The APsaA Scientific Paper Prize is an annual award for the most outstanding empirical paper relevant to psychoanalysis published in English in a peer-reviewed journal. The brainchild of Robert Michels, the prize honors a small but growing cadre of psychoanalytic researchers whose work is crucial to the vibrancy of psychoanalysis, if not its very survival. The prize-winning papers often gain considerable attention in the broader fields of psychology and psychiatry, but tend to go unnoticed by the clinical psychoanalysts who constitute the majority of APsaA members—hence this brief description of the winning papers since the inception of the prize.

A PSYCHOANALYTIC ALTERNATIVE TO DSM

Honorary APsaA member Jonathan Shedler won the inaugural Scientific Paper Prize for his groundbreaking article, “A new language for psychoanalytic diagnosis,” Journal of the American Psychoanalytic Association, 50 (2): 429-456, 2002. The article described a new approach to personality assessment and case formulation, the Shedler-Westen Assessment Procedure (SWAP), that captures the richness and complexity of psychoanalytic constructs and formulations while providing reliable data for research. The instrument has been used to demonstrate structural (versus symptomatic) change in psychoanalytic treatment and to develop a new classification of personality disorders—as an alternative to DSM-IV Axis II—that is not only scientifically valid but also psychoanalytically relevant. Research based on the SWAP has also empirically validated key psychoanalytic tenets including, for example, the role of unconscious aggression in depression, the centrality of projection in paranoia, and the centrality of oedipal conflict in patients with hysterical personality styles.

DIFFERENTIAL THERAPEUTICS: ANALYSIS VS. THERAPY

The second Scientific Paper Prize went to Sidney J. Blatt and Golan Shahar for their paper, “Psychoanalysis—with whom, for what, and how? Comparisons with psychotherapy,” Journal of the American Psychoanalytic Association, 52 (2): 393-447, 2004. The research builds on Blatt’s pioneering distinction between two fundamental developmental lines, one concerned with the capacity for relatedness (“anaclitic”) and the other with self-definition (“introjective”). Continued on page 8
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Correspondence and letters to the editor should be sent to TAP editor, Janis Chester, at jchestermd@comcast.net.
A Joint Presidential Message

Dear APsaA Members,

We are both grateful to you for the trust you have given us in electing us to serve APsaA as president of the Association. Between the two of us, we have three and a half decades of experience working for and in this organization and a deeply felt passion for what psychoanalysis has to offer our world. We both want APsaA to retain its leadership position in advancing our field. That is why we both worked so hard to be able to lead our Association.

Today we write you a joint message because we feel the organization we are honored to lead is at a critical juncture and that our very survival is on the line.

We want to share with you our analysis of the crisis and our sense of the narrow range of possible solutions.

APsaA does many things extremely well, from public information to advocacy to outreach, member services, scientific programs, and support for research.

There is one sector of our functioning, having to do with educational standards, that has, however, led to decades of distress, conflict, strife, failed initiatives, and bylaws standoffs. A new effort to resolve these tensions is currently under way. It is called the Task Force on Educational Standards Revision. It is an initiative that has come from BOPS itself, and the task force is scheduled to deliver an important report in January. We are both strongly supportive of this effort and hopeful that a unitary set of standards will be reached, one that is acceptable both to those who want to see major changes in our standards and educational system AND to those who place higher value in the traditional standards.

It is our belief that the fundamental problems are these:

• APsaA contains within it two groups with distinct and somewhat incompatible value sets regarding issues such as certification, the training analyst system, and what changes, if any, in these practices are desirable for the future of psychoanalysis. Each of these groups is absolutely devoted to nurturing and supporting its own value set.

• Another dichotomous but separate area of disagreement within the organization is the value of strong national standards for institutes versus more local autonomy.

• Any organization coping with such a situation like this is faced with a very difficult challenge—only three options seem to be possible: compromise, co-existence, or a new and widely held consensus.

• We perceive that there is a thick overlay on this basic situation where old injuries, mistrust, power struggles, fear, and antipathy have led to an apparent hardening of attitudes which repeatedly interferes with a straightforward effort to find a resolution to the inherently difficult situation of dual value sets and limited options.

• We believe that there is a shared value set throughout the organization which involves a commitment to high educational standards and practices and to the progress and growth of our profession.

• We do know this for sure—the organization is weary of the fight and needs, finally, a resolution in order to attend to the many other urgent needs of our members and our profession.

