speaks for the character's neurotic perfectionism and fears of commitment. As the patient sets off to be with the woman, he locks the hallucinated voice of analytic paralysis in a closet. At the same time, the analyst is heard spouting vestigial remnants of the original interpretations articulated in the novel.

This layering of artistic intention can lead to incoherence. Clinicians may be reminded of the incoherence that can result from the layering of reality and fantasy or from the layering of historical narratives over the course of generations. The dramatic field can become crowded with the intentions, recollections, and inventions of multiple storytellers. It is the reason that some of the best filmmakers—Francis Ford Coppola and Godard come to mind—have chosen to work from simple but entertaining novels that were unburdened by ideas that might compete with those of the filmmaker.

The novelist's story, like the experience of psychoanalysis, becomes the day residue for the next dream. Screenplay adaptations that are too faithful, too accurate, can feel constricted,

like reality-bound dreams that do no apparent psychological work. The life, the meaning, even the truth of the new creation often lies in the inaccuracy of the simulation. APSA



The Treatment
Poster design by Stockholm Design

CAMPAIGN STATEMENTS

Norman A. Clemens



Norman A. Clemens

American psychoanalysis and this Association have entered an invigorating phase of development. As your president in the psychoanalysis of the 21st century, I will lead an Association that meets

the needs of its members and the profession and at the same time nourishes a deep investment in psychoanalytic education, science, research, ethical practice, and advocacy. My track record speaks louder than any promises. With your support I will build effectively on much work I have already accomplished. Here are the fundamental principles of my vision for our Association.

- We are the keepers of the flame. Psychoanalysis was a monumental breakthrough in human understanding of mental life and relief of suffering. We are still exploring its potential and shall in turn hand it off to those who succeed us.
- Psychoanalysis is an evolving science. Change is inevitable but we shall shape it to enhance vitality, therapeutic effectiveness, and relevance to greater society.
- We welcome new insights from other evolving sciences—neurobiology, social sciences, cognitive psychology—as well as arts and literature. Psychoanalysis has much to offer but also much to gain as knowledge converges and various disciplines integrate their wisdom.
- We gain strength as we join forces with like-minded psychoanalytic organizations. With other major psychoanalytic organizations comparably committed to quality, we move forward with advocacy and judiciously explore sharing functions such as accrediting institutes or certifying individuals.
- We vigorously advocate for access to quality care, privacy, scientific integrity, compassion, and respect for individual patients. Chairing the Committee on Government Relations and Insurance (CGRI) and an information gathering task force, I spearheaded hiring APsaA's first lobbyist,

instigated a review of efficacy data, and introduced the concept of marketing. Today they are the backbone of our vigorous engagement in the larger community. I continue in the CGRI and the Committee on Confidentiality and served on the Task Force on Access to Care.

- We partner with other mental health professional organizations to fight for those values and our professional work in the larger world. As a leader in the American Psychiatric Association, I am highly respected as a staunch advocate for our values and for psychoanalytic psychotherapy. I have most recently chaired an aggressive APA program of partnership with employers.
- We welcome all mental health disciplines and gifted academics into our Association. We gain from their energy, creativity, and challenge to established ideas.
- We cherish our young colleagues, because they are the future keepers of the flame and the seeds of continued evolution. I envision advanced candidates having a voting seat in the Executive Council, greater voice in BOPS, and appointment to relevant committees.
- We support psychoanalytic psychotherapy. I serve on the APsaA Task Force on Psychotherapy. In APA I played a major role in revitalizing psychotherapy in psychiatry. I write bimonthly psychotherapy columns in the *Journal of Psychiatric Practice* and published a chapter on supervising psychodynamic therapy.
- We expect controversy and welcome debate in a collegial atmosphere of mutual respect. I am known as a voice of reason. I value committed members who fervently voice their concerns, even when we disagree. Chairing the Joint Committee on Bylaws, I work with a diverse, sometimes contentious, astute committee crafting bylaws amendments to comply with New York law.
- We pool our resources and come together with full respect for diversity. As the first president of the Cleveland

Psychoanalytic Center (2002-07), I guided the creation of a dynamic center sustained by a vigorous board, half non-analysts. The prevailing spirit of engagement and shared enthusiasm is infectious. I know how to resolve differences in complex situations and knit together a robust structure.

- I favor national standards, but training standards do not belong in APsaA's bylaws as either mandates or prohibitions. Rather, we need flexibility to adapt standards to advancing science and evolving knowledge of the essence of psychoanalysis, how to train psychoanalysts to provide it, and how to evaluate competence. This is a critical task because of the subjective nature of our field and our ethical concern for analysts. Local institutes need the support of a national organization and the interplay with other institutes across the nation so that standards evolve from careful study, objective evidence, and a broad consensus, not from polemic. They also need flexibility to meet individual needs and assure candidates a valid experience in their own psychoanalyses and supervisions.
- On the governance side, I would work with the Executive Council to optimize its function as a board of directors. Seven years as assembly speaker and trustee of APA provided invaluable experience in association governance. I can achieve a constructive resolution to conflicted situations. Our councilors have serious responsibilities, and I will keep them involved throughout the long intervals between meetings.
- Members as a whole would feel more involved in their Association, in my vision. The vast majority of members, especially candidate members, want to end bitter organizational strife. We need that energy for constructive purposes.
- If elected president, I will be creative, thoughtful, proactive, accessible, and responsive to your concerns as we move forward in the psychoanalysis of the 21st century.

For further information, you may contact me at naclemens@cs.com or view my Web page at www.drewclemens.net.



Warren R. Procci



Warren R. Procci

Two years ago when I ran for the office of president-elect, I started my statement with words from Abraham Lincoln. I do so again, but with different words this time.

"A house divided against itself cannot stand. I believe this government cannot endure permanently half slave and half free." Lincoln, 1858.

"With malice towards none and with charity for all ... let us strive on to finish the work we are in, to bind up the nation's wounds." Lincoln, 1865.

I think most of us would agree that our organization has been for some time a house divided.

"Neither party expected for the war the magnitude or the duration for which it had already attained." Lincoln, 1865.

I have a definite vision for the future of our Association. If elected president-elect, my first priority will be to resolve our governance dilemma. My approach would be to form a balanced task force which all of our members could feel represents them. I cannot overemphasize the importance of the balanced composition for this group. Lack of appropriate balance has been a major factor in the ineffectiveness of prior efforts. The task force would focus on the most crucial hot button issues. I see two such major problems that must be addressed. First, several BOPS colleagues identified as a "structural flaw" the fact that our board of directors (the Executive Council) could overrule decisions made by BOPS regarding standards. The second issue is the lock between training analyst status and our certification procedure. I believe that if this linkage is removed then BOPS would become less concerned about being overruled and our organizational tension would decrease. I will do my best to bring all the interested parties together so that they can find solutions. Then we can move on.

Psychoanalysis is a noble and wonderful profession, one which helps many to overcome the obstacles impeding his or her ability for a fulfilling

life. Our Association should be a leader in advancing psychoanalytic learning and contributions to our culture and our world. We possess many talented members and resources and there is no reason our whole cannot be greater than the sum of our parts.

A major component of my vision is strengthening the ability of our Association to advance our profession. I stated this during my earlier campaign and I'll restate it now. We need long-term planning. Historically, we have been led by presidents, many who have had long-term vision, but who have had to focus on what could be accomplished during their terms. This is a "dogma of the quiet past inadequate to the stormy present," to quote Lincoln again (1862). In order to implement changes and be innovative, we need to craft a long-term plan that is in place until its objectives are accomplished rather than ended with a president's term. One specific proposal: Executive Committee should be expanded to include members from our board of directors (Executive Council) to assure continuity of policy development and implementation. It may strike some as odd that a candidate for president-elect would support a diminishment of his power. I am convinced this is in our organization's best interest.

More about my vision: I am committed to psychoanalytic education. If our Association is separated into a standard setting and a membership component (I hope this does not occur), I believe that the surviving membership organization must retain interest in and support for psychoanalytic education. We also need to maintain our commitments to advocate for confidentiality of the specifically psychoanalytic situation and for our research, outreach, and public information efforts.

We will need more resources to accomplish all of this. I can bring a new focus on development to the office because of my eight-year experience as a trustee at Wagner College, my alma mater, as an active participant in their development effort.

Am I qualified for this office? I believe I am one of the best prepared candidates for this office. I have worked as a psychiatric educator and as a college trustee. Within APsaA, I have served in every major component. I have

been a Fellow of BOPS. I have served on major committees and have chaired the Committee on Government Relations and Insurance (CGRI). I have been nationally elected on three occasions in APsaA, first as a councilor-at-large (1997-2001) and then twice as treasurer (2002-05, 2005-). I have made substantial contributions in each one of these positions. I have always emphasized transparency in our financial activities and in our governance.

Finally, colleagues wonder why I seek this position and particularly why I am running a second time. The answer is simple. I enjoy being in a leadership position. I enjoy talking and working with my colleagues and I especially enjoy developing plans to advance our field. It is a great joy to "strive to finish the work we are in." We may be able to accomplish great things for our profession and I want to be part of that effort. I am asking for your vote.

For further information, you may contact me at wrprocci@sbcglobal.net or view my Web page at www.wrprocci.org. 

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Brian Canty	x17
Sherkima Edwards	x15
Tina Faison	x23
Carolyn Gatto	x20
Dottie Jeffries	x29
Lisa Jong	x28
Nerissa Steele	x16
Dean K. Stein	x30
Debbie Steinke Wardell	x26
Lyvett Velazquez	x12

Richard Lightbody



Richard Lightbody

I hope to be elected treasurer of the American Psychoanalytic Association.

Having served six years as a member of the Finance Committee, I am familiar with the delicate work of juggling

income, expense, and reserve accounts. That work is a challenge, but there is more to the job. The treasurer also sits on the Executive Committee of APsA and needs a mature vision to participate in leadership of the whole organization. I believe I have developed such a vision. I have *pari passu* developed a capacity to listen to all sides, and to work towards reconciliation and unity.

My vision emerges from my evolving experiences. While I understand the concerns of some

for the integrity of professional standards, I hope to achieve a workable balance in which *both* educational and membership functions can co-exist in a single national association. I support innovation to this end, including the development of alternate pathways to TSA appointment and service on BOPS and its committees. I advocate for increased membership opportunities and collaboration with other organizations.

My vision emerges from knowing all sides of this Association. I have been a councilor-at-large, and was chosen by that select group to be chair of the Election Oversight Committee in last year's hot election period. I am soon to complete my term as chair of the Committee on Societies and Centers, a busy link between APsA and local membership groups.

My work on behalf of BOPS has been just as informative. I currently sit on the Certification Advisory Research and Development

Committee (CARD); in January, I was a participant observer to the Certification Examination Committee itself. I have been an Alternate Fellow to BOPS for years. I have enormous respect for the thinking, discipline, and methods of our educational side.

I have had substantial leadership experience with the IPA and at home. It has been illuminating to see how other organizations develop and use structure and standards. I am enormously proud that in Cleveland we have developed community leadership to a point where both president *and* treasurer of our Board of Trustees are non-analysts. I am glad to serve with them as secretary.

My ideas are profuse, and my devotion to task, unflagging. This is a critical time for inventive, open, and conciliatory leadership. I believe I bring this to our Association and the position of treasurer.

For further information, you may contact me at lbody@adelphia.net.



Judith S. Schachter



Judith S. Schachter

I hope that you will actively support my bid for treasurer. It provides you with a known, experienced candidate and a clear choice during this time of disequilibrium in APsA, psychoanalysis,

and, indeed, in our larger world. I plan to follow in the footsteps of Warren Procci, an exemplary treasurer, and create an even more involved partnership with the Executive Council and the members and encourage participation in budgetary decisions, perhaps online. It is pressing to add to the organization's non-dues income as we did with our successful initiation and investment in the PEP CDROM. My past experience as an institute director, a councilor, and as treasurer and president of APsA and of PEP provides me with an historical perspective and a

recognition of the need for a cautious, slow approach to change.

My record shows my strong support of delinkage, oversight and "local option" bylaw proposals and opposition to both Renew and the failed limited new membership bylaw. New initiatives, not requiring bylaw changes can strengthen Council committees, such as long-range financial planning, as well as budget and audit.

The treasurer's impact derives from participation in the Executive Committee. The now widespread agreement about our governance structure has uncovered the strife between BOPS and those institutes requesting relief from certification requirements for TA appointments. We need active leadership that trusts the legitimate processes of change (our reinvented Bylaws Committee, enhanced cooperation with our board of directors, BOPS and the full range of the membership) and works with transparency and inclusiveness. I will

foster our mutual education and growth by participating in e-mail discussions with members and encourage them to bring new voices to our discussions.

I am a member of Alliance 21 and a supporter of those ASAP proposals aimed at developing a better functioning board of directors. These proposals are open for discussion and action when our members feel ready.

I support constructive changes necessary to enhance our present day relevance and leadership role in psychoanalysis and therefore embrace the policies initiated by Newell Fischer to make APsA relevant and welcoming to a wider community of worthy psychoanalysts.

I am grateful for the opportunities I've had to lead our Association in the past. In a spirit of enthusiasm, openness, and collaboration, I ask you to support evolving and constructive changes to ensure that APsA is a vibrant home base for psychoanalysis in the U.S.

For further information, you may contact me at judithsschachter@hotmail.com or view my Web page at <http://judithschachter.org/>.



Tom Bartlett



Tom Bartlett

I have been active in APsaA at the national level since early in my candidacy. I ask for your vote so I may now serve APsaA as councilor-at-large.

My guiding passion has always been our institutes: How to improve teaching and make our institutes more accessible and appealing to today's clinical graduates. I was early to point out the extent of and some causes for APsaA's aging and declining enrollments and I led in suggesting solutions. As chair of the Affiliate Council's Task Force on Training, I conducted a survey which demonstrated the incredible cost of training for today's candidates. I helped galvanize acknowledgment and concern over a frequently dispiriting approach to teaching and offered innovative remedies that have been widely adopted and

adapted. Other activities have included: co-facilitating the Brainstorming discussion of candidate demographics; founding APsaA and IPA e-lists on pedagogy; and envisioning and helping set up the APsaA Affiliates e-list as well as IPA candidate listservs in six languages.

APsaA is still in the throes of transitioning from a primarily medical organization to one incorporating the needs and expectations of members from the arts and sciences. Also, we are shifting from a professional membership organization willing to be overseen by training analysts to one whose talented younger (if not young) members and candidates understandably seek greater participation—on key committees, on faculty, and the like.

Although my primary interest has been the intellectual vitality and future viability of our institutes, I may be better known for my contributions to discussions of our by-laws and governance over the Openline. I have worked hard to develop a precise and

nuanced understanding of these matters and have tried to keep my postings clear and rigorous while maintaining a respectful tone and attitude.

As a past member of the Task Force on Reorganization, I am deeply aware of the complicated history and organizational impasse that leads many to advocate externalizing the credentialing functions of BOPS. Some versions of externalization might be reasonable, but everything hinges on the details of the plan. If accreditation and certification were to be externalized, two points seem key to me: First, institutes should always be free to opt out, gaining their approval directly from the IPA; second, discussion of educational matters (e.g., curriculum, teaching, and the evaluation of psychoanalytic competence) should be carried on within APsaA proper and include a broad array of APsaA's members.

For further information, you may contact me at thomasbartlett@comcast.net or view my Web page at www.thomasabartlett.com. 

David I. Falk



David I. Falk

I am honored to be nominated for this office and welcome this opportunity to share my ideas for the future of the Association. I feel we are moving in a different direction now that the Denver meet-

ing concluded with an agreement to establish a working group of representatives from Council and BOPS to determine the desirability and feasibility of separating some of the educational or standard setting elements outside the current structure of APsaA. This working group may establish new procedures for the organization and may foster new relationships as we support the importance of education in the mission of the Association. I favor maintaining an active role for the membership in promoting

advances in training and educating future psychoanalysts. I also favor all possible ways to increase respect and tolerance of all points of view.