We will close by offering you our own vision of a new and better set of training standards for APsaA that we would hope could begin to build this elusive but essential consensus. In doing so, we are very mindful of the limitations of the president’s authority in this matter. Our bylaws delegate the authority for setting standards to our Board on Professional Standards and we fully support that. But we want to share with you what we see as a way out of our impasse, and hope that all of you will share your own visions of solutions with the task forces that are working on this problem.

Prudence L. Gourguechon, M.D., is president of the American Psychoanalytic Association.
Warren R. Procci, M.D., is president-elect.
Joint Presidential Message

Continued from page 3

- Disengage certification from the training analyst appointment process.
- Make certification an honor and a sign of substantial experience and skill in conducting analyses, and a sign of advanced immersion in our work, as it is in other professions. Certification should be time limited and renewable and should signal an ongoing involvement in a variety of activities such as continuing education, writing, teaching, outreach, and/or organizational work.
- Shift training analyst (TA) appointment towards more objective criteria such as length of experience. The San Francisco model provides an excellent beginning for a possibly better set of TA requirements. TAs should be required to engage in career-long peer consultation groups.
- Revise the immersion criteria to be more in tune with present day practice realities, rather than relying on waivers and exceptions.
- Strengthen the standards for institute governance to include guidelines for fair practices in any decisions that affect promotion, demotion, and appointment.
- Create new standards that recommend training and ongoing peer consultation for supervising analysts.
- Create new standards that recommend pedagogy courses and consultation for institute faculty.
- Strengthen and expand the far too minimal guidelines for curriculum currently included in our training standards to include guidelines for teaching of multiple theoretical models, community and applied psychoanalysis, modern theories of sexuality, combining psychoanalysis with pharmacotherapy, neuropsychoanalysis, and other key areas.
- Strengthen the recommendations for a candidate’s progression to graduation to eliminate the need for national assessment of individual graduates, since graduation per se should reliably be seen as a sign of full and adequate training.

More emphasis needs to be placed on optimal governance practices, and “teaching teachers to teach” both as supervisors and classroom teachers. You can see where we’re going. Towards a set of standards that is less concerned with gatekeeping, or any kind of exclusionary practices, less hierarchical and more devoted to lifelong peer supervised learning.

This sketch of a set of standards which would be even more rigorous than our current ones, yet would alter the points that have so deeply divided us, serves, we hope, as an example of the type of standards for psychoanalytic training that could form the basis of a new consensus within the Association.

Drudy Gourguechon
Warren Procci

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We Can Work It Out

Cal Narcisi and Myrna Weiss

At the July 2009 meeting of the Board on Professional Standards, we agreed to form a task force with two groups. It is called the Task Force on Educational Standards Revision (TFESR), which has been formed for the purpose of recommending educational standards revisions. The two groups are the Task Force on Educational Standards Major Revision and the Task Force on Educational Standards Minor Revision. The TFESR has two co-chairs, one to chair each group and also to coordinate communication between the two groups.

The Major Revision group was charged with developing a comprehensive educational standards document compatible with the standards of the International Psychoanalytical Association (IPA) for consideration by the Board on Professional Standards (BOPS) at their meeting in January of 2010. The Minor Revision group was charged with reviewing the current educational standards document, which is available on the Association’s Web site, and recommending changes where appropriate to BOPS at their January 2010 meeting. These minor revisions of standards must also be compatible with the standards of the IPA.

Both groups will work by phone, conference call, and e-mail. A draft document from each group will be available for distribution with materials for the 2010 National Meeting in January. As a fellow-at-large for BOPS, Eric Nuetzel serves as ombudsman for the two groups. The chairs of these two groups will be sending Nuetzel monthly reports. The two groups are expected to share working drafts of new or revised standards with each other and may at their discretion request feedback through the BOPS listserv. By that means, drafts can be distributed to each society and institute by the BOPS Fellows for discussion among the members of each local psychoanalytic community.

The two working groups, Major Revisions and Minor Revisions, will meet together for a retreat in New York City on Saturday, January 9, 2010, which Nuetzel will chair. The purpose of the retreat will be to compare and contrast their documents and to ascertain whether the two sets of standards can be reconciled in a third document. The recommendations of the TFESR Major Revisions group and the TFESR Minor Revisions group and any reconciliation document resulting from the retreat will be presented to BOPS at its Wednesday meeting, January 13, 2010.

FOUR POSSIBLE OUTCOMES

There are four possible outcomes of this process.

1. Reconciliation. If a reconciliation document outlining new and/or revised educational standards is acceptable to both the Major and Minor Revision groups and to all of BOPS, those standards can be adopted. Any incompatibility with the Association’s bylaws will need to be addressed.