Some individuals and societies are not feeling helped by our current standards for selection of training analysts that require certification. I am grateful to see that an Openline discussion of the many contentious issues in evaluating and certifying competence has begun and I hope many members will join the discussion. I feel that too much time and energy have been taken up with this conflict. As I begin my own application for certification, I see it as an effort to compare my skills with others more experienced than I. I choose to have my work respectfully and carefully reviewed but I realize that competence could be assessed differently. Until that time comes, we have to live with the rules we have in place.

Many have asked me what their dues provide to them. While the budgets for committee work are underwritten by dues, I believe more services could be provided depending on member interest.

Research is important and I support Lynne Moritz's efforts to create a panel of important researchers to oversee a program of research for the Association. I would hope that new candidates would have a research course during their training and that grants could be used to promote research by our members.

Concerning governance issues, I support the Bylaws Committee's work and I look forward to when changes in organizational procedures will no longer require expensive and time consuming bylaws amendments. I will continue to work with the Committee on Council to ensure our compliance with New York law as we promote inclusive member control of the future of the Association.

For further information, you may contact me at drdif@sbcglobal.net. 

Ralph Fishkin



Ralph Fishkin

I am currently serving as councilor-at-large, filling the unexpired term of Robert Tyson. During my six years as the councilor from Philadelphia, my five years on the Committee on Council, and its chair since 2005, I have worked to help the Council to more effectively fulfill its responsibility as the board of directors.

The Renew amendments, the most recent challenge to the Executive Council's role as the board of directors, were rejected by well over 50 percent of the members, from all parts of our political spectrum. Clearly, our members do not favor radical change. In response, Council passed my motion detailing Bylaws Committee procedure for developing and reporting amendments focused specifically on achieving compliance with New York Law.

Other changes that go beyond the issue of compliance should be considered with deliberation. Power struggles via dueling bylaw amendments are expensive and divisive. Because Council is the body with the broadest representation of political views within APsA, I advocate the creation of a representative and balanced ad hoc Council committee to study the feasibility of externalizing accreditation and certification, with periodic open meetings for exchanges of views. I will work to develop consensus among present day adversaries to find a successful solution to our internal difficulties, so that we can devote our energies to the future of psychoanalysis.

I favor moderate changes in the Executive Council to promote its effectiveness:

- The Budget and Finance Committee should work more closely with the Council, and include more councilor members.
- A Council policy and procedures manual would augment its institutional memory.
- An enhanced Council committee structure would constructively utilize its size,

which heretofore has been considered a liability.

Other initiatives I would sponsor as councilor:

- I continue to advocate for the expansion of APsA membership to include like-minded and qualified psychoanalysts who did not train in our institutes.
- Research in psychoanalysis remains under-emphasized. We should promote the awareness of current research by creating a forum for dialogue, like the JAPA Netcast or the Brainstorming List, and publish the proceedings.
- We need an inclusive national discussion of psychoanalytic education in order to solicit and implement creative ideas for its evaluation and improvement, and of certification, in order to clarify its purpose, effectiveness, and acceptability, and to soften its narcissistic impact.

I believe I can make a positive contribution as councilor-at-large. I hope you will give me that opportunity.

For further information, you may contact me at RFishkinDO@aol.com. 

Stuart D. Hirsch



Stuart D. Hirsch

Institute and Clinic.

The Association, like everything around us, is changing. I would like the change to be reflective and constructive. Requirements for certification, training analyst appointment, and membership are some of the important issues being addressed. Among the membership, the change is too fast for some and too slow for others. To many, change and its pace are connected to the relationship between the Executive Council and BOPS. We now know that we do not need a markedly different

organizational structure, but we have to define the relationship between the Executive Council and BOPS. This can be done with good-spirited negotiation. This is preferable to creating a separate accrediting organization that would split the Association. We spend too much time fighting with one another rather than addressing difficult issues that concern our local institutes, such as certification and our current training analyst system. I say this as a current and past member of BOPS.

In addition, my position comes from my wide experience as director of the Pittsburgh Psychoanalytic Institute for six years, six years on the Committee on Institutes, and many other Association and local activities. I learned as director of my institute, sometimes the hard way, that goodwill is essential to solving problems. On a lighter note, I am reminded of what I told the faculty when I became director. I suggested that I had some managerial responsibility similar to that for an opera company; that is, leadership for a group

of people who have an understandably huge investment and affection for that part of the body above the neck and who are better singing arias than the group sing. I hope that in the Association we do not sing over each other. Problems are real but solvable.

I am honored to be nominated for the executive councilor-at-large position. I will bring to the council my extensive experience with psychoanalytic organizations and education, with an emphasis on working with issues thoughtfully and without the marked dissonance that seriously interferes with creativity and saps our energy.

Despite our challenges and struggles, APsA remains the premier national psychoanalytic organization that provides structure, high standards, and excellent programming for me, other graduate analysts, and candidates. The Association has an important place in my life.

For further information, you may contact me at drsdhirsch@comcast.net. 

Malkah Notman



Malkah Notman

I feel that resolving the governance issues that have been occupying us, and resolving them in a democratic manner is important. I also look forward to being able to devote more time and energy

to furthering psychoanalysis by means of advocacy for psychoanalysis, education about its value, and supporting research. We have already made some changes, such as expanding membership and developing criteria for potential new members, extending the vote to candidate members, and are in the process of revising our bylaws to be in compliance with New York State nonprofit corporation law.

I have felt that representation of individual societies on the board of directors is important, recognizing the problems relating to size that this can create. I would be concerned with a potential lack of involvement if societies do not feel adequately represented.

I think maintaining standards of training is important to many members of APsaA. I am aware of the concerns of members of BOPS and APsaA that the process of maintaining training standards is in tension with the functions of a membership organization. There have been efforts recently to resolve these with agreements that preserve satisfactory autonomy for BOPS as well as the democratic nature of the board of directors. I think it would be unfortunate to split the organization and hope we can work together.

I have not been a big fan of certification. Even with improvements in the process it seems to lead to feelings of humiliation and a sense of the subjective nature of some judgments. Psychoanalysis is a very personal enterprise. There are clearly different ideas and approaches. Any assessment that purports to evaluate competence may be vulnerable to these problems. External certification—outside APsaA—presents some advantages, but may be very difficult to bring about. I do think we need some form of assessment of potential training analysts, or whatever might take their place.

I think it would be important to develop and maintain meaningful connections with other fields, such as biology, the humanities, and the social sciences. I think there is a great deal to be gained in both directions.

For further information, you may contact me at malkah_notman@hms.harvard.edu. 

Dwarakanath G. Rao



Dwarakanath G. Rao

Our members have made it clear that they want our leadership to work on building consensus to achieve our common goals. Our Association faces numerous challenges. From within, we have

some who feel disenfranchised, and others who feel discouraged by the lack of respect for experience. Mature deliberation is the hallmark of a creative organization. I favor thoughtful, sustained dialogue among all those interested in enhancing analytic education, maintaining standards, and promoting the cause of psychoanalysis in our communities. I do not see an inherent conflict among these different objectives.

The Executive Council, as a true board of directors, should be empowered to exercise authority with wisdom and foresight. BOPS

should be entrusted with the task of finding innovative ways to educate, credential, and accredit. Our clinical work must be validated by experienced peers, as well as by methods outside the consulting room.

Our task outside the Association is even more challenging: How to market our precious wares in a hostile world of quick fixes? I favor supporting training programs, well-crafted ad campaigns, and research aiming at creating a basic science of subjectivity and mental functioning. In my own work, I teach mental health clinicians and take part in innovative programs to attract these young people to psychoanalysis. I have participated in the selection of APsaA Fellows for a number of years. I recently created a medical student elective in psychodynamics.

My outlook is shaped by my long-standing involvement in psychoanalytic education, administration, governance, outreach, and development. An honor I cherish is the Distinguished Service Award presented by my

institute last year. I am a Fellow of BOPS, president-elect of the Michigan Psychoanalytic Institute, and a member of the Program Committee of our society. I have much experience in consensus building through negotiation. I participated in bringing about a historic change in governance that allowed training analysts and non-training analysts to work more closely in Michigan, and served as its first executive vice-president. As co-chair of our successful local psychoanalytic clinic, and chair of the APsaA Workshop for Directors of Clinics, I am intimately familiar with the promise and problems of taking analysis to the public. As chair of the APsaA Continuing Education Committee, I was responsible for the re-credentialing of our CME programs for the next four years.

I am honored to have the opportunity to offer my energies to an organization that has given much to psychoanalysis and promoted the growth of so many of us.

For further information, you may contact me at dgrao@umich.edu. 

Stephanie D. Smith



Stephanie D. Smith

I am honored to have been asked to run for the office of councilor-at-large. I am currently a second-term councilor representing the Boston Psychoanalytic Society and Institute and, if elected, will

continue to work towards resolving the inherent and longstanding tensions that exist between the education and standards setting functions and the need for democratic representation within APsA. We need to shift our focus and concentrate more fully on psychoanalysis and on planning for the future.

I am an adult, adolescent, and child psychoanalyst in private practice. I graduated from the Anna Freud Centre in 1979 and the Boston Psychoanalytic Society and Institute in 1996.

At BPSI, I am faculty, a child and adolescent supervising analyst, and am also chair of the Child Analysis Committee. I am also faculty, Psychoanalytic Institute of New England, East and am a lecturer at Harvard Medical School.

I have served on a variety of APsA committees in diverse areas of the organization, e.g., chair, Committee on Graduate Education, and member, Steering Committee (1997-2003); vice-chair, Task Force on Reorganization (2004-06); member (1997-2003) and chair (2006-present), Committee on Preparedness and Progress, and member, Coordinating Committee (2006-present).

Over time, I have come to view the various "parts" of the organization as fitting together and inter-reliant, rather than viewing them as being at odds with each other. For example, the professional outreach Committee on Graduate Education and the Committee on

Preparedness and Progress are equally concerned with graduate education. These committees have knowledge and experience that, if shared, could contribute to developing thoughtful changes in our educational standards and policies, and contribute to the development of the programs and projects we offer to the graduate schools.

Psychoanalysis and the American Psychoanalytic Association will change and should change. My questions and concerns have more to do with the processes we will choose to push the envelope. I will work to promote change that is based on careful study, critical thinking, and on psychoanalytic scholarship and research. I am actually optimistic. The American Psychoanalytic has an extraordinary array of talents and abilities to tap among the membership; however, we must find a way to work together.

For further information, you may contact me at steviesmith@msn.com.



Training and Supervising Analyst Appointments Board on Professional Standards

June 20, 2007

Denver Marriott City Center Hotel

Training and Supervising Analysts

Lena Theodorou Ehrlich, Psy.D.
Michigan Psychoanalytic Institute

Bruce J. Levin, M.D.
Psychoanalytic Center of Philadelphia

Era A. Loewenstein, Ph.D.
San Francisco Center for Psychoanalysis

Andrew Lotterman, M.D.
Columbia University Center for
Psychoanalytic Training and Research

David D. Olds, M.D.
Berkshire Institute for Psychoanalysis
(New Training Facility)

Ellen Rees, M.D.
Berkshire Institute for Psychoanalysis
(New Training Facility)

Karen R. Strupp, Ph.D.
Houston-Galveston
Psychoanalytic Institute

Sylvia Welsh, Ph.D.
NYU Psychoanalytic Institute

Geographic Rule Training and Supervising Analysts

Mark Levey, M.D.
Wisconsin Psychoanalytic Institute
(Provisional)

Geographic Rule Supervising Analysts

Daniel H. Jacobs, M.D.
Berkshire Institute for Psychoanalysis
(New Training Facility)

Child and Adolescent Supervising Analysts

Joanne Naegele, M.A., L.P.C.C.
Cleveland Psychoanalytic Center

Geographic Rule Child and Adolescent Supervising Analysts

Jack Novick, Ph.D.
NYU Psychoanalytic Institute

Kerry Kelly Novick
NYU Psychoanalytic Institute

M. Barrie Richmond, M.D.
St. Louis Psychoanalytic Institute

American Psychoanalytic Foundation Committee

Grants Awarded June 2006–July 2007

Dottie Jeffries

The American Psychoanalytic Foundation Committee (APF) of APsaA is pleased to announce that the following grants were recently approved, making possible the dynamic outreach projects that follow.

Note: the APF is standing by "with money available" to consider grant applications for projects that meet the APF objectives of sponsoring programs that promote a better understanding of psychoanalysis in the community.

Grant proposal guidelines may be downloaded at: <http://www.apsa.org/AmericanPsychoanalyticFoundationCommittee/tabid/70/Default.aspx>

AFFILIATE COUNCIL SCIENTIFIC PAPER PRIZE

\$750 grant from the Foundation to support the Affiliate Council Scientific Paper Prize.

ALLEN CREEK PRESCHOOL

\$4,000 to support the Early Childhood Training Initiative, a new outreach program in Ann Arbor, Michigan, designed to nurture the growth of early childhood educators and day care workers through professional training, workshops, and consultations.

APSAA MEMBER BEATRICE BEEBE

\$5,000 to Beatrice Beebe at New York State Psychiatric Institute, Columbia University, for the 9/11 Mothers and Young Children Project. Since November 2001, the project has been providing outreach, group counseling, and videotaped mother-child bonding consultations for women who were pregnant when widowed by the World Trade Center disaster of September 11, 2001, for their infants born after the disaster, and for their older children.

Dottie Jeffries is public affairs director of APsaA.

CATHOLIC UNIVERSITY OF AMERICA

\$2,000 for support of the first phase of the development of the Washington D.C. Area Psychotherapy Practice Research Network.

CHICAGO INSTITUTE FOR PSYCHOANALYSIS

\$5,000 for a new outreach initiative, the Analytic Service to Adolescents Project (ASAP) at Morton Alternative High School located in Cicero, Ill. The ASAP project strives to be a community intervention whose activities will help not only the high-risk students themselves, but also their families and teachers.

COMMUNITY FOUNDATION OF THE NEW CENTER FOR PSYCHOANALYSIS, LOS ANGELES

\$5,000 to the foundation for the development of an outreach program to validate the effectiveness of a new and innovative approach to working with parents.

HOUSTON-GALVESTON PSYCHOANALYTIC SOCIETY

\$3,000 to support a community outreach workshop titled "Prejudice in Everyday Life."

INTERNATIONAL ASSOCIATION OF APPLIED PSYCHOANALYTIC STUDIES

\$5,000 to support psychoanalysts' participation in a study using mentalization and altruistic bystanding to change the school climate in a model Jamaican all-age school.

APSAA MEMBER REGINA PALLY

\$2,000 to Regina Pally to support a symposium on mirror neurons held at the 2007 American Psychiatric Association Annual Meeting.

ST. LOUIS PSYCHOANALYTIC INSTITUTE

\$2,000 to support a second year of funding of the institute's library outreach program.

SAN FRANCISCO CENTER FOR PSYCHOANALYSIS

\$2,000 for support of the course "Freud's Models of the Mind" offered by the Stanford University Medical Center geared to medical students, residents, and undergraduates. 

Make your dream projects come true!

The PDM Is Doing Well!

As many of you know, APsaA worked with the IPA, Division 39 of the American Psychological Association, the American Academy of Psychoanalysis, and the American Association for Psychoanalysis in Clinical Social Work to produce the *Psychodynamic Diagnostic Manual (PDM)*.

The manual represented a milestone for the psychoanalytic, psychodynamic understanding of the human condition. The long overdue PDM reintroduced dynamic concepts to diagnosis, prognosis, and treatment selection in the clinical setting—and presents an extraordinary opportunity for psychoanalysis and psychotherapy.

You might be interested in knowing how the PDM is performing among the more than 20,000 book titles handled by its distributor, Independent Publishers Group (IPG).

The PDM consistently ranks in IPG's top 100 titles in terms of unit sales, and even a little higher (top 60–70 titles) in total dollar sales, given the publication's high price point.

Since it was published, sales of the PDM through IPG total 14,100 copies with 3,800 sold in the second quarter of 2007.

"The *Psychodynamic Diagnostic Manual* is in its second year of sales, and indications are that the second-year sales will be very close to the strong sales pattern of the first year. While IPG knew this book would be of interest to libraries and the professional audience, we're impressed with the book's performance in the retail market. The PDM is selling well online and in 'bricks and mortar' stores alike," commented Mary Rowles, title development manager, Independent Publishers Group.

—Dottie Jeffries

Bringing Our Bylaws into Line with New York Law

Joint Committee on Bylaws

At the January Meeting of Members three important bylaws amendments will be submitted to a vote. Most members will vote by proxy ballots received in December, which will be counted along with votes exercised at the meeting. As with all bylaws amendments, two-thirds of the members present at the Meeting of Members in person or by proxy must vote in the affirmative to amend the bylaws. These amendments have been unanimously endorsed by the Executive Council and the Board on Professional Standards (BOPS). Their content addresses essentially housekeeping matters and is not controversial. Why is it so important that members exercise their vote and support the amendments?

Several years ago the officers and the Executive Council were made aware that the bylaws of APsaA were not fully in compliance with New York Not for Profit Corporation Law (NY N-PCL). The Association obtained a consultation from Victoria Bjorklund, a prominent expert on New York corporation law, and in the course of several queries a number of deviations were identified. Nothing in the nature of an emergency or immediate legal liability emerged, and APsaA was advised to proceed in an orderly fashion to rectify the noncompliant bylaws language. The Executive Council appointed a Compliance Task Force (CTF), chaired by Paul Brinich, to assess the difficulties and recommend a plan of action. The task force made its final report to the Council in January 2007.

Among the conclusions of the CTF report was a summary of the important points that required action. After lengthy debate the Executive Council voted to assign the Joint Committee on Bylaws the task of crafting appropriate amendments. They instructed the committee to limit their recommendations to the minimum changes necessary to achieve compliance with the New York Not for Profit Corporation Law. The Council also directed the committee to keep both the Executive Council and BOPS fully informed of their

proceedings, so that they would be fully transparent and open to input from the Councilors and the Fellows of the BOPS.

VOTE ON THREE AMENDMENTS

The committee had been dormant during the work of the Reorganization Task Force and the Renew the American initiative. Now reactivated, the Bylaws Committee moved into action. The three completed bylaws amendments address procedural matters.

- The first brings the maximum and minimum times required for notice of meetings into compliance with the law.
- The second restores a legally required method of proxy voting so that all votes are cast at the meetings of members in person or by proxy; direct mail ballots are not allowed.
- The third deals with the situation where a councilor-at-large vacates the office before completing his or her term. The law requires that the members vote to fill the vacancy for the unexpired term at the very next election, so that the present procedure of the Council filling the vacancy would yield only very brief tenures before the members would act.

Again, these bylaws have the total support of the Executive Council and BOPS, so there should be very little if any opposition by the members, but every member's vote is still vital.

The Joint Committee on Bylaws is made up of Norman Clemens (chair), Sheila Hafter Gray, Michael Gundle, David Miller, Paul Mosher, Malkah Notman, George Roark, Mary Scharold, and Hinda Simon, along with K. Lynne Moritz, ex-officio, and Anton Kris and Robert Pyles as consultants. Roark, a major contributor, resigned after the June meeting because of health limitations.

This large, diverse, and articulate group decided to do its work by a closed Yahoo group list. This allows real-time transmission of draft language along with comments and discussion with all participants receiving them at

once, and all messages are archived for future reference. Well over 750 messages now rest in the archive. Work can go on continuously, surmounting the severe limitations imposed by a small budget that precluded multi-day meetings and would have confined the committee to hour-long, unsatisfactory conference calls. According to Robert's rules, a committee should ordinarily operate in executive session, in which the contributions of individual members are confidential. A committee then reports to its superior body through its minutes and recommendations, with a minority report if necessary. In order to achieve as much transparency as possible, the Bylaws Committee issued interim reports, reviewed and adopted by consensus, to the e-mail lists of the Executive Council and BOPS. It is halfway through its assigned task.

Many other minor inconsistencies, anachronisms, ambiguities, and unclear passages came to the committee's attention in the course of its task, as they had to the CTF. Adhering to its "minimum necessary" constraint, the committee placed these on a list for possible future attention after compliance is achieved.

The Bylaws Committee now turns its attention to the relationship of BOPS and the Executive Council and to many issues involving the classification and mode of appointment of committees. The committee is well on its way to completing these tasks in good time to present them to the Council and BOPS at their January meetings, so they can be placed on the ballot for action by the members in June 2008.



BLUE CROSS RICO SETTLEMENT

The final RICO class action suit settlement forms were sent to all U.S. physicians.

Once again, you can make a difference by donating your share of the settlement to the American Psychoanalytic Foundation.

Instructions and further information are on their way.

Membership Bylaw Amendment Defeated

A bylaw amendment intended to broaden APsaA membership failed to pass. The amendment would have allowed analysts trained outside APsaA and IPA institutes, but in a manner "equivalent" to training in those institutes, to join APsaA. Passage would have required two-thirds of the 934 votes cast to favor the proposal. But the amendment, written by the Membership Requirements and Review Committee, received only 37 percent favorable votes.

Some Association members, including some who were strong proponents of the amendment's underlying aim, objected to what they saw as over restrictive rules and procedures included in the amendment.

—Michael Slevin

APsaA Awards Go to Nancy Chodorow and Jeanine Vivona

Michael Slevin

Nancy J. Chodorow received the National Woman Psychoanalytic Scholar Award and Jeanine Vivona was awarded the 2006 Journal of the American Psychoanalytic Association Prize at the Denver APsaA meetings.

The National Woman Psychoanalytic Scholar Award provides institutes the opportunity to meet with well-known women psychoanalysts, often women who have made a contribution to psychoanalytic understanding of women. As part of her responsibilities and opportunities as this year's scholar, Chodorow traveled to the New York University Psychoanalytic Institute especially to be available to its large classes of candidates. She attended classes, consulted with a candidate, and delivered the Scharf Memorial Lecture on "Uncertainty and Loss: Two Inevitable Concomitants of Psychoanalysis," "about the challenges to narcissism and of depression of knowing and not-knowing, and of the limitations to change, that face both patient and analyst." It was a "wonderful" experience, she said, "a way for me to meet many candidates, as well as faculty, and for them to get to know me." Sunday morning, Donald Moss, a psychoanalyst at NYUPI, interviewed her for an online journal published by candidates of the NYU Psychoanalytic Institute. Many candidates attended the hour-long interview discussion.

Asked about her choice not to talk about gender and sexuality, her well-known areas

of expertise, Chodorow responded that it was an opportunity to encourage candidates, to deliver the message that "women can think about high theory and about comparative theory and technique."

The award was presented in recognition of Chodorow's "distinguished career and contributions as an educator; theorist, author; psychoanalyst, and advocate for women. She is especially recognized for her invaluable and continuing work on feminist theory from a psychoanalytic perspective, with a focus on sociocultural and psychodynamic understanding of gender. Her scholarly and clinical works have inspired women analysts and others to incorporate psychoanalytic understanding in their professional and personal lives."

Chodorow, who is in full-time private practice in Cambridge, Massachusetts, is also professor emerita of sociology at the University of California, Berkeley. Her scholarly work was interdisciplinary, crossing psychoanalysis, sociology, anthropology, and feminism. She completed her psychoanalytic training in 1993 at the San Francisco Psychoanalytic Institute. Upon accepting the award, she acknowledged how privileged she felt to have had such a diverse career and to have been so welcomed by the psychoanalytic profession and community.

2006 JAPA PRIZE

Vivona was awarded the JAPA prize for her paper, "From Developmental Metaphor to Developmental Model: The Shrinking

Role of Language in the Talking Cure." It is the first time the prize has been awarded to an author who is not a member of the American Psychoanalytic Association.

Vivona contends "that if our enchantment with new ideas regarding the ubiquity and uniqueness of nonverbal experiences in the clinical situation blinds us to the potentials of the spoken conversation that is psychoanalytic treatment, then we accept, perhaps without even realizing it, a shrinking role for language in our psychoanalytic talking cure." She says her interests focus on relational influences on identity development and their implications for psychotherapy process.

Vivona is an associate professor of psychology at the College of New Jersey, where she teaches undergraduate courses, including, wherever possible "an accurate and enthusiastic view of psychoanalysis that is well-received by students." She says that a favorite course is a writing-intensive study group on psychoanalytic views of mothering.

Although not an analyst, she writes, "I received an excellent and inspiring psychoanalytic education during my internship and post-doctoral years at the Institute of Pennsylvania Hospital in Philadelphia."

Vivona, in accepting the award, wrote, "I struggle to articulate my feelings about being selected to receive this most auspicious award: my jubilation, my amazement, and my gratitude. How fitting, given the topic of my paper honored today."

APSA

Heeding the Vocabulary of Another Culture: Psychoanalysis in Japan

Evelyne Albrecht Schwaber



Evelyne Albrecht Schwaber

I visited Tokyo in November 2006 to lecture and teach at the invitation of the Japanese Psychoanalytic Society (JPS) and the Kodera Foundation for Psychoanalytic Study at

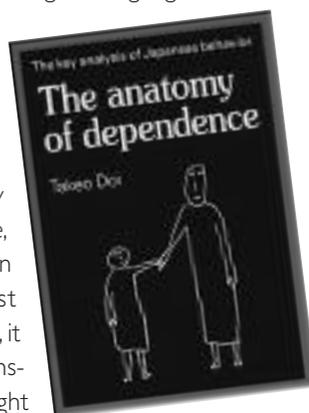
Keio University. It was an extraordinary opportunity both professionally and personally. There is, of course, the personal growth and pleasure in getting to know people and places more closely, but, beyond that, I have always found engaging in dialogue with colleagues from another culture—particularly in trying to think more deliberately about one's own choice of words in the effort to be comprehensible—a powerful learning experience. Having to pause for translation pushes me to reflect more closely on the nuances in the words and on what I mean to convey. It fosters the recognition and clarification of ambiguity even in my own thinking. Since English was not my first language, there may be a lingering familiarity in this effort.

Let me first share a bit about how this invitation came about: I have, for many years, been in correspondence with Takeo Doi, a renowned Japanese psychiatrist and psychoanalyst, whom I first met when he presented a paper on his concept of *amae* at the IPA Congress in Montreal in 1987. I found Doi's

ideas very meaningful and illuminating, and, as he too felt a resonance with my own ideas about how we listen, we have exchanged views and writings ever since. I was deeply honored by his suggesting this invitation. I remain most appreciative as well of the close care and hospitality I received from many colleagues and other co-workers and by their impressive clinical participation and dialogue, impeccably organized by Rikihachiro Kano, a training analyst of the JPS.

Takeo Doi's concept of *amae*, which he has written extensively about in English as well as Japanese, has become a widely accepted theory of human behavior in Japan. A Japanese word, for which there is no English equivalent, it speaks to what is seen as a universal psychology, referring to the feeling of "sweet" dependence of the infant towards its mother, which, taking place nonverbally, remains a lifelong part of human relatedness. Doi introduced this concept and related terms, to the English-language

reader in his book charting the Japanese personality, *The Anatomy of Dependence*, published in 1971. A best seller in Japan, it has been translated into eight languages.



Noting the differences in cultural values of autonomy and independence in the U.S. and the "indulgent dependence" of personal relations in Japan, it occurred to Doi that the rich vocabulary of words related to *amae* expressed the nature of personal relations in Japan. Doi has written extensively about this concept since, and received the Sigourney Award for his contribution to psychoanalysis in 2006.

"RECOGNITION" AND AMAE

In a paper published in 1993 on Freud's paper on transference love, Doi wrote of the central relevance of *amae* for the understanding of transference. I was honored to learn that in illustrating his views, he drew upon clinical material from my own writings in which I try to illuminate the importance of "recognition," a developmental concept, as central to therapeutic action. Commenting on a patient I described, he states, "She almost came to articulate her wish for *amae*. In the transference, she would become angry again and again at something Dr. S said or did not say. Dr. S tried to make sense of her experience after each such incident, but (though it was seemingly understood) to no avail, since it did not prevent her from creating angry scenes anew. One day an idea occurred to Dr. S, and I quote the passage describing it:

Then I realized there was an element I had not addressed. The patient's way of relating was to recount an experience she'd had without any hint apparent to me that she was seeking a particular response and to become furious with me afterwards when I failed to comment about the concern which she only then made explicit. I shared my observation of this sequence with her, asking her why she made her feelings clearer to me only afterwards. And she answered: "I want you to understand me without my having to spell it out. If you really care about me, you would know; if I have to ask, it feels like begging. Even if you then understand, it is no longer the same."

In the example, I go on to recount the ensuing elucidation and newly found remembrances of the lifelong nature of this wish and its childhood frustration, central to the complexities in her relationships about which she first came for treatment.

I find myself *now* thinking of Doi's words, "A Japanese would almost never ask a stranger unceremoniously if he was hungry, but would produce something to give him without asking."

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Evelyne Albrecht Schwaber, M.D., is a training and supervising analyst at the Psychoanalytic Institute of New England, East, a member of the faculty of the Boston Psychoanalytic Society and Institute, and a geographic rule supervising analyst at the Pittsburgh Psychoanalytic Society and Institute.



A page of Japanese text, the translation of a paper by Evelyne Schwaber.

With my patient, I did not have to know her wish without her “spelling it out,” but it was of fundamental import that I could recognize and understand the basis of its power.

To draw upon Doi’s comments on another example from my writings, “*She understood that (Dr. S) understood what it was she really meant to convey. And that in itself was good enough, because what she was really hoping for was not (a clairvoyant response) itself, but to be understood in the depth of her mind*” (words in parentheses added). I found this to be a deceptively simple statement, yet quite powerful and moving, in illuminating the expression of *amae*. And it drew me towards further appreciation of what we might learn in heeding the vocabulary of another culture.

PSYCHOANALYSIS IN JAPAN

Psychoanalysis was first introduced in Japan in the years after 1910, when some of Freud’s writings began to be translated into Japanese,

followed by the collected works between 1929 and 1933. During the ‘30s, some Japanese psychiatrists visited Freud in Vienna; one was Heisaku Kosawa, ultimately considered the father of Japanese psychoanalysis. Actively studying with Freud for analytic training, Kosawa had an analysis with Richard Sterba and supervision with Paul Federn. On return to Japan, he and a small circle of colleagues organized a branch of the IPA in Sendai and in Tokyo.

During the Second World War, Kosawa was under constant surveillance by the special police because of his pursuit of what was labeled this “Jewish system of thought.” Nonetheless, he maintained a private prac-

tice throughout those years. The end of the war brought an influx of learning and culture from the U.S., and with “individualization of self” becoming an ideal, interest in psychoanalysis began to bud throughout the country. Some psychiatrists sought training analysis and supervision from Kosawa. Takeo Doi was one of his trainees.