2. Major Revisions. If there is no reconciliation possible, at least one-third of the Board on Professional Standards voting institutes must agree to adopt the recommendations of the Major Revisions group for those new standards to become effective for participating institutes. Any incompatibility with the Association’s bylaws will need to be addressed.

3. Minor Revisions. If no reconciliation is possible, BOPS may adopt the changes recommended by the Minor Revisions group. This could occur in addition to outcome number two and would apply only to those institutes not participating with the standards of the Major Revisions group. Any incompatibility with the Association’s bylaws will need to be addressed.

4. Stalemate. In the event of a stalemate, i.e., no reconciliation document, less than one-third of BOPS’s voting institutes support the change of the Major Revisions group, and no majority support for the changes recommended by the Minor Revisions group, BOPS will determine how to proceed from there.

COMPOSITION

Both groups were comprised entirely of volunteers.

Major Revision group: chair, Erik Gann; members, Ralph Fishkin, Richard Fritsch, Robert Galatzer-Levy, William Glover, Robert Gordon, Michael Kowitt, Jay Kwager, Barbara Shapiro, David Terman.

Minor Revision group: chair, Allan Compton; members, Lee Ascherman, Stephen Bernstein, Joann Callan, Colleen Carney, Robert Glick, Richard Lightbody, Dwarakanath Rao, Stephanie Smith, Alan Sugarman.

At the October Coordinating Committee meeting, we heard very optimistic reports about the preliminary work of each of these groups. We are hopeful that there will be a creative outcome that will carry the organization beyond the conflicts that have embittered us and drained our needed energies for far too long. As the co-chairs of BOPS, we, along with the co-chairs-elect of BOPS, the president of APsaA, and the president-elect of APsaA, genuinely hope that the retreat of the two groups will bring about a creative and cohesive solution to our divisions over educational standards. If we are not successful, we fear that the conflicts within our national organization and our local institutes will intensify to the detriment of our profession.

Cal Narcisi, M.D., and Myrna Weiss, M.D., are co-chairs of the Board on Professional Standards.
An Interview with Program Chair Henry Smith

Lawrence Friedman

Lawrence Friedman: Many members know you chiefly as the essayist editor of the Psychoanalytic Quarterly, the prolific author of subtle articles on psychoanalytic theory and practice, an extremely popular panel chair; and a speaker in wide demand. What induced you to pile on to these the complicated and largely self-effacing task of program chair?

Henry Smith: I’d been on the Program Committee for many years and had loved the work, but the chair has the very different role of coordinating and facilitating others in achieving their objectives, a bit like being an editor or, for that matter, the director of a play, and that appealed to me immensely. I admired the way my predecessors, Chuck Rothstein, Owen Renik, and Glen Gabbard performed that task. When I first joined the Program Committee years ago, I noticed right away that it must be one of the more exciting places to be in the organization.

Imagine putting 35 people in a room together, each with different approaches to the material, and asking them to talk about a specific topic that might develop into a panel. Some of the conversations were better than the panels themselves. Paul Dewald was the first chair I worked with, if only briefly, after Dick Simons, who was president at the time, appointed me to the committee. Paul used to ask committee members to come up with panel topics that the whole committee would then brainstorm about. It was exciting. Subsequently, Chuck asked that panel proposals be written up ahead of time. This did not cut back on the creative brainstorming but added a more scholarly focus. I loved being a part of all this, especially since I had come from a small institute (the Psychoanalytic Institute of New England, East) that had no society at the time, so this was my introduction to the larger world of psychoanalysis. Eventually, as chair of various panels, chair of the Workshops for Clinicians, the weekend programs the Association used to put on in different cities, and North American co-chair for the IPA Congress in Santiago, I had the opportunity to help people organize and develop their ideas. So when the chance to chair the Program Committee of the Association was offered to me, I was very excited about it.

LF: I’ll bet many members know you most personally from your famous Two-Day Clinical Workshops, where we all appreciated how you faithfully drew out from invited psychoanalytic notables their sometimes unarticulated or unfamiliarly formulated rationales and principles of technique. I suppose that eliciting skill will be useful on a larger and more complicated scale in shaping the overall program. Is that one of the reasons you took the job?