As interest in psychoanalysis continued to spread, Kosawa asked the IPA to include the Japan Psychoanalytic Society as a nationally organized entity. It was admitted in 1955. A number of psychoanalysts visited from other parts of the world, offering lectures, seminars, and other coordinated teaching activities. Thereafter, a separate body of psychoanalytically oriented clinicians was started, apart from the JPS and not based on the training criteria of the IPA, to further spread and develop psychoanalysis and dynamic psychiatry. This group is called the Japan Psychoanalytical Association (JPA), many of whose members belong to

both organizations and which continues to function actively and in cooperation with the IPA. In 1991, a relatively small training Institute (approximating 20 members or a bit more—largely, though not exclusively, psychiatrists and perhaps 12-15 trainees) was established in accord with IPA criteria, while the much larger membership continues in a rather sophisticated and ambitious psychoanalytic psychotherapy program.

In commemoration of the 50th anniversary of the founding of the Japan Psychoanalytic Society, a remarkable collection of English-language papers by members of the society was published for the first time in 2004. (The cover illustration by Kiyoshi Yoshida, *Mount Fuji Mirrored in a Lake*, was a gift to Freud in 1932 by Kosawa.) These papers include an informative and fascinating grouping of multifaceted articles by many of the leading figures of Japanese psychoanalysis. Their positions are eclectic in theoretical predilection and speak to the signal evolution and growth in the field locally, which, after all, has its origins in a Western cultural attitude. Masahisa Nishizono, president of the JPS, wrote in this issue: “Some 60 years after WWII, social changes in this country are remarkable. Individuals are now asked to form an ‘individualized self.’ And the conflict with the sense of value of the traditional family system is intensifying. Under such a psychic situation, various psychotherapies have increased and the need for psychoanalysis has spread.”

My visit to the psychoanalytic community of Japan was a compelling experience, deepening my awareness and appreciation of commonality accessible through difference. I cannot say I fully knew what the translators did with my words in our discussions, or, for that matter, whether I truly understood theirs as reported back to me. But it was a challenge stretching the intellect and imagination, in some ways as poetry—perhaps as haiku—might, and hopefully enlarging my capacity towards recognition, my *amae* for the depth and creativity of psychic experience.



A longer version of this article appeared in the Summer 2007 issue of the *Psychoanalytic Institute of New England, East Newsletter*. 

New Child and Adolescent Psychoanalysis Training Program Wins Approval

Jill M. Miller

At the June 2007 APsaA meeting, the Board on Professional Standards approved a new training program in child and adolescent psychoanalysis. A pilot program designed to train child and adolescent analysts without the requirement of previous or simultaneous adult analytic training had been operating and under a five-year formative evaluation study since September 2002. Four institutes participated, Columbia, Denver, Houston-Galveston, and St. Louis.

The pilot program project was implemented by the Consortium, a subcommittee of the Committee on Child and Adolescent Analysis (COCAA), which also conducted the research component. The Consortium included Karen Gilmore, Art Farley, Julio Morales, Jay Alan Davis, and me. Ruth Karush, COCAA's chair, was the program's inspiration, initiating, implementing, and overseeing the project from the beginning. In January 2006, Phyllis Tyson became the chair of COCAA with plans to see the project through to its conclusion. Robert Emde was the liaison consultant from CORE, the BOPS Committee on Research and Education, and was an invaluable contributor throughout the project, offering advice and guidance.

The Consortium designed a formative study with the intent of answering five questions.

1. Can a program like this be implemented?
2. What is the level of satisfaction in the program from four perspectives: candidates, teachers, supervisors, and program directors?

Jill M. Miller, Ph.D., M.S.W., received her child and adolescent training at the Anna Freud Centre and adult training at the Denver Institute for Psychoanalysis. She is a child, adolescent, adult training and supervising analyst and child and adolescent program director at the Denver Institute.

3. Are candidates in the program learning and progressing and are they meeting APsaA standards for child analytic training?
4. How important is the context of the local institute in shaping participants' experience?
5. What are the lessons learned and what recommendations can be made?

This project did not look at the question of outcome, i.e., how competent or active these individuals are as child analysts post graduation.

Part I of the study was designed to answer the first question. The Consortium developed a questionnaire by considering what information was needed to understand the educational and clinical makeup of the candidate population, which included pilot candidates, traditional child candidates, and adult-only candidates. This questionnaire was administered to each participant upon entry into the study.

Once in the study, subjects continued to be followed regardless of their trajectory, since, as with all candidates' educational trajectories, they would be expected to vary.

Part II was devised to answer questions two and three. Three questionnaires were developed to be administered at the end of each academic year, one for all candidates that looked at candidate satisfaction, and two that evaluated pilot candidates' learning and progression from the point of view of teaching faculty and supervisors.

The final two questions were considered in Part III. In order to gather data to answer these questions, I conducted a semi-structured interview with each director of the four

child programs in the study, in which the local context and culture of the institute and the child program were discussed. Also, as part of the interview, the institute's response to the program, the impact of the pilot program, its success or failure, as well as advantages, disadvantages, and challenges were considered.

POSITIVE RESULTS

At the conclusion of the study, it was evident that all four programs could be implemented. The level of satisfaction was high from all perspectives, and the candidates were learning and progressing. Instructors and supervisors rated the pilot candidates at least on an equal level with traditional child candidates and all of them had control cases that were proceeding satisfactorily. A total of 11 candidates across the four sites entered the study as pilot candidates. Some changed their trajectory, becoming combined candidates, which was seen as a positive outcome. One candidate has graduated.

Candidates and directors were positive about child and adult candidates training together as the two groups complemented and augmented each other. Thus, one outcome was the increased integration of child, adolescent, and

Candidates and directors were positive about child and adult candidates training together as the two groups complemented and augmented each other.

adult trainings. Directors were pleased with the flexibility the pilot program allowed and the potential it offered to rejuvenate their programs. They thought there were few if any disadvantages. BOPS was interested in whether the requirement of analyzing one adult would make any difference. In terms of the progression and ability of the pilot candidates as child and adolescent analysts, the data collected appeared to indicate that it did not matter. However, this issue may fall under the rubric of the history and culture of the institute. St. Louis thought the adult requirement was important, Denver and Columbia disagreed. Houston, on the other hand, found it valuable in the sense of pilot

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C O P E

Workshops Explore Challenges of Child/Adolescent Analysis Supervision

Paula G. Atkeson and Anita G. Schmukler

The COPE Study Group on Supervision in Child and Adolescent Analysis was formed in 2003, following the participation of several of our members in the discussion groups of the COPE Workshop on Supervision in Adult Analysis. Exploration of crucial issues in the ongoing workshop led to the perspective that there are distinctive features of supervision of child/adolescent analysis that might bear further examination and study. Since one mission of COPE is to provide further opportunities of study to psychoanalytic educators, clinicians, and theory builders, our study group was formed with two considerations: to include members of a wide range of institutes (therefore we included only one member from each institute represented) and limitation of the group to a workable size, in order to facilitate depth of discussion.

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Anita G. Schmukler, D.O., is training and supervising analyst, supervisor of child analysis, at the Psychoanalytic Center of Philadelphia. She is faculty at the University of Pennsylvania and the New York University Psychoanalytic Institute.

Eslee Samberg, M.D., is editor of the COPE column. She is training and supervising analyst at the New York Psychoanalytic Institute and clinical associate professor of psychiatry at Weill Cornell Medical College.

The intent of the study group is to learn more about the process of supervision of child/adolescent cases. A variety of issues have emerged, several appearing consistently, that seem to involve the candidate analyst's impulses towards regression, for which there are multiple opportunities in child/adolescent analytic work and defenses against these impulses.

For example, the challenge of effective work with parents is one descriptive area that appeared frequently in case material presented. In the context of the candidate's difficulties in working with parents, grandparents, nannies, teachers, and clergy, the candidate analyst's tendency to regress, impulses to reenact unresolved transferences, and defenses against these impulses were frequently among the underlying issues observed.

The candidate's identification with the child patient, overdetermined at times, was one source of conflictual responses to parents/caretakers. Simultaneously, unconscious identification with the parent may lead to difficulties in maintaining an analytic stance with the child patient. Supervisors can attempt to help the candidate maintain an equidistant stance in the family so that each family member can be heard in depth, with empathy and tact.

The second issue, helping the candidate to analyze the child patient's proclivity for action, also involves issues of regressions and defenses against regression for the candidate analyst. The child tends to communicate through actions and candidates find themselves confronted with challenges that are not usually encountered in the analysis of adult patients. The engagement in action with the child (a necessary activity) may blind the inexperienced candidate to her/his analytic task of

thinking, analyzing, and assessing the modes of communication. We have seen that thoughtful and supportive supervision in this facet of the work can expand the candidate's understanding of the subtle meanings of action and lead to introspection so the candidate may develop more flexibility in thinking about the material.

A third issue appears, phenomenologically, as specific learning problems in candidates. Such apparent learning blocks may serve as defenses against newly aroused personal conflicts (and new regressive potential) that arise because of the special nature of working with children/parents. Working with adolescents when the candidate analyst is dealing (or failing to do so) with his/her own specific conflicts and developmental issues associated with the phase at which the patient is struggling can be particularly problematic. When the candidate in child analysis is no longer in personal analysis, the supervisory work in this context may be especially difficult.

Our study group members have wrestled with how best to work with issues that present themselves as "learning problems," so that personal awareness may be expanded without the supervisor taking the role of analyst/therapist to the candidate. We are examining supervisory techniques which are helpful in facilitating the candidate's reaching meaningful understanding of their difficulties in analysis of children. The candidate's transferences to the supervisor present yet another instance in which impulses toward regression and defenses against these impulses are subjected to study by our group.

After several years of meeting, our study group felt ready to develop a COPE Workshop on Supervision in Child and Adolescent Analysis open to all child/adolescent supervisors and associate child supervisors. We plan to involve a wider group of supervisors in the process of studying this field. This workshop, at its first two meetings, has presented live supervisions of child analysis, and each presentation was followed by rich and lively discussions. We welcome all child/adolescent supervisors and associate child supervisors to attend this workshop, which is held on the Wednesdays of the APsA meetings from 12:15 p.m. to 1:45 p.m.



The IPA Outreach to Asia

David M. Sachs

At the beginning of the 21st century, psychoanalysis in the vast region of Asia had a very small presence. There was, and still is, one Component Society in Japan and one in India, each



David M. Sachs

of which has remained relatively isolated since its founding. Aside from Australia, an area I am not including in this discussion, psychoanalysis developed in South Korea only through the interest of a dedicated group of psychiatrists who began to study psychoanalysis in 1980. It became an IPA Guest Study Group in 1991 and it will likely become an IPA Study Group in 2007. If this occurs, it represents an achievement as remarkable as it is exceptional, because it places this society on the path to becoming a Provisional and then a Component Society of the IPA.

In the 1990s, the IPA was occupied developing new IPA training centers in Eastern Europe where psychoanalysis had disappeared or gone underground during the Communist era. The IPA New Groups Committee (INGC) was dealing with new societies in Europe and Latin America and with existing societies in the United States that had applied to the IPA. (These groups could not apply to the IPA until the lawsuit for restraint of trade against the American Psychoanalytic Association was settled in favor of the plaintiffs.)

Against this background, the INGC anticipated very slow growth in Asia in the first decades of the 21st century. This expectation has proved to be false due to two unexpected factors.

David M. Sachs, M.D., is a training and supervising analyst in the Philadelphia Psychoanalytic Center for Psychoanalysis, clinical professor in mental health sciences at Drexel University Medical School, chair of the IPA Allied Centers Committee, and immediate past chair of the IPA New Groups Committee.

First, economic, social, and political changes in China, even though still a Communist country, produced a localized but powerful interest in psychoanalytic ideas. Individual psychoanalysts, who have made many visits to China, have been surprised and impressed by the number of people who initially want to know more and who have an interest in being trained to do psychoanalytic psychotherapy. On this account the IPA has responded by establishing a task force, chaired by Peter Loewenberg, to investigate the possibility of developing psychoanalysis by the methods innovated in Eastern Europe; namely, by training some individuals to become IPA Direct Members who could form the nucleus for a Study Group.

Similarly, the remarkable growth of the economy in India has spawned an interest in psychoanalysis that was not anticipated and has the potential for significant growth beyond the Component Society already there.

Individual psychoanalysts, who have made many visits to China, have been...impressed by the number of people who...have an interest in being trained to do psychoanalytic psychotherapy.

Second, due to the initiative of Daniel Widlocher, past president of the IPA, an entirely new idea, IPA Allied Centers (AC), was developed to foster the interest in psychoanalysis in places in which it does not exist. In essence, an AC is a means to form an official relationship with a group of people interested in psychoanalysis who meet regularly. The group can apply to the IPA to become an AC. If the application is approved by the board, an IPA sponsored Site Visit Committee is appointed. After a positive recommendation, the group forms a contractual relationship with the IPA in which either party has the right to withdraw in accordance with the agreed upon rules. Then, a Review Committee is appointed to meet with the AC at least once a year at the expense of the AC. The IPA, in turn, provides a variety of services

to the AC and assists it in learning how to be included in the meetings and affairs of the IPA. The AC is not authorized to train anyone to be a psychoanalyst; however, if anyone in the AC is interested in following a path to IPA Direct Membership, the Review Committee can advise in designing the steps necessary. If a sufficient number of Direct Members emerge from this AC, it is possible that an IPA Study Group can be formed, as occurred in Eastern Europe and in Korea. However, it is important to recognize the distinction between an AC and an IPA Study Group. The former is an interest group; the latter is the first step on the way to becoming a Component Society.

The AC program has been started in a cautious manner so that the contractual relationship can be improved to serve the needs of both parties. At present there is an AC in Asuncion, Paraguay, that will probably move toward Study Group status rapidly. The AC in Taipei, Taiwan, is very active in developing psychoanalytic ideas and community outreach programs but probably will develop toward Study Group status more slowly than Asuncion. Currently, the IPA is considering a possible AC in Panama and in

New Delhi, India. The expectation is that there will be an increase in AC applications as the program becomes better known because it is proving to be an excellent way to develop a cadre of knowledgeable members from whom a psychoanalytic training program can emerge. If the IPA does decide to develop psychoanalysis in China, India, and the Far East, the AC program is likely to be the first step.

In combination the INGC and AC programs provide an integrated way to expand psychoanalysis in areas of the world in which there are few, if any, IPA members. These programs use innovative variations in the tripartite concept of developing psychoanalysts so that those who do become Direct Members are qualified according to the same standards as those trained in the traditional institutes. 



Complexities of Choosing Effective Treatment

Andrew J. Gerber

Starting in 1998, the Personality Disorders Institute at Weill Cornell Medical College's Westchester Division, led by Otto Kernberg and John Clarkin, conducted a randomized controlled trial (RCT) comparing three treatments for borderline personality disorder (BPD). The results of this trial, published in the June 2007 issue of the *American Journal of Psychiatry*, showed that at the end of one year all three treatments—Kernberg's transference-focused psychotherapy (TFP), Marsha Linehan's dialectical behavior therapy (DBT), and a dynamic supportive psychotherapy (SPT), whose design was led by psychoanalyst Anne Applebaum—fostered similar improvements in mood, global functioning, and social adjustment. However, TFP did better than SPT in improving suicidality and better than DBT in its effect on anger and impulsivity. Furthermore, as reported by Kenneth Levy and colleagues in the December 2006 *Journal of Consulting and Clinical Psychology*, TFP alone led to a significant increase in the number of patients classified as "secure" with respect to attachment states of mind and significant improvement in Reflective Function (RF), as defined by Peter Fonagy and Mary Target's rating scale.