HS: As a matter of fact, when I accepted the program chair it felt like a smooth transition from the Two-Day Workshops that I had coordinated for almost 20 years. The idea for them came out of a workshop Paul Gray led at the meeting in New Orleans in 1991 in an effort to teach his own approach to clinical material. Jack Arlow was there and afterwards spoke with a number of us about how much he disagreed with Paul’s approach, finding it mechanistic and unempathic. I remember him saying to Estelle Shane, “You know about empathy. Why didn’t you say something?” I asked Jack if he wanted to lead a similar workshop, and he jumped at the chance. I realized this was an opportunity for analysts from different parts of the country to see how our best-known senior teachers work with clinical material—teachers whom we only glimpsed in the literature or on a distant panel. We started with senior people in this country: First Jack Arlow, then Leo Rangell, Charlie Brenner, Leo Stone, Arnie Cooper; Helen Meyers, Roy Schafer; Merton Gill, Ed Levenson, Jim Grotstein and others. Gradually we broadened out to include prominent international analysts, some from the UK, Betty Joseph, Michael Feldman, Ron Britton, John Steiner, Elizabeth Spillius, Edna O’Shaughnessy, Michael Parsons, David Tuckett, and Peter Fonagy, and some from the rest of Europe and Latin America, Andre Green, Paul Denis, Alain Gibeault, Patrick Miller, Nino Ferro, Jorge Canestri, Stefano Bolognini, and Vincenzo Bonaminio, among others. At the meeting this January in New York, Nino Ferro, Michael Parsons, and David Tuckett will all return for a second visit.

In the program as a whole, there is a chance to pursue not just the general mission of helping people realize their ideas, but also some of the same goals that we had for the Two-Day Workshops. In the general program we will continue our effort to involve as many people as possible with different points of view focused on shared clinical material.

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APsaA 2010 National Meeting Highlights

January 13-17

Gary Grossman

As January rapidly approaches, I am sure that many of our members have pored over the 2010 National Meeting Preliminary Program, eager to learn about this year’s panels and clinical workshops. In addition to providing some information about these popular programs, I will also describe some highlights from the program that members might not be as familiar with.

SYMPOSIA

We are fortunate to have an abundance of symposia at the National meeting, presenting members with some tough choices. The symposia format explores the interface between psychoanalysis, society, and related disciplines, with brief presentations by distinguished professionals who are leaders in their fields, and ample opportunity for audience participation.


“Community Psychoanalysis: Bullying in the Schools: The Future of Our Children,” includes analysts Mark Smaller and Stuart Twemlow, with chairs Ethan Grumbach and Marie Rudden. Also presenting will be Thomas Krever, the executive director of the Hetrick-Martin Institute, a social services organization for LGBT youth, and founder of Harvey Milk High School in New York City.

Clinicians interested in using computers to reach patients with limited access to analysts or therapists should attend “Cross-Cultural Issues in Analytic Treatment via Skype with Chinese Patients.” Chaired by Lana Fishkin, the presenters include Anna Burton, Ralph Fishkin, Ubaldo Leli, and Elise Snyder. Also of multicultural interest is Saturday’s “The Experience of the American Psychoanalytic Association in Russia 1998-2005.” The Ad Hoc Committee on Russian-American Educational Exchanges arranged a program of teaching psychoanalysis and psychoanalytic psychotherapy in Russia. Gary Goldsmith, Frederick Fisher, Richard CornoField, Sheldon Roth, and Homer Curtis will discuss their experiences.

Those who would like to learn about creative approaches to the prevention of youth violence will want to attend the symposium on “The West Side Story Project (WSSP): Violence Prevention on a New Stage,” chaired by Julie Nagel. Several members of the WSSP from Seattle and White Plains, New York, will discuss and illustrate the use of theater arts to reduce youth conflict. Also addressing today’s youth is “Drowning in Itself: The Plight of Adolescence in America,” chaired by Tillie Garfinkle and featuring T. Elijah Hawkes, principal of The James Baldwin School in New York. Finally, you won’t want to miss Saturday afternoon’s Special Symposium, “Inside In Treatment: Turning Therapy into Drama.” Chaired by Glen Gabbard, this entertaining presentation features several writers from HBO’s compelling television drama, In Treatment, including Tony Award winning playwright and the show’s executive producer, Warren Leight, and Pulitzer Prize winning playwright Marsha Norman. Analyst Justin Richardson, psychiatric adviser to In Treatment, will also be on hand.

PSYCHOANALYSIS MEETS SHAKESPEARE AND THE ACADEMY

Psychoanalysis has a long history of turning its attention to artists and their creations as another means of deepening our understanding of the human condition. January’s University Forum continues with this tradition in collaboration with two renowned Shakespeare scholars, Maurice Charney of Rutgers University and Peter Platt of Barnard College will join analysts Henry Smith and Paul Schwaber in an exploration of Shakespeare’s The Merchant of Venice. Reading the play prior to the forum is highly recommended.

NATIONAL MEETING PLENARIES

We are fortunate to have two very exciting, and exceptionally different, plenary presentations at the 2010 National Meeting. Harvard University professor of psychology Daniel Schacter will give the Friday morning plenary address, “Constructive Memory and the Episodic Simulation of Future Events: A Cognitive Neuroscience Perspective.” Schacter’s research has focused on psychological and biological aspects of memory; with a particular interest in the distinctions between conscious and unconscious memory. His most recent book, The Seven Sins of Memory, received the American Psychological Association’s William James Book Award in 2003 and was a New York Times Book Review Notable Books of the Year in 2001. Highly esteemed psychoanalyst and sociologist, Nancy Chodorow, will give Friday afternoon’s Plenary Address: Beyond the Dyad: Individual Psychology, Social World. Best known for bringing a feminist perspective to contemporary psychoanalytic theory and for deepening our understanding of gender, Chodorow’s presentation explores the complex interactions of individual psychology, the analytic relationship, and culture.

PSYCHOANALYTIC RESEARCH

Psychoanalytic research will be plentiful at the National meeting, beginning with a research seminar: “Personality and Personality Disorders: A Critical Realm of Research for the Cross-Fertilization of Psychoanalysis and Descriptive Psychiatry.” Chaired by Lois Choi-Kain and sponsored by the Fellowship Committee, this Wednesday afternoon seminar features presentations by APsaA Fellows Luis Ripoli, Continued on page 15...
The article exploded the myth in the mental health professions that only cognitive-behavioral therapy (CBT) offers effective treatment for panic disorder.

PSYCHOANALYTIC PSYCHOTHERAPY FOR PANIC DISORDER

The fifth annual Scientific Paper Prize went to Anthony Bateman and Peter Fonagy for their paper, “Eight-year follow-up of patients treated for borderline personality disorder: Mentalization-based treatment versus treatment as usual,” American Journal of Psychiatry, 165 (5): 631-638, 2008. This controlled clinical trial demonstrated that mentalization-based treatment is superior to psychiatric “treatment as usual” for patients with borderline personality disorder. At eight-year follow-up, 87 percent of patients who received treatment as usual still met diagnostic criteria for borderline personality disorder; compared to 13 percent of patients who received mentalization-based treatment. No other treatment for personality pathology has shown such enduring benefits.

The charge of the APsaA Scientific Paper Prize Committee is to review the major analytic journals for outstanding empirical contributions and to accept and review nominations of papers published in any peer-reviewed journal (see details at www.apsa.org/About_APSaA/Awards/Scientific_Paper_Prize.aspx). The authors need not be APsaA members. Judges rate finalist nominations for conceptual and methodological rigor, innovation, scholarship, contribution to cumulative knowledge, and significance for psychoanalysis and science.

The Scientific Paper Prize carries an award of $1000, a certificate for each winning author, and a program slot at the APsaA National Meeting, held in January, for the author(s) to discuss their research and its practical relevance to clinical psychoanalysis. Mark your calendars—Bateman and Fonagy will be expounding on their work at the upcoming 2010 National Meeting on Thursday, January 14, from 2:00-4:30 p.m.

PSYCHOANALYTIC PSYCHOTHERAPY FOR PANIC DISORDER

The fourth annual Scientific Paper Prize went to Kenneth N. Levy, Kevin B. Meehan, Kristen M. Kelly, Joseph S. Reynoso, Michal Weber, John F. Clarkin, and Otto F. Kernberg for their paper, “Change in attachment patterns and reflective function in a randomized controlled trial of transference-focused psychotherapy for borderline personality disorder,” Journal of Consulting and Clinical Psychology, 74 (6): 1027-1040, 2006. With elegant methodology, the study demonstrated that a psychoanalytic approach to treating borderline personality, transference focused psychotherapy (TFP), was superior to both dialectical behavior therapy (DBT) and psychodynamic supportive psychotherapy (PSP) in developing the capacity for mentalization (reflective function) and in altering insecure attachment patterns. These intrapsychic processes are thought to be critical mutative factors in the treatment of borderline personality pathology.

The therapy, which emphasizes transference and working through of core unconscious conflicts, proved superior to applied relaxation training (ART), an active psychotherapy considered an evidence-based treatment for panic. The article exploded the myth in the mental health professions that only cognitive-behavioral therapy (CBT) offers effective treatment for panic disorder.

A LASTING CURE

The sixth and most recent Scientific Paper Prize went to Anthony Bateman and Peter Fonagy for their paper, “Eight-year follow-up of patients treated for borderline personality disorder: Mentalization-based treatment versus treatment as usual,” American Journal of Psychiatry, 165 (5): 631-638, 2008. This controlled clinical trial demonstrated that mentalization-based treatment is superior to psychiatric “treatment as usual” for patients with borderline personality disorder. At eight-year follow-up, 87 percent of patients who received treatment as usual still met diagnostic criteria for borderline personality disorder; compared to 13 percent of patients who received mentalization-based treatment. No other treatment for personality pathology has shown such enduring benefits.