Even before the start of the Cornell Westchester trial, a group of psychotherapy researchers in Holland, led by Arnoud Arntz, initiated a similar RCT, comparing TFP with Jeffrey Young's schema-focused therapy (SFT). Young, who was trained in cognitive behavioral therapy by founder Aaron Beck, has developed

a version specialized for BPD in which therapist and patient systematically identify recurrent and pervasive patterns in a patient's thoughts, feelings, and behaviors and discuss strategies for dealing with them. SFT labels four schemas that distinguish BPD: "detached protector," "punitive parent," "abandoned/abused child," and "angry/impulsive child." The results of the trial, published in the June 2006 issue of the *Archives of General Psychiatry* by Arntz, Giesen-Bloo, and colleagues, suggest that patients randomly assigned to one year of SFT are more likely to symptomatically improve than those assigned to TFP. A major factor in this difference appears to have been that patients who underwent TFP in this study were significantly more likely to prematurely drop out of their treatment. Arntz and colleagues reported the results of an "intent-to-treat analysis." They compared the outcome of all patients assigned to TFP with that of patients assigned to SFT, including patients who completed the assigned treatment as well as those who terminated prematurely.

The story continues. The May 2007 *Archives of General Psychiatry* carried a cautionary letter to the editor from Frank Yeomans, one of Kernberg's co-investigators and a consultant on the Dutch study who traveled to Holland eight times (over the seven years of the study) for short visits to train the TFP therapists. He points to several problems with the reported results. First, he notes that analyzing only those patients who completed each treatment would likely show TFP and SFT to be more comparable than the authors suggest. Second, he observes that the authors' own data about therapist "adherence" (the extent to which a particular treatment is being done according to a predetermined set of criteria, as rated from therapy videotapes by independent observers) show that TFP therapists

in their study were less skilled than SFT therapists. Yeomans points out that this confirmed his own concerns, previously expressed to the study's authors, that their training



Andrew J. Gerber

in TFP was too brief for them to be doing it well and that they had little allegiance to TFP as a treatment. The TFP therapists all had previous dynamic training, but none of them were comprehensively trained in techniques specific to BPD.

Arntz and colleagues' response to Yeomans boils down to one statement. "If experienced, valued, and successful therapists after extensive training, 'piloting,' and (peer-) supervision are still regarded as limited-adherent or beginner TFP therapists by the developers of TFP," they argue, "one can wonder how TFP could become widely available as a treatment for borderline personality disorder."

The ongoing debate contains elements that seem central to psychoanalytic scholarship, training, and the place of both in the wider communities of psychiatry and psychotherapy. What are the techniques that are best suited for patients with borderline psychopathology? Is Kernberg's group correct in promoting a modified version of psychodynamic psychotherapy for BPD in which negative transference and aggression are confronted and interpreted early in the treatment? How does this method compare to those suggested by other psychoanalytic theories, such as self-psychology or Fonagy and Bateman's mentalization based treatment for BPD, and what is the effect of each on premature termination? Are there patients in whom one set of techniques is preferable over others and are there systematic ways in which analysts might apply their own expertise in assessing patients and recommending different types of treatment? How does the individual analyst or therapist decide which technique is appropriate at a given moment in a treatment? How possible is it to manualize these very techniques?

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Andrew J. Gerber, M.D., Ph.D., is a fourth-year candidate at the Columbia University Center for Psychoanalytic Training and Research and a post-doctoral research fellow at the New York State Psychiatric Institute/Columbia University Division of Child and Adolescent Psychiatry.

Joys of Medical Student Teaching: From Admissions to Fourth-Year Electives

Janis Cutler

Medical students are our future medical colleagues and referral sources, as well as potential psychiatric colleagues and even psychoanalytic candidates. Uniformly bright and idealistic, many of them are (perhaps surprisingly) receptive to psychoanalytic concepts, which are relevant to the doctor-patient relationship of medical practice, irrespective of specialty. Three psychoanalysts describe the satisfaction they have derived from working with medical students across the educational timeline, from sitting on a medical school admission committee, to lecturing first- and second-year students, to supervising a fourth-year reading elective. Finally, a freshly graduated student offers his perspective on the significance of exposure to psychoanalysts and psychoanalysis during medical school.

We hope you enjoy these accounts and that they inspire you to volunteer at your local medical school.

ADMISSIONS

I served on my local medical school's Admissions Committee for over 15 years. I met some truly fascinating and dedicated people and, as a psychoanalyst, I was able to offer a somewhat different perspective on evaluating potential students. The so-called straight arrow students with very high GPA and impressive MCAT scores are usually easy to select for admission; the unconventional student is more of a challenge. Sometimes these applicants were picked for me to interview. The question always in the interviewer's mind is whether this applicant really wants to pursue medicine and is it for the "right" reasons. For example, an applicant's younger sibling had died of a chronic

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Janis Cutler

When I talked with her, I found her to be outstanding—dedicated, idealistic, but also realistic—and I felt she could be a real asset to the class.

The students who were most interesting were not usually the ones who wanted to be doctors as far back as nursery school but those who approached medicine in more thoughtful and creative ways. One was a highly accomplished social scientist; another, a lawyer working in the inner city. There were a few who were interested in psychoanalysis—mostly it was how the mind influenced the body.

It was an experience I highly recommend. I learned a lot and developed relationships with some students who are now candidates in our institution.

Richard Ruzumna, M.D.

*APsaA Division Chair, Professional Outreach
Clinical Associate Professor of Psychiatry,
Wayne State University
Training and Supervising Analyst, former
President, Michigan Psychoanalytic Institute*

FIRST-YEAR MEDICAL STUDENTS

I just returned to my office after delivering a two-hour lecture on the toddler and preschool years as part of a series on the life cycle that I give to 230 first-year medical students. I'm coming off a high brought on by engaging these bright young adults, who are immersed in physiology and neuroscience, with "stories" about human development. I begin each class with a chapter of a case study of a couple in their late thirties who

illness; the applicant had become depressed, sought help and, after about six months of therapy with medication, was able to terminate and continue her pre-medical studies.

adopt a 20-month-old boy from a Russian orphanage. Students are encouraged to raise questions that I attempt to answer by lectures illustrated with clinical material, videos on child observation, and anecdotes about my own children and grandchildren.

Today in between lectures, one woman who was working part time as a nanny told me stories about the toddler she takes care of. Another introduced herself as the daughter



Jerry Melchiode

of one of our psychoanalytic candidates whom I taught years ago as a psychiatric resident. One student brought her mother to class. They introduced themselves to me and the medical student offered that these were her favorite lectures and thanked me for giving them. After class, another student who was raised in South America wanted to talk about how child-rearing was different in his country. I introduced him to Erikson's work.

Teaching medical students has never been highly regarded as an educational activity by our institutes. I have been acknowledged numerous times for my efforts by the medical students, and I have found my experiences in psychoanalytically influencing three generations of physicians to be priceless.

Jerry Melchiode, M.D.

*Clinical Professor of Psychiatry,
UT Southwestern
Training and Supervising Analyst,
Dallas Psychoanalytic Center*

FROM SECOND-YEAR LECTURES TO FOURTH-YEAR ELECTIVES

Each year I stand in front of a hall of second-year medical students to teach them about unconscious conflict. As I look out, they're a mixed lot—future orthopedic surgeons, neurologists, radiologists. I have to be clear.

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I have to be engaging. I want to be convincing. I get two hours to interest them in the way that conflict paralyzes and talking frees. I try to get them to recognize these things within themselves without frightening them. I try to demonstrate that I'm a psychoanalyst who believes that mind and brain are one. I tell them stories about patients. I leave. And every now and then, I meet one of them years later who remembers my example of the college student who skipped a Saturday night party in order to study but got nothing done because of intrapsychic conflict. Or my example of the plumber who has to go behind the ceiling to really fix the leak.

Sometimes someone emerges from that mixed lot who was listening very closely and who wants to know more. This year, two medical students from that class elected to pursue in-depth studies of Freud. Both attended the Freud class at the institute, and one spent a month-long elective reading *The Interpretation of Dreams*. Their comprehension was remarkable; their enthusiasm was infectious. Their proximity to medicine allowed them to easily cross back and forth between what they knew about neural science and a new world of psychoanalytic constructs. Their interest in psychiatry was enhanced by their foray into psychoanalysis and my annual trip to the medical students was richly rewarded.

Deborah L. Cabaniss, M.D.

Associate Clinical Professor of Psychiatry
College of Physicians and Surgeons,
Columbia University
Training and Supervising Analyst,
Columbia Psychoanalytic Center

THE MEDICAL STUDENT PERSPECTIVE

Our third-year psychiatry clerkship included a psychoanalytic seminar series which reinforced theory and showed us the therapeutic process in action. These sessions, taught by practicing psychoanalysts, were exhilarating. For the first time, we could conceptualize psychotherapy as a *procedure* in relief against the somatic procedures of other medical disciplines.

One analyst presented verbatim process notes from different stages of an analysis. Others used videotaped patient interviews. One class focused on the case of a "difficult" older woman in need of a certain medical



intervention who had, instead, turned dangerously and intractably away from medical care. We watched a video interview in which she recalled her earliest memory and described details of her life. Slowly, our analyst teacher guiding us, we began to understand how to listen to autobiographical data and understand something about her character structure—having to contend, at every stage, with the fact that both the developmental memories and the contemporary character are interdependent and interactive. We came to a flexible but coherent working narrative, a kind of rudimentary psychodynamic formulation, to account for her present behavior and, most important, to suggest a way forward.

At the end of the rotation, having read MacKinnon and Michels's *The Psychiatric Interview in Clinical Practice* and just begun Nemiah's *Foundations*, I was hungry to read more. Deborah Cabaniss, who had delivered two dynamite narrative lectures on psychodynamic psychotherapy in our second year, agreed to supervise a one-month fourth-year reading elective. I was after foundations and not inclined to sacrifice depth for breadth; we decided to read *The Interpretation of Dreams* and, if time remained, *The Project for a Scientific Psychology*. In preparation for the month I would read Peter Gay's life of Freud. Dr. Cabaniss also arranged for me to sit in on the first-year candidates' weekly course in which we read *Studies in Hysteria*.

We met once or twice weekly. Our sessions on the dream book generally began with a surface exegesis of the chapter at hand, ensuring that general concepts and arguments were understood. We then sharpened the focus onto specific passages, specifics of the dream-work, the evolving theory, the interpretations of individual dreams. Throughout, Dr. Cabaniss taught me about the future trajectory of certain ideas and situated concepts in the text within contemporary analytic theory and practice. Toward the end of the month, she presented dreams and dream-thoughts of patients currently in analysis, and I was able to apply what I was learning. We talked critically of the text as text, the style of composition and the structure as a whole. I was even given some space to enjoy the dazzling theoretical genius of Freud. The elective was ultimately some admixture of literature, theory, psychology, psychiatry, neural science, and the history of ideas. It had an indelible impact on my own intrapsychic journey, and it remains among the most intellectually gratifying and important months of all my years in school.

Anand Desai, M.D.

Class of 2007,
College of Physicians and Surgeons,
Columbia University
Psychiatry Resident, Columbia University



Rebuild It, and They Will Come

Janis G. Chester

In the 1970s and 1980s many psychiatric residency programs were riddled by splits. Faculty and programs were identified as psychoanalytic or psychobiologically oriented. The third edition of the *Diagnostic and Statistical Manual (DSM III)* published in 1980, marked a change from a psychodynamic understanding of the patient and illness, to an emphasis on neo-Kraepelinian descriptive diagnosis. Psychiatric training followed suit, with a shift to a descriptive behavioral model at the expense of a psychoanalytically oriented one. This polarization between mind and brain was further fueled by the insurance industry with the advent of managed care in the 1980s. Managed care heavily favored the use of medications and brief formulaic therapies, which were clearly economically preferable.

WEST COAST

Kathryn Zerbe is professor of psychiatry at Oregon Health and Science University (OHSU), the only medical school in the state. She also serves as the vice-chair of psychotherapy; there was no such title or position when she arrived from the Menninger Clinic in 2001. Zerbe was recruited to OHSU to serve on the faculty of obstetrics and gynecology, having occupied the Jack Aaron Chair in Psychiatric Education and Women's Mental



Janis G. Chester

The American Psychoanalytic Association has been working on ways to reintroduce psychoanalytic and psychodynamic theory and practice into residencies, and individual analysts have found ways to do this too.

Despite the development of "core competencies" for psychiatric residencies, which include psychodynamic psychotherapy, many graduating residents do not feel prepared to engage in psychodynamic treatment. As a result, training programs have offered fellowships in psychotherapy, and many psychoanalytic institutes have developed psychotherapy training programs to augment residency training. The American Psychoanalytic Association has been working on ways to reintroduce psychoanalytic and psychodynamic theory and practice into residencies, and individual analysts have found ways to do this too.

Janis G. Chester, M.D., a psychotherapist associate, serves on the *Psychotherapy Task Force and the Committee on Government Relations and Insurance*.

Health at the Menninger Clinic. Once she arrived she became a beacon for psychiatric residents, who approached her for curbside consults seeking a psychodynamic understanding of their patients. The residents had an intuitive sense that something was lacking and that they understood their patients' brains better than their minds. She responded by initiating an evening seminar for senior residents to discuss process and to help them develop a deeper understanding of their patients and psychotherapy, co-run with a psychodynamically oriented psychiatrist, Kelli Holloway.

By 2002, changes in the Department of Psychiatry presented her with the opportunity to become a vice-chair of psychotherapy, a position she helped design, bringing psychoanalytic concepts back into the mainstream of the residency. Her efforts were

soon rewarded with a teaching award in 2003, which was again bestowed in 2004 and 2005. Zerbe has worked closely with other analysts, including Gerald Fogel (a founding faculty member of the Oregon Psychoanalytic Institute) and Donald Rosen, director of residency training at OHSU. Finding that residents were inhibited by the medical model, which prizes the "right" answer, she used case conference and texts (e.g., *Freud and Beyond*, by Mitchell and Black) to instill a psychotherapeutic model which extends beyond the traditional medical model.

Zerbe has co-run seminars with Nancy Winters, a psychiatrist with expertise in cognitive and interpersonal therapies, and used the occasion to compare and contrast how one formulates what ails the patient, and how one then addresses it. This dovetails with encouraging residents to risk being "wrong" in what they say to a patient. She has emphasized that getting to understand the patient (which includes making mistakes or asking the wrong question) can be curative in and of itself. This helps introduce the use of transference and countertransference into the heart of the treatment. The introduction of a psychotherapy track in the outpatient service, along with a self-pay option for patients, has proven a great success, attracting a wide variety of patients interested in psychoanalytic psychotherapy including university students. She developed a summer elective on dream work for fourth-year residents. It is fully subscribed.

In addition to serving on the full-time faculty at OHSU, Zerbe is also a supervising and training analyst at the Oregon Psychoanalytic Institute. Zerbe believes that the involvement of analysts in many aspects of psychiatric training at OHSU has helped stir interest among psychiatrists. Several former residents and clinical and full-time faculty are in full analytic training.

EAST COAST

The psychiatric residency at George Washington University Medical Center has long enjoyed strong training in psychodynamic psychotherapy. A confluence of events has further strengthened this aspect of the program.

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APsaA Urges Mental Health Help for Returning Veterans

Michael Slevin

The American Psychoanalytic Association's board of directors (the Executive Council) approved a position statement on behalf of the organization urging "strong and comprehensive" attention to the mental health needs of returning Iraq and Afghanistan veterans and their families. The statement was approved on June 21, 2007, at APsaA's Annual Meeting in Denver.

Work on this statement began early in the spring, but its timeliness was confirmed by the long anticipated report of the Pentagon task force on the subject issued June 15, 2007. The congressionally mandated yearlong study found mental health services for veterans "woefully inadequate" to respond to the "daunting and growing" psychological needs of today's war veterans.

The task force found that 38 percent of soldiers, 31 percent of Marines, 49 percent of Army National Guard members and 43 percent of Marine reservists reported symptoms of PTSD, anxiety,

depression, or other mental health problems. The findings were based on military surveys completed this year by service members 90 and 120 days after returning from deployment. More than one million troops have served at least one war zone deployment in Iraq or Afghanistan. These findings are comparable in significance to those reported in the *Archives of Internal Medicine* referenced in the position statement.