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Continued on page 9
Robert Michels chaired the Scientific Paper Prize Subcommittee for the first three years, we co-chaired the subcommittee for the next three, and recently Barbara Milrod took over the reins as chair. Other subcommittee members presently include Ephi Betan, Glen Gabbard, Kenneth Levy, and Alana Spiwak. In the past, Sidney Blatt, Norman Doidge, Robert Emde, and Robert Waldinger have served.

This overview of the prize winning papers gives a brief taste of the depth, breadth, and diversity of psychoanalytic research today. It runs the gamut from sophisticated assessment methods to differential therapeutics to validation of fundamental psychoanalytic concepts to comparative efficacy studies. Heartening news indeed, not only for psychoanalytic clinicians and researchers alike but for the public they serve.

APsaA Scientific Paper Prize

The Committee on Scientific Activities

Subcommittee on Science Paper Prizes

Awards the Sixth Scientific Paper Prize to

Anthony Bateman, F.R.C.Psych.
and
Peter Fonagy, Ph.D., F.B.A.

“Eight-Year Follow-Up of Patients Treated for Borderline Personality Disorder: Mentalization-Based Treatment Versus Treatment as Usual”
American Journal of Psychiatry

2009 Call for Submissions
$1000 Award

The Scientific Paper Prize recognizes a psychoanalytically relevant empirical paper of outstanding merit published in English in a peer-reviewed journal. Authors need not be members of APsaA. Judges will review the major psychoanalytic journals to identify papers for consideration. Others are invited to submit papers published in any peer-reviewed journal.

SUBMISSION DEADLINE IS FEBRUARY 1, 2010.

Please send a PDF file of your 2009 published paper to:

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

For more information, please see
or
contact Dr. Milrod bmilrod@med.cornell.edu
The International Psychoanalytical Association (IPA), founded by Sigmund Freud in 1910, will mark its 100th Anniversary in 2010. Here in North America, there will be celebrations in Canada and the United States throughout the year. The first of these—inaugurating the year of celebration—will be sponsored by the IPA and the American Psychoanalytic Association. A wine and cheese reception to be held at the APsaA 2010 National Meeting on January 15 from 7:00 p.m. to 9:00 p.m., at the Empire Room at the Waldorf will honor IPA members’ work on outreach, in the context of remembering the early outreach efforts of the pioneers of psychoanalysis. All IPA members and APsaA meeting participants are invited to attend.

The IPA Web site (www.ipa.org.uk) describes the origins of the IPA as follows:

In 1902 Sigmund Freud invited four men (Stekel, Adler, Kahane and Reitler) to meet him in order to discuss his work, and they formed what they called the Psychological Wednesday Society, since they met every week on that day. By 1908 there were 14 members and the name was changed to the Vienna Psychoanalytical Society; it was in this year that Ferenczi joined it. Besides the members, there were some guests who later became important for psychoanalysis; these included Eitingon, Jung, Abraham and Jones, each of whom later became president of the IPA.

In 1907 Jones visited Jung in Zurich. It was Jones who suggested to Jung that an international meeting should be arranged to bring together colleagues from various countries in order to discuss their common interest in psychoanalysis. Freud welcomed the proposal, and it was he who chose Salzburg as the best place for the projected meeting. Jung called this meeting the “First Congress for Freudian Psychology.” This very informal meeting is now reckoned to be the first International Psychoanalytical Congress, although the IPA had not yet been founded.

It was during this meeting in Salzburg, on 27 April 1908, that the idea of an international association was discussed and agreed upon. The next Congress was held at Nuremberg in March 1910, and it was at this Congress that the IPA was founded.

Sigmund Freud believed an international organisation was essential to advance and safeguard his thinking and ideas.

In honor of its founding and 100 years of development, the IPA is planning celebrations around the world. Today the IPA has members in about 50 countries, mostly in Europe, North America, and Latin America. There will be celebrations in all three primary regions as well as in other locations where interest in IPA psychoanalysis has been gaining. For example, a major conference in Beijing, China, is being planned for October 21-24, 2010.

The many other events to be scheduled over the course of the year and even extending into the next year will culminate in the final celebration at the next IPA Congress in Mexico City in 2011. Look in a future TAP issue for details of other events at which your participation will be welcome and your interest valued. The IPA would also welcome and value local community celebrations of IPA members. We can use this time of celebration to consider not only the historic past but even more to think creatively about the future of psychoanalysis and the next 100 years of the IPA.