Gail Saltz, a member of APsaA appearing on CNN's "Paula Zahn Now" show at the end of July, mentioned the APsaA position statement and said, "We need to step up and say we're responsible for these people if we have sent them out there, and we're responsible for their families, because it affects the spouse at home and the children as well."

The statement brought to fruition by the Societal Issues Division, chaired by Steve Sonnenberg, and the Committee on Social Issues, chaired by Mark Smaller, follows:

WHEN THE WAR COMES HOME

The American Psychoanalytic Association joins with other mental health professional organizations to urge strong and comprehensive government and private support for the mental health treatment of returning veterans from the Iraq and Afghanistan wars, and their families. A recent study published in the *Archives of Internal Medicine* estimates that one-third of all returning veterans are suffering from serious mental health and psychosocial disorders. Of those, 56 percent were diagnosed with more than one disorder including post-traumatic stress disorder (PTSD), depression, and substance abuse. The highest rate of mental health problems was among veterans in the 18-24 year-old range, often those most exposed to front line combat.

As an organization of over 3,000 psychoanalysts committed to helping those who have suffered psychological problems often related to trauma, APsaA believes any lack of acknowledgment and appropriate treatment of this critical mental health issue will have a devastating impact on our soldiers, their families, their children, and society at large. Psychoanalytic research on transgenerational transmission of trauma has shown that children of traumatized and depressed parents often develop serious psychological and behavioral problems themselves. APsaA supports effective, comprehensive, and well-funded efforts to address this critical public health issue.



Training Program

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candidates adding full adult training, but could go either way on the issue as a requirement.

The four directors of child programs involved in this study strongly recommended that the program be available to other APsaA institutes that requested it, and definitely

wanted the program to continue at their institutes. Although across institutes candidates experienced in common the training COCAA specified, the nature of child training was strongly influenced by the history and culture of each institute. Directors stressed that it was important to consider the local context when designing and implementing other programs such as this.

In consultation with COCAA, institutes with APsaA approved child and adolescent psychoanalytic training programs may now offer this training without the requirement of adult training. No subsequent training in adult psychoanalysis is required unless the child and adolescent analyst (or candidate) wishes to practice or represent him or herself as an analyst of adults.



From the Unconscious

Sheri Butler Hunt

Meredith Sabini is a licensed psychologist and psychotherapy Associate member of APsA. She received her Ph.D. in clinical psychology from the California School of Professional Psychology, San Francisco, and was an analytic candidate at the C.G. Jung Institute in San Francisco. Sabini is a founding director of the Dream Institute of Northern California and has a specialty in dream consultation.

Her essays have appeared in numerous publications including *Psychotherapy and Psychosomatics* and the *Journal of Analytical Psychology*. Her poetry has been published in both journals and anthologies, including *Anima*, *Chrysalis*, and *Salt Journal*.

Sabini writes with an appealing sense of humor that is at the same time direct and wry. She creates a sense of allowing the reader in on the joke early but then spins it out to a punchy finish. The results are witty, knowing contrasts that engage one's sense of irony regarding issues of development.

Sheri Butler 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.



Matricurval

We've all hated our bodies
Five generations now
It's the tie that binds us
How could we not?

Mother's scourge is a melanin patch
Melted across her shoulder like a Hershey bar
I love to touch the ruddy blotch.

One sister thinks she's too thin
High collars and long sleeves hide skimpy flesh
The other thinks she's too plump
Pulls sweatshirts over zoftig lumps.

I came out an athletic shape
Hips too small, waist too large
Lacking a graceful lumbar curve.

After years on the analytic couch
I shed this heritage of shame
And with it twenty pounds.

And dreamed my grandmother was alive again
Playing the piano in her altogether:

Stretch

I grew up inside
my mother's girdle

Latex-spandex
by generic name

Damned if I ever
saw it stretch.

—Meredith Sabini

Correction

The poem, "Reclamation," published in *TAP* Vol. 41, No. 1, was by David Garfield, M.D.

Harry Potter's Popularity Rooted in the Emotional Life of Children

Judith Chertoff

Over the summer the drums beat ever louder, announcing the publication of the seventh and last Harry Potter book, *Harry Potter and the Deathly Hallows* and the arrival of the newest Harry Potter movie, *Harry Potter and the Order of the Phoenix*. In this context, it is useful for psychoanalysts to understand what makes Harry Potter so popular. Why has this character and his story captured such fevered attention from children, and even adults, around the globe?

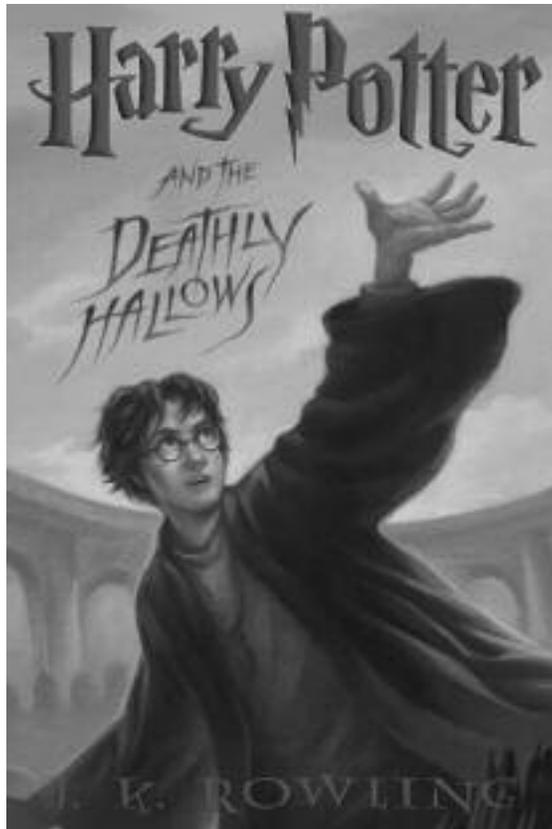
A writer for the *Washington Post* suggested that the magic of wizards holds fascination for children today because they have grown up in a world of technological gadgets that work in mysterious ways. And, of course, a good plot keeps everyone on his or her toes. However, in addition to the sheer fun of a good story, I think it is the way that Harry's adventures provide a forum to play out universal childhood emotional conflicts that make them particularly compelling to so many readers.

In an era of terrorism, when we are all subjected to visions of suicide bombers and wars, inner conflicts are often intensified. This is particularly salient for children who have fewer resources to master such conflicts. For example, when learning about death and destruction in the real world, a child who has successfully mastered a wish to hurt a rival sibling or parent may fear excessively for the safety of that also loved sibling or parent.

Child analysts have long known that fairy tales and imaginary villains play an important role in helping children master inner demons.

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Harry Potter's adventures are modern-day fairy tales that engage the reader because they describe a struggle to master emotions that we have all experienced growing up. Young children imagine scenes (sometimes like those in Harry's wizard world) that embellish or change the everyday world outside. These scenes reflect the child's struggle to contain anger about disappointed wishes as



well as rivalrous and jealous feelings towards siblings, parents, and others. The child often masters such difficult feelings through fantasies that transform his or her helpless rage into images of heroic conquest over obstacles and enemies. Even when mastered, such feelings resurface at times of stress, such as parental divorce, at important junctures in development, like the onset of puberty, or when dangers such as warfare and color-coded terror threats are omnipresent in daily news and adult conversations.

DARK DEMONS

For the child analyst, the child therapist, the parent, or the school consultant books can provide an avenue into the emotional world of children and adolescents. The young person's inner struggle is much like Harry's struggle with the dark Lord Voldemort. For those who don't know the story, Harry's parents were killed during his childhood. After living with adoptive parents who mistreat him, he is rescued and transported to a school for wizards where he finds friends, bullies, mentors, and a range of loved and hated teachers. He also fights the intrusions of Voldemort, the evil wizard who killed Harry's parents. Analysts will recognize the universal adoption fantasy, understood by Arthur Levine (the publisher who brought Harry Potter books to America), who said, "I wasn't neglected. I didn't sleep in a cupboard under the stairs....that doesn't mean I didn't feel invisible and didn't feel powerless and I didn't have the fantasy that I would be recognized someday. This is something we all share."

Like the young child, Harry's battle is often more emotional than physical: His enemies gain power through his fears and other vulnerabilities and lose power when he is able to master his feelings, memories, and wishes. Harry's core strength comes from the love of his mother, who died defending him. J.K. Rowling seems to know what psychoanalysts have long known about child development: Loving care during early childhood provides core strength that helps us master later trauma and stress.

Like Harry, Voldemort lost his mother at an early age and found his first real home in Hogwarts School for wizards. But unlike Harry, he became a loner and allowed his rivalries to rule him. In the sixth book, *Harry Potter and the Half Blood Prince*, Harry's mentor, the wizard Dumbledore, took Harry on a tour of some of Voldemort's important developmental crossroads, showing Harry how his nemesis turned away from people and towards a quest for power and immortality. Voldemort's quest led him to commit acts that cemented his evil character.

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The Patient or the Analyst Dies: Ethical Considerations

Stephen K. Firestein

The death of the patient or the analyst while participating in a treatment is an unmitigated catastrophe.

To think about death, potentially one's own, is so unwelcome as to lead generally to a lack of preparation for such tragedies. Such a professional omission can terribly exacerbate what is already a world-class misfortune. Practicing psychoanalysis or psychotherapy without instituting precautionary measures is, in my view, unethical behavior.

The paramount ethical responsibility to the patient is relevant to the complexities linked to the death of either member of the dyad while the treatment enterprise is in progress.

When a patient dies in the course of an ongoing treatment, the impact on everyone is considerable. The analyst or therapist feels a great deal, and not just from the loss of income. Less spoken about is the frustration of therapeutic goals, even objectives both parties have worked toward for years. Questions arise quite promptly, such as whether the analyst should attend the patient's funeral. Most do not, as the funeral is primarily an event designed for family and friends. Any fees due and owing are to be sought from the patient's estate.

How are issues of confidentiality encountered? Our guideline in most jurisdictions is that the information conveyed to the analyst by the patient remains the property of the patient while living and of the patient's estate after death. The physical record of that information is, however, the property of the analyst.

Legally one must have some sort of a "chart." Its narrative and clinical judgment justify the treatment and the fees for it.

Process notes should be physically separate from the chart described above, whatever

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their form. They are assuredly no business for family to be privy to. With equal assurance in instances of deceased celebrities, notes may not be fashioned into a publication except with the express approval of the patient's estate. Strictly speaking, all the information pertaining to the patient is covered by the umbrella of confidentiality, even the very fact that the patient ever was undergoing treatment by you.

THE ANALYST'S DEATH

However difficult it may be for all concerned to cope with the complications attending the death of a patient, they are much less tormenting than what takes place when an analyst in full practice dies. How does this unfold?

Suddenly, with no warning:

This is the worst. Sudden catastrophic collapses put everyone into a dumbstruck condition. Of these, the most tormenting is suicide.

To think about death, potentially one's own, is so unwelcome as to lead generally to a lack of preparation for such tragedies.

In a circumstance of this character everyone is reeling from the shock. The decedent's family have their hands full taking care of themselves and all the details linked to funeral, interment, and other details of family welfare. It does not surprise us that in this hubbub there is little or no concern about the fate of the suddenly abandoned patients. In most such situations no one considers there is any ethical duty to attend to the practice of the departed analyst.

Gradually, providing some warning:

Analysts are like all other people when confronted with the unprecedented challenge of an altered health condition that will most likely conclude life. It is a maximum assault on self-esteem and composure. In one way or another they deny the seriousness of the dilemma, and that denial often takes the form of action, commonly to continue in active practice.

They are not yet seriously afflicted, so why stop? It feels better to be busy, so why stop? Interruption will be bad for the patient, so why stop? Besides, the analyst is offering a good demonstration of how to address serious adversity.

There will be time to bring it up when the condition worsens, so why stop now?

A colleague whose condition was serious decided that it would be inconsiderate to inform his patients just prior to their summer vacation recess; he would attend to that unpleasant task at the time of autumn resumption. He did not survive until autumn.

This last illustration highlights that a very significant aspect of the analyst's denial is the failure to accept the fact that illness alters judgment, and that there is a need for the afflicted analyst to consult with an outsider as to what is best to do, for whom, and when. The consultant should not be a personal friend, as such a selection renders a difficult situation even more so.

If the analyst has informed his patient of illness and the prospect of interrupting practice, that analysis has ended, even if analyst and analysand decide to continue to meet.

Why is this so? An essential condition for free association has been eliminated. The patient can no longer feel free to say whatever comes to mind. Associations naturally gravitate to the condition of the analyst but are difficult or impossible to share out of fear of their impact, that they may make the analyst sicker. Working, it is assumed, helps the analyst feel better, or he would not do it. The patient and analyst have actually switched positions, the patient now taking the analyst as patient. Nothing—like leaving—is to be done that may distress the analyst and possibly hasten deterioration and death.

Moving to the next stage: The analyst has died, and the family is in no position to be concerned about patients, with whom they have no relationship. What are they to do, and who will help them?

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A number of years ago, in the wake of the death of a colleague, a small committee at the New York Psychoanalytic Society constructed a document called "The Professional Will." It was, of course, fated to be forgotten until some years later I rediscovered and somewhat revised it.

Do you have a professional will? You should, and it should be placed where family members will know to look for it. My colleague, Rita Clark, and I urge that every institute and/or society have on file a sealed copy of your professional will, to be employed if the family's copy cannot be found or if there is no surviving family.

She and I are moving toward the recommendation that it be regarded as unethical to practice without a professional will. Here is a sample:

A MODEL PROFESSIONAL WILL

In the event I am unable to continue my psychoanalytic practice because of illness or death, please refer to the following recommendations and requests.

1. I designate the following psychoanalytic colleagues (*at least two, one of whom should be younger than you*) to inform my patients promptly by telephone, to cancel appointments, and so to protect my patients against the distress of arriving to find the office door mysteriously locked. I have discussed with these colleagues my wish to list them for these purposes. They have agreed to help and, additionally, to offer to my patients the prompt opportunity for consultation to decide how best to meet their continuing clinical needs.

These colleagues are fully aware, in instances in which the patient is a candidate at an institute, of the need for collaboration with the chair of the Education Committee in arranging for the continuity of analysis. To assist my colleagues with these tasks, the names, addresses, and phone numbers of all patients are listed in the fee account record book kept in my office, and my appointment book indicates those with whom I am currently working. (*List colleagues' names, addresses, and phone numbers here.*)

2. My answering machine message should be changed immediately, with wording such as, "Dr. A.'s appointment schedule has been canceled. Please telephone Dr. Colleague at (*telephone number*) for additional information." (*Experience suggests strongly that this task should be taken over by the colleague and not left as a burden for family members, who understandably are preoccupied with their own distress. They cannot be expected to empathize suitably with the dilemmas of patients.*)
3. On the office front door—just in case—place a note that reads, "Dr. A.'s schedule has been canceled. For further information telephone Dr. Colleague at (*telephone number*)."
4. Instruct the doorman, elevator operator, or front desk to say to inquirers, "The doctor's schedule has been canceled. Here is a telephone number to call for more information."
5. Keep all my financial records, appointment books, and related records for the duration of the statute of limitations in our state (*e.g., six years in New York*). If a patient requests substantiation of a claim for insurance benefits and needs a listing of appointments and fees paid, that patient should be asked to repeat the request by letter. The signed letter becomes that patient's authorization for the release of information that is otherwise kept confidential.
6. As in the case of financial records, keep my clinical records for the duration of the statute of limitations in our state. Some of these records, such as evaluative diagnostic or progress summaries, may be requested by successor analysts or therapists. Only copies may be forwarded to the successor analyst, and only upon receipt of a signed letter of authorization from the patient. The original of the record should be retained.
7. Process notes are a different matter, as they were comprehensible and useful to me alone. They can be destroyed after a relatively brief interval. (*They should usually not be shared with anyone, including the successor analyst, unless*

specific instructions are left to do so. The Committee on Confidentiality of APsaA, after lengthy discussion of the Anne Sexton celebrity case, recommended a statement be published that no posthumous disclosures may be made without the patient's specific prior consent and/or instruction.)