Harriet Basseches, Ph.D., FIPA, is an IPA Board representative; IPA co-chair for North America, IPA Centennial Celebration Implementation Committee; member, Baltimore Washington Institute for Psychoanalysis; training and supervising analyst, New York Freudian Society; and in private practice, Washington, DC.
Bertolucci’s The Conformist: Masks of Conformity

Bruce H. Sklarew

When interviewed by Andrea Sabbadin at the Freud Museum in London, Bernardo Bertolucci spoke of beginning psychoanalysis in 1969 as he was scripting the Spider’s Stratagem and The Conformist, and a year later Last Tango in Paris. These three films are considered his most innovative work—a counter to those who are concerned that psychoanalysis will dampen creativity. Bertolucci said, “More than analyzing me, my case, there in a horizontal position, I was analyzing movies that I was in the process of doing…. I was talking more about my dreams about the films, my fantasies about the films which weren’t yet done, than about myself…. I found that I had in my camera an additional lens which was…. it’s not Kodak, it’s not Zeiss, it’s Freud, it’s a lens which really takes you very close to things…. The movies have always been the closest thing you can imagine to a dream. The movie theater is like the amniotic darkness of a womb, so we are all dreamers, dreamers in a womb.” The Conformist is Bertolucci’s most dreamlike film with extensive use of flashbacks and flashbacks within flashbacks in a non-chronological order like the complexity of a dream’s timelessness.

Adapted from a novel by Alberto Moravia, The Conformist (1970) tells the story of Marcello (Jean-Louis Trintignant) who as a young adolescent shoots his homosexual chauffeur during an attempted seduction. In 1938 Marcello joins the Fascist party in a yearning for normality and protection by identifying with the establishment. He volunteers to inform on Quadri (Enzo Tarascio), his former professor; now an anti-Fascist leader in Paris. Meanwhile, he coolly decides to marry Giulia (Stefania Sandrelli), a petty bourgeois young woman, and, as a cover for his mission, he honeymoons in Paris. En route his orders are changed; Quadri is to be killed. He and his bisexual wife, Anna (Dominique Sanda), are assassinated by the Fascists with brutal, visual splendor: In the epilogue, the day Mussolini is deposed, Marcello, now a devoted father and husband, discovers that Lino, his chauffeur he thought he had killed, is alive and seducing a homosexual squatter in the Coliseum. Marcello’s conformist facade fragments and he bizarrely accuses Lino of Quadri’s and Anna’s murder: In an eerie ending we see Marcello, through bars, turning fascination to the squatter, thereby turning to homosexuality.

SADISM

The film explores Marcello’s use of pseudo-conformity to obscure his conflicts about homosexuality, sadism, and his oedipal longings. Guilty about his supposed killing of Lino and terrified that he might act on forbidden impulses and be punished, he invites the Fascists to absorb his fragmented self because they allow and glorify the acting out of his sadistic and patricidal wishes. We see his sadistic character throughout the film: He betrays those closest to him; he ridicules Hemlock, his mother’s chauffeur and lover; and provokes Manganiello, the Fascist agent, to attack him; he taunts his father as a torturer like himself; and he exposes his blind mentor, Italo, as a Fascist in the epilogue. In his symbolic marriage to Italo, he commits himself to the grandiosity of Fascism but, paradoxically, instead of suppressing his homosexuality and sadism, he intensifies these internal conflicts and provokes others to act them out. He supplants his superego by incorporating the Fascist group superego.

HOMOSEXUAL THREAT

Marcello attempts to defend against further homosexual threats through his heterosexual facade and restrictive conformity.

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Three-Part Film Program

APsA 2010 National Meeting

Waldorf Astoria Hotel

Discussion Group on Psychoanalysis and Film: Humor, Wit, Pathos:
The Gold Rush, The Tale of Tales, Dr. Strangelove, Broadway Danny Rose, Black Adder, and The Producers

Presenters: Eva F. Lichtenberg and Arnold D. Tobin

Wednesday, January 13, 7:30-10:00 p.m.

Two-Session Film Workshop

Thursday, January 14, 7:30-10:00 p.m.—The Kid (1921)

Friday, January 15, 2:00-5:00 p.m.—Limelight (1952)

A Pair of Autobiographical Bookends: Screening and discussion of Charlie Chaplin’s first and last feature-length masterpieces. Presenter Stephen M. Weissman, author of Chaplin: A Life, will discuss the relationship between art and autobiography in cinema.