8. Keep any agreements and copyrights of written works, either in progress or already published. You can obtain advice about these from my colleagues.
9. If a patient seeks family contacts beyond extending condolences, my standby colleague will furnish guidance concerning such requests.
10. As to obituary notices, the usual notice inserted in the newspaper by family, the funeral director, or the institute or society is entirely at your discretion.
11. Please notify the following list of organizations that have been important to me. (*List.*)
12. Dues to professional organizations and unexpired journal subscriptions should be refunded in a prorated manner. The journals in my library will list their administrative addresses. You need only notify the organizations and the journals. (*List.*)
13. My professional library should be donated to (*name of institution*). (*List designee and second, third, and fourth choices in case the designee does not require additional copies of volumes already owned. I plan to donate mine to my institute library with the proviso that unneeded volumes be sold to candidates and others, the proceeds to go for future acquisitions.*)

Hopefully this discussion and the model professional will are sufficiently persuasive to convince you of the correctness and simplicity of these measures for smoothing what otherwise can become a disastrous intrusion into proper clinical care.

The key resistance to attending to this matter is our reluctance to pause in contemplation of the prospect of our own deterioration and death. An ethical concern for our patients' needs that survive us should shift the balance benevolently.



APsaA, Congress, and Health Information Privacy

James C. Pyles

As Mark Twain has been accused of saying, "No man's life, liberty or property is safe while the legislature is in session." So we were relatively safe for a month while Congress was on its August recess. But before Congress left town, Senator Ted Kennedy (D-Mass.), supported by Senator Hillary Clinton (D-N.Y.), tried to ram through the Senate a health information technology (IT) bill that would have eliminated the individual's right to health information privacy and the psychotherapist-patient privilege recognized in *Jaffee v. Redmond*. These senators, who have professed to support the right to health information privacy, tried to get this bill, the Wired for Health Care Quality Act (S. 1693), approved by the Senate without a hearing, any debate, or any opportunity for amendments. Fortunately, others such as Senators Patrick Leahy (D-Vt.), Jack Reed (D-R.I.), Max Baucus (D-Mont.), and Joseph Lieberman (I-Conn.) blocked passage of the bill. APsaA worked with these senators to alert them to the threat to health information privacy.

Now where does this leave us with respect to federal health IT and health information privacy legislation? We are in a better position than we have been, but the future for quality psychotherapy is not yet assured. In 2006, the Senate actually passed a health IT bill similar to the "Wired" bill without privacy protections, and the House passed a health IT bill that was nearly as bad, which was introduced by former Congresswoman Nancy Johnson (R-Conn.). However, Congress adjourned before the differences in the bills could be reconciled, and Congresswoman Johnson and many supporters of the House bill left Congress after the November elections.

Prior to the beginning of the new Congress, APsaA adopted a set of nine privacy principles to be included in any health IT legislation.

James C. Pyles, of Powers, Pyles, Sutter and Verville, P.C., is the Washington Counsel for the American Psychoanalytic Association.

Those principles are recognition of the patient's right to privacy, an opportunity to exercise that right by giving or withholding consent, the right to keep highly sensitive information private, privacy protections that attach to the information regardless of who handles it, notification of breaches, meaningful relief for privacy violations, preservation of state privacy laws and ethical standards, preservation of the psychotherapist-patient privilege, and definitions of privacy, confidentiality, and security. Increasingly, members of Congress are coming to appreciate the importance of these principles. The legislators are beginning to understand that electronic information systems increase the risk of privacy violations because they cannot be made secure. They make it possible to breach the privacy of millions of individuals instantaneously, and once an individual's health privacy is breached electronically, it can never be restored.

A letter to Senate leaders signed by 27 organizations within the Mental Health Liaison Group opposed the Wired bill and stated that any health IT bill should, "at a minimum" recognize the right to health information privacy and consent and provide for notice of privacy breaches and adequate remedies for violations. These minimum protections are contained in APsaA's privacy principles. Representatives of the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers worked closely with APsaA representatives to prepare this letter and get it delivered to Senate leaders. The letter was very helpful in convincing senators to block passage of the Wired act without privacy protections.

On July 18, Senator Leahy introduced the Health Information Privacy and Security Act (S. 1814). This bill includes all nine of APsaA's privacy principles while the Wired bill includes only one. APsaA is working with the other major mental health practitioner groups to get the privacy provisions of the Health Information Privacy bill included in the Wired bill.

The Wired bill is particularly disturbing because it contains no privacy protections and establishes a process under which the right to health information privacy can be eliminated without an opportunity for consumers to prevent it. The bill establishes three government/private or private committees to make recommendations to the secretary of Health and Human Services (HHS) for health IT standards, national policy, and quality measures. Consumers are allowed to have only one representative on these committees while employers, health IT vendors, and insurers are each allowed a representative and are certain to out vote the consumer representative on any privacy issue. Further, the secretary is authorized to put the recommendations into effect without an opportunity for public comment. Finally, there is no provision for congressional oversight. This coupled with the effort to get the bill passed by the Senate without a hearing, debate, or amendment renders consumers powerless to prevent elimination of the right to privacy.

Those responsible for drafting the health IT bill on the House side appear to be willing to include APsaA's privacy principles in health IT legislation. However, nothing is certain until privacy protections are signed into law.

APsaA was recently asked by representatives of the secretary of Health and Human Services to share its privacy principles and supporting research. Those officials indicated that they plan to adopt a set of privacy principles that are likely to be quite similar. This interest in privacy principles appears to be the result of findings by several congressional investigatory agencies and committees that HHS has shown little commitment to protecting health information privacy in either the health IT standards it is developing or in its handling of sensitive health information. Privacy protections enacted by Congress would ensure that HHS includes strong privacy protections in the health IT standards it adopts.

That is why APsaA members should contact their senators and representatives by telephone and e-mail and at campaign events to urge that basic privacy principles must be included in any health IT bill. The right of health information privacy and quality health care remains in jeopardy now that Congress has returned in September.



Effective Treatment

Continued from page 23

None of the authors treat RCTs as infallible or consider the evidence from any one of these trials as conclusive in a particular direction. Analytic thinkers, most recently Drew Westen and Sidney Blatt, have long pointed out the crucial shortcomings of the RCT as a method for choosing a defined set of “empirically validated treatments.” Above all, they argue, how can we generalize from manuals and randomly assigned groups, when each treatment is so individual and the product of such a highly subjective and intersubjective negotiation. The debate between Yeomans and Arntz itself makes clear how complicated it can be to interpret any one set of data. However, it also suggests that some of the very issues being debated here—training of therapists, identifying techniques to avoid premature dropouts in borderline patients, and defining the goals of treatment—are those confronting psychoanalysis. 

Certified in Psychoanalysis By the Board on Professional Standards

June 20, 2007

Adult

Barbara T. Drinka, L.C.S.W.
Thomas Hoffman, M.D.
M. Nasir Ilahi, L.L.M.
Alan Karbelnig, Ph.D.
Catherine R. Kimble, M.D.
Joanne Naegele, M.A., L.P.C.C.
Julie Jaffee Nagel, Ph.D.
Barbara Redinger, Ph.D.
Maryam Rezai, M.D.
Harold J. Steiger, Ph.D.
Lynne M. Zeavin, Psy. D.

Child and Adolescent

Mary M. Sickles, M.D.



HELP FOR THE IMPAIRED PSYCHOANALYST

Having served on the Physicians Assistance Committee (PAC) of the Illinois State Medical Society, I am very grateful that the American Psychoanalytic Association has established the Joint Psychoanalyst Assistance Committee (JPAC). From the example in the article in the Winter/Spring 2007 issue of *The American Psychoanalyst*, one

TAP welcomes letters to the editor. Letters must be less than 350 words long. Letters will be printed as space allows and at the discretion of the editorial board.

might conclude that impairment relates largely to medical conditions where death is imminent. In my experience, impairment may be a much more chronic condition, especially when the practitioner is impaired by addiction, such as alcoholism, drug addiction, eating disorder, sexual compulsivity, or other compulsive disorders. The culture of secrecy and denial may be even more debilitating to the practitioner and the analytic community under these conditions than when the impairment is more time-limited. This secrecy and denial might account for the relatively low number of referrals to local PACs. JPAC might want to consider some form of intervention training for local PACs to systematically address these conditions.

Jeffrey D. Roth, M.D.

Announcing...

APSAA's

Affiliate Membership Drive

October 15 – November 15 2007



APSAA's goal is to recruit 100% of the new Fall 2007 candidates as Affiliate Members. The first year of Affiliate Membership is absolutely free and includes a complimentary subscription to JAPA so there is no risk in joining. Applications are available from institute administrators or contact the National Office (membership@apsa.org or 212-752-0450 x26).

American Psychoanalytic Association
A professional organization for and of psychoanalysts for over 90 years

Birth of the American Association for Psychoanalysis in Clinical Social Work

Marsha Wineburgh

On the occasion of our name change, we have been invited by TAP to introduce ourselves to the broader psychoanalytic community. And speaking for all our past-presidents, this is a long-awaited pleasure. Who are we? Prior to March 2007, we were known as the National Membership Committee for Psychoanalysis in Clinical Social Work—the NMCOP. Although this name was historically accurate, it was confusing and, even for us, difficult to remember. Happily, the American Association for Psychoanalysis in Clinical Social Work (AAPCSW) was selected for its accuracy and clarity.

We are an autonomous national association of clinical social workers who are either psychoanalysts or who apply psychoanalytic theory and its derivatives to our clinical practice. We have an elected board of national officers and 15 chapters across the United States, primarily in large metropolitan areas such as New York, Chicago, Los Angeles, San Francisco, Seattle, Minneapolis, Raleigh/Durham, Washington, Atlanta, and Denver. Our membership, somewhere north of 750, is growing.

Our primary mission is to preserve and protect the knowledge base of psychoanalysis and psychoanalytic psychotherapy through educational programs on the chapter level and through our acclaimed national conferences, usually held biennially. Our most recent conference, "The Examined Life," was held in Chicago in March 2007.

In support of our mission statement, our Legislative Committee monitors federal and state legislative activities to safeguard minimum standards for psychoanalytic training and

Marsha Wineburgh, D.S.W., is president of the American Association for Psychoanalysis in Clinical Social Work. She is faculty, supervisor and training analyst for the Postgraduate Center for Mental Health and in private practice in New York City.

to ensure that clinical social workers who are qualified to practice psychoanalysis are protected from any restrictive new regulatory laws. For example, when New Jersey passed legislation establishing certification for psychoanalysts, two issues of immediate concern arose for social work. The first concerned the inadequate standards for psychoanalytic training, particularly in the areas of supervision and personal analysis. The AAPCSW supports the training standards developed by the Psychoanalytic Consortium and the New Jersey draft regulations failed to meet the minimum criteria. The initial version of these standards for psychoanalytic training was discarded following professional community criticism; we are awaiting a revised version.

The second issue required clarification for licensed clinical social workers who had successfully completed psychoanalytic institute training. Did New Jersey's scope of practice for licensed clinical social workers which specified psychotherapy include the practice of psychoanalysis or would L.C.S.W.s be required to be certified to practice as psychoanalysts?

PSYCHOANALYTIC CONSORTIUM PARTNER

For those of you who may not be aware of the Psychoanalytic Consortium, this essential alliance comprises four national membership organizations representing the traditional mental health practitioners who are trained in the subspecialty of psychoanalysis. It includes the American Psychoanalytic Association, Division 39 of the American Psychological Association, the American Academy for Psychoanalysis and Dynamic Psychiatry, and the AAPCSW. Among its important accomplishments have been agreement on minimum standards for psychoanalytic training and support for the creation of an independent accrediting body for training institutes, the Accreditation Council for Psychoanalytic Education (ACPE). In addition,

representatives from all four groups participated for the first time in a symposium honoring Freud's 150th birthday. This event has led to the publication of a book that will be available later in the year: *Freud at 150: 21st Century Essays on a Man of Genius*.

The AAPCSW's commitment to education is furthered by the Study Group, a committee that publishes psychoanalytic social work writings and contributes to the development of educational programs. Among the Study Group's past accomplishments are two books: *Fostering Healing and Growth: A Psychoanalytic Social Work Approach* and *The Social Work Psychoanalyst's Casebook: Clinical Voices in Honor of Jean Sanville*. This committee is also active in promoting psychoanalytic content in social work education. These highlights are only a few of our organization's current activities.

AAPCSW'S ORIGINS

As with many professional organizations, we were born out of necessity. In the early 1970s a bill was making its way through the New York State Legislature which subsumed all social work practice under the supervision of psychologists. In addition, clinical social workers, unlike psychologists and psychiatrists, were not afforded equal opportunities to teach and supervise once they completed analytic training. (New York has been a mecca of advanced training opportunities in psychoanalysis since World War II with more than 70 postgraduate institutes inviting candidates to join their training programs.)

Under the leadership of Crayton Rowe, the Committee on Psychoanalysis was formed to address these issues in New York State as part of the New York State Society for Clinical Social Work. Soon after, the need for a national committee led to the formation of a Committee on Psychoanalysis as part of the National Federation of Societies of Clinical Social Work. Within 10 years, we became an independent national organization, the National Membership Committee for Psychoanalysis in Clinical Social Work, incorporating in 1993 just in time to oppose the National Association for the Advancement of Psychoanalysis's (NAAP) attempt to obtain federal recognition as the sole accrediting body for psychoanalytic training.

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Awe and Awful: The Continuum of Forgiveness

Paula J. Hamm

Spiritually, awe is experiencing a sense of the Divine Being while being swept into inspiration, feeling reverent, and being left with a sense of sacred mystery. Mortimer Ostow showed us that the pathways to experiencing awe are grounded psychoanalytically and neurologically in the preverbal experience of being in the presence of the all-powerful mother/God. Later in life this phenomenon is activated when the mind is receptive and open as one encounters an extraordinary experience. Feelings of being moved, stirred with a feeling of belonging accompany the moment.

In a particularly evocative display of awe, The Sundance Film Festival documentary, *In the Shadow of the Moon*, captured the Apollo astronauts' intensely personal feelings evoked by their traveling through space to the moon. The overriding feelings they expressed were related not to the memory of the dusty, barren moon as one "giant leap for mankind" but feelings about "home."

Astronaut Eugene Cernan: "Science and technology had no answers for how I was feeling. I felt the creator; but a creator above religions we create on earth to govern our lives."

Alan Bean: "We're living in the Garden of Eden."

Scott Carpenter: "Being on the moon doesn't change you. It reveals you; it makes you more so."

Viewing the earth from the moon was a real event and had to be an extraordinary moment. Awe, then, is not (necessarily) an illusion or a wish fulfillment as Freud proclaimed.

Paula J. Hamm, L.P.C., is a full-time psychoanalyst in private practice in McLean, Virginia. She is the chairperson for the ongoing discussion group, "The Psychodynamics of Spirituality," held at the American Psychoanalytic meetings. She resides in Centreville, Virginia.



A jewel in the vastness of space, earthrise over the surface of the moon.

Image courtesy of the Image Science & Analysis Laboratory, NASA Johnson Space Center

The astronauts' awesome heavenly achievements have contributed tremendously to the technology of today's world, capturing the public's awe and respect within the NASA community. This year challenged this perception when both the public and the NASA community confronted an event that showed what it means to be vulnerable earthlings living "down to earth," fragile emotional lives. One of their own was featured for days across the national news. With her beautiful head bowed and hands clasped—not in prayerful reverence, but in handcuffs—banner headlines screamed "With Discipline Honed by Training, Police Say, Astronaut Set Out to Kill."

Lisa Nowak came back from a Discovery mission, not with an inspirational message but with an awful splat. She had been charged with attempted kidnapping, burglary, and assault and battery. The previously adoring public then threw stones on the fallen star by making her the butt of jokes on the late night talk shows. The media's reaction to this desperately ill woman was like that of two-year-olds who, when they discover the imperfections of their all-good powerful mother/God, turn her into the devil. Eventually, NASA summarily dismissed Nowak from the astronaut corps. Awe gave way to awful revulsion. There was no room for understanding or forgiveness.

Initially, in the face of violent loss we are revolted and unforgiving. The process of forgiveness ranges along a continuum from compassion, the most mature response, to a regression to impulsive retaliation, Freud's understanding of infantile aggression. When we see a person intentionally and authentically engaging in forgiveness, as opposed to pseudo-forgiveness, a reaction formation, we are awestruck.

The self is transformed in new emotional/spiritual directions.

In October 2006, newspapers reported that five young Amish girls in Nickel Mine, Pennsylvania, were shot dead and five more were seriously injured by a heavily armed milk-truck driver who then took his own life. The reaction of the earthbound, yet spirit filled, Amish to the murders of their children stands as a beacon of light in a world filled with daily acts of terrorism. With a perspective that is fostered within a deeply spiritual people, the Amish sent the world an enduring example of community, compassion, and forgiveness in an hour of sorrow: They invited the wife of the assailant to participate in the funeral services. The widow of the killer said, "I was overwhelmed by the forgiveness, grace, and mercy."

Following the April 16, 2007, massacre of 32 college students at Virginia Tech, a student organization placed stones in a semicircle as a memorial. Another student, Katelynn L. Johnson emerged and added a 33rd stone for Cho, the assailant. The stone was removed the next day but Johnson came forward and said, "I believe his life had value no matter what he did." The stone was replaced, but outside of the semicircle.

Forgiveness does not enable bad behavior or deny tragic events, and pseudo-forgiveness does not nurture personal and relational healing. Forgiveness means to "set free." Spiritually speaking, forgiveness is a soul-searching act of love, an ideal which comes forth in the discipline of quiet listening in prayer and silent meditation. Freud's scholarly psychoanalytic writings never mention the word "forgiveness," a word which has a religious connotation.

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Retirement Can Wait

Finding a New Way to Contribute

Arthur L. Rosenbaum

After more than 40 years, I began to decrease my practice and had time to do something different. Retirement did not appeal. A colleague's interesting reports about her consultations with a university counseling service inspired me to call the director of the counseling service at the Case Western Reserve University where I had a clinical faculty appointment. He invited me to attend their weekly staff conference. At the conference were clinical psychologists, social workers, substance abuse specialists, cognitive behavioral therapists, graduate student interns, psychiatric residents, and a psychiatrist—matching my view that a range of services and modes of therapy should be available to provide optimal care. I added a dynamically oriented viewpoint to the discussion and they invited me to return.

That was September 2003. Attending that conference once a month for the next two years, I found the discussions were among the best clinical discussions I had ever heard and the staff appreciated my contribution. Not only was the group congenial but dedicated to providing the best service they could. In addition, a member of the staff asked for consultation and we met weekly for a year.

The director asked me to comment on a presentation of a new project the counseling service planned to propose to the university, a business plan for alternative housing for students who had been in drug or alcohol treatment programs and wanted to live in a sober setting. The counseling center planned to lease a house on the campus for six residents and a resident coordinator. Immediately interested in the proposal, I accepted their invitation to join the Recovery House Advisory Board.

Arthur L. Rosenbaum, M.D., is supervising and training analyst at the Cleveland Psychoanalytic Center and emeritus associate clinical professor at the School of Medicine, Case Western Reserve University.



Arthur L. Rosenbaum

Once the plan was accepted, the advisory board began to meet monthly with representatives from such university departments and services as student life, housing, disabilities, and maintenance, as well as with lawyers, business people, and others from the general and recovery communities. The board chair was the substance abuse specialist of the counseling service. The Cleveland Psychoanalytic Center became a sponsor of Recovery House.

Early on, the board saw the need for input from an experienced businessperson. I thought one of the Psychoanalytic Center Foundation Board members might be interested; he was and soon became active with the advisory board.

The topic that especially caught my attention was the relapse policy, which viewed relapse as an expected part of the treatment process. Our search into policies about relapse indicated that in the few universities that had such programs, most often a judicial process leading to expulsion of the offender was in place. As we discussed it, I recommended that the relapsed student be an active participant in whatever the process was. I accepted the offer to chair the board committee that would deal with relapse, which we named the Advocacy Committee, in keeping with its mission to advocate for the student as the process of dealing with relapse unfolded.

In 2005, I proposed changing my volunteer status and expanding my consultation time at the center as a paid staff development resource. Although I would not see students, I would be available for on the spot consultation and for the assessment of suicide risk, and would attend the weekly staff conference. The director accepted my proposal.

The following year, I brought to the conference one of the candidates in the Psychoanalyst Training Program of the Cleveland Psychoanalytic Center who had no prior clinical experience. Immediately accepting her, the group found her participation useful and especially liked the fact that she was a college teacher, who had used psychoanalytic concepts in her research and writing. This gave her an opportunity to experience clinicians from diverse backgrounds interacting around clinical problems. Eventually, when able to accept them, she received referrals from staff and discussed her work in beginning her psychotherapy practice with the group.

Another benefit has come from these new associations. The Recovery House Advisory Board chair, who is a social worker, enjoyed revisiting the psychoanalytic ideas that were part of her professional education decades ago. She joined the fledgling research group of the Psychoanalytic Center and was invited to become a member of the Psychoanalytic Center Board. It is clear what the Psychoanalytic Center and I have gained and the benefit to the candidate is clear, but what does the counseling center get from my participation? The director told me, "You are our compass." He explained that my contributions served to remind them that beset by time and economic constraints, they, on occasion, make clinical decisions based less on the client's need than on administrative demands. I keep them focused on the individual's resources to meet the demands imposed by the college situation, their unique life stories, and their developmental status. 

AAPCSW

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(This group represents psychoanalysts with no mental health credentials.) Through the work of the Psychoanalytic Consortium, we were able to defeat this attempt.

It was this cooperative experience in the consortium with APsA, Division 39, and Dynamic Psychiatry, which made clear the necessity for ongoing collaborative efforts to protect and preserve psychoanalytic training and its knowledge base. The AAPCSW looks forward to working with APsA as equal partners on behalf of psychoanalysis. 

Rebuild It

Continued from page 26

When Jeffrey Akman assumed chairmanship of the Department of Psychiatry, he had to address the fact that the faculty lost money by treating patients covered by managed care insurance plans. He made a bold move, and negotiated with the university CEO for an exception to be made for his faculty; they would no longer contract with managed care. The faculty would instead negotiate fees with their patients in a traditional private practice model. As a result, the department made a financial comeback and set an example for its trainees. The doctor-patient relationship and therapeutic alliance were shown to be alive and well. Thinking and acting along those lines was rewarded. This business decision had another secondary effect on the residents. When the faculty held managed care contracts, only the uninsured patient was eligible for treatment in the resident clinic. Once the contracts were abandoned, all patients could be seen by residents in the outpatient clinic, using a sliding scale payment model. This affords the residents the opportunity to treat a broad array of patients with many diagnoses. Treatment is not dictated or limited by insurance company criteria.

A few years later, the Department of Psychiatry and the Washington Psychoanalytic Institute made another bold move. They entered into an affiliation agreement which brought psychoanalysts back to mainstream medicine. The analysts have fortified their role in teaching and supervising residents and medical students. Psychoanalysts supervise and teach residents starting in the second year of training. Faculty appointments are facilitated by the affiliation, leading to a larger pool of analysts available for teaching, supervision, and seminars. When Washington Psychoanalytic sold its headquarters and needed an interim home, George Washington University made space available for offices and classes. The affiliation was further supported by offering qualified residents the opportunity to begin psychoanalytic training during their senior year of residency. The supervision and clinical work at the Washington Psychoanalytic Institute is credited toward their residency requirements. Stephen Rosenblum, a supervising and training analyst at the Washington Psychoanalytic Institute, helped to shepherd the affiliation and continues to serve as the liaison between the two entities. According to James Griffith, the residency training director at George Washington University, psychoanalysts

were important to the residency before the affiliation in a more intangible way. He recalls that the analysts were always able to keep the needs and the uniqueness of the patient in perspective, despite the vagaries of competing theories and the undue influence of third-party payers.

APSA

Awe and Awful

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Forgiveness, like the experience of awe, as understood in the psychoanalytic contribution made by Phyllis Greenacre, represents an important developmental milestone towards psychological maturity. It relates to the separation/individuation phase when one recognizes oneself as a separately functioning being. The psychoanalytic relationship opens the pathway for forgiveness, allowing the discovery of one's limitations as a human being, including one's innate capacity to harm another through words or actions. Without forgiveness a person is bound in the hell of bitterness. When we stand in the face of mature forgiveness, we also stand in awe of divine love in humankind.

APSA

In Memoriam

Herbert Aldendorff, M.D.
September 24, 2003

Michael R. Bieber, Ph.D.
April 26, 2007

Jules V. Coleman, M.D.
February 17, 2004

Hartvig Dahl, M.D.
March 17, 2007

Jack Dorman, M.D.
March 11, 1999

Max L. Gardner, M.D.
September 27, 2005

Laurence B. Hall, M.D.
March 1, 2007

Warren Lester Jones, M.D.
January 25, 2007

Harold I. Lief, M.D.
March 15, 2007

Gary A Lucchese, Ph.D.
January 11, 2007

Milton Meltzer, M.D.
December 12, 2006

Bernard L. Pacella, M.D.
February 15, 2007

James B. Pierce, III, M.D.
January 16, 2007

Marvin R. Plesset, M.D.
February 7, 2003

Morton F. Reiser, M.D.
June 21, 2007

Donald D. Schwartz, M.D.
June 2, 2007

Philip M. Spielman, M.D.
April 24, 2007

Allen B. Wheelis, M.D.
June 14, 2007

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June 2007

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Anthony D. Bram, Ph.D.

Diane Dowling, Ph.D.

Cheryl L. Eschbach, M.D.

M. Nasir Ilahi, L.L.M.

Susan Jaffe, M.D.

Sheila Japko, M.S.W.

Geoffrey M. Margo, M.D., Ph.D.

H. Randall Matthews, M.D., Ph.D., J.D.

Leslie J. Neilson, M.D.

Joshua E. Pretsky, M.D.

Diane Louise Rainey, Ph.D., L.C.S.W.

Maryam Rezai, M.D.

Helen B. Stein, Ph.D.

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Russell B. Carr, M.D.

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Jong-Heun Kim, M.D.

Karen S. Miller, Ph.D., L.P.C.

Jennifer Nogi, M.D.

Wanda Norris, M.D.

Louis John Roussel, Ph.D.

Carlos A. Sanchez, M.D.

Elizabeth L. Shane, Psy.D.

M. Ann Simmons, Ph.D., M.S.W.

Aurelio S. Zerla, M.D.

Harry Potter

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Throughout all the Harry Potter books, Harry is beset with his own jealous feelings, but he remains open to friends and mentors who help him master them so that he can grow in resilience. Harry, too, has wounds, due to the loss of his parents, that can be reopened. Like many of us, he needs to understand his vulnerabilities in order to gain the upper hand with those who play upon his hatreds, anger, and other dark emotions. For example, in the first few books, Harry learned that the fear and coldness he experienced in the presence of prison guards, called “dementors,” was because of their ability to revive feelings and fears from his past: With them he experienced the cold loneliness he felt after his parents’ death.

In the fifth book, most recently made into a movie, *Harry Potter and the Order of the Phoenix*, Harry began to dream that he was Voldemort. Professor Snape was assigned to help him explore his mind in order to master those feelings that made him vulnerable to this dark lord. When Snape began to remember troubling feelings from his own childhood—a time when Harry’s father teased Snape mercilessly—he became more hurtful than helpful. Harry fled their sessions and Snape avoided Harry. Although Harry ultimately prevailed, he suffered greatly as a result of the vulnerabilities he and Snape could not address.

While the movie *Harry Potter and the Order of the Phoenix* is better than some of the others, movies don’t allow as much room as books for a child’s own imagination. The Harry Potter movies rarely capture fully the resonance of villains with the inner struggles of Harry and his friends. They are therefore not a very good introduction for those who have not yet read the books.

As Harry has grown in the course of the series, he has

struggled with adolescent rivalries and crushes. *Harry Potter and the Deathly Hallows* has hallmarks of a coming of age saga: Harry struggles with disillusionment with the wizard Dumbledore, his idealized parent substitute, and alternately yields and resists his tie to Voldemort’s inner life, which is characterized by rage, destructiveness, and the quest for power. His struggles resemble the adolescent inner struggle to develop an independent identity, often characterized by denigrating idealized parental figures and periods of narcissistic self-investment alternating with depression and despair. This is a struggle we psychoanalysts often see in our patients when they regress at times of crisis or have not sufficiently mastered inner forces and past experiences. They, too, need to find a way to love themselves and others despite imperfections and the realities of trauma and loss. Although Rowling gets carried away (Hollywood style) by battles among wizards as the book goes on, she ultimately makes clear the nature of Harry’s struggle as an inner one and shows us the ultimate fate of such a struggle in maturity.

APSA



IPA Promotes Survey to Aid Psychoanalytic Practice in the Three Regions

Bob Pyles

Sometimes, our country leads the world in ways we wish it did not. Since the early '80s, we have been dealing with increasing assaults on psychoanalytic practice, first by managed care, then by increasing regulation and intrusion by government and insurance companies, and, finally, from threats by licensing and competition by groups with lesser training. Caught off guard, and helpless at first, we have rallied to develop ways to fight back. Political action at the federal and local levels, public information and media efforts, community outreach, and strengthening ties to universities has helped us turn the tide from declining membership and candidate enrollment to a position of slow but steady growth.

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

We are now seeing that similar threats have spread to the other regions of Europe and Latin America. Many local societies there find themselves under siege, with the same problems of regulation and competition that we have been facing, and with the same result of declining membership and candidate applications.

Under the forward thinking policies of the last several IPA administrations, Otto Kernberg, Daniel Widlocher, and now Claudio Eizirik, increasing efforts are being made to develop a similar capacity by the IPA to protect and promote psychoanalysis on a worldwide basis.



Bob Pyles

For example, a Public Information Committee, under Sergio Nick of Rio, has been formed.

A major development has been the formation by Claudio Eizirik of a Working Group on Professional Practice Issues, which I chair and Rick Perlman co-chairs. The charge of this group is to become an international "think tank," collecting information from societies in all three regions on their experiences, threats to practice, and their efforts to deal with them. The idea is to bring both collective experience and wisdom to any society that is threatened, as well as practical and "on the ground" aid. The current hot spot is Venezuela where the policies of President Chavez are so threatening to psychoanalysis, that many psychoanalysts are planning to leave the country.

As a first step, each society in each region, will soon be receiving an important questionnaire, asking about such issues as threats to practice, recruiting of candidates, licensing, public relations, relations to other professional groups, and competition with other groups. It is critical in this effort to receive information as complete as possible. Our group also has the charge, and the budget, to do site visits, if desirable.

It is very important that each society return the survey. Help us empower the IPA to help you!



How to Participate in APsA'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.

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