Bruce H. Sklarew, chair, organized the program.
Interview/Henry Smith  
Continued from page 6

We want to see how different analysts and different communities actually work, and how they think about what we see with our own eyes. We know that people can disagree violently about large abstract theoretical ideas, but in the back of my mind there is always the question of whether, examined at the finest level of clinical detail, analysts work similarly or not. I think they do, more than they realize. But we want to identify both similarities and differences in order to challenge familiar stereotypes.

LF: While we’re on the subject of the Two-Day Workshops, it’s an irony that so many of us regarded them as the high point of the Association’s meetings that their necessarily limited enrollment was experienced by those who couldn’t get in as another exclusionary feature of the organization, and they threatened mayhem. The popularity of your workshops became a problem for the program chair, and that, now, is you. What do you propose to do about it?

HS: Even before I became chair we had started cloning the Two-Day Clinical Workshops, and now we have three adult and one child Two-Day Workshop, and a psychotherapy workshop. The Adult Two-Day Workshops are chaired by Irene Cairo, Nancy Chodorow, and Sharon Zalusky; Christine Kieffer now chairs the child workshop and Alan Pollack the psychotherapy one. The problem always was that in order to keep the discussion intimate and to control for privacy and confidentiality, we had to limit the enrollment in each workshop. We hope the increased numbers will allow most people to attend the workshops they want.

But we will not confine this sort of close examination of clinical data to workshops. I have noticed in recent years that analysts from different schools are much readier to talk to each other and seek understanding across ideological lines, rather than trying to simply assert, defend, or defeat one position or another. Even analysts who once seemed to share only mutual scorn seem friendlier and more patient with each other, and more willing to regard each other as colleagues with a common task without constantly asking, “Is this really psychoanalysis?” People are surprised to find such good teachers among those they used not to understand at all. Of course, there are many of us trying to make sense of the pluralism in contemporary psychoanalysis.

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Your own focus, Larry, on the way in which each clinical approach is an attempt to solve certain problems, but leaves others lurking in the room, implicitly puts all theory and technique on a level playing field. And from a programmatic point of view, credit for the current openness must go to the previous program chairs, who insisted that analysts from outside the Association be included in our programs, and to individuals, such as Arnie Richards, for his series of broadly inclusive symposia.

LF: Does that mean that you intend to convert meetings of the Association into a specialized study of process across ideological lines, Harry? Will we no longer have panel discussions? Will there be no more theoretical discussions? Will you shun comfortable discussion among like-minded analysts? Will the program forget about society at large, other academic disciplines, and the humanities? Will we have only a clinical focus?

HS: No. Not at all. The meetings of the Association have become increasingly broad in an effort to represent the interests of all segments of the organization. The challenge is to maintain this breadth without losing a core focus on the clinical psychoanalytic work that draws analysts to our meetings from both inside the organization and outside of it. In terms of our broader efforts, I plan to elaborate the important focus on research that we have introduced into the programs with research symposia and panels, poster sessions, and prizes. The job of coordinating these efforts falls to Steve Roose, who is our research coordinator on the Program Committee.

Our symposia, coordinated by Stuart Twemlow, are a very successful feature designed to focus on psychoanalysis outside of the consulting room, psychoanalysis in the community and in the world at large. We have a Presidential Symposium at each meeting that, along with other aspects of the program, features speakers who address matters of major national import. Our University Forum, coordinated by Stan Coen, brings together analysts and members of the academic community to focus on topics of shared interest. Psychoanalysis is very much alive in university classrooms, but the discourse is different, and this challenges us to have conversations across these different frames of reference so that we can try to understand and perhaps revitalize each other. And I have not even mentioned our Meet-the-Author formats and plenaries that Bonnie Litowitz helps shape, Glen Gabbard’s Special Symposia, and our special programs for candidates, fellows, trainees, and students, different parts of which Joan Wheelis, Jenny Stuart, Kim Leary, Hilli Dagon-Clark, and Phoebe Cirio have all developed in recent years.

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LF: That sounds like a full load. How do you keep track of it all?

HS: I couldn’t do it without Carolyn Gatto in the National Office. She is amazing.

LF: What about directly suggesting items? I have the impression that members are not as ready to sit motionless for hour after hour of being talked at about something they might understand better in print. People seem to want to hear and participate in live discussion.

HS: I inherit a mandate, which I enthusiastically support, to break up the old ritual of speaker after speaker droning on and on. We have introduced such interactive formats as interviews, chairmen who challenge panelists with live questions, features of really short presentations followed by “break-out” sessions of small group discussions in a room full of roundtables. These have all been successful. But there is still room for panels in which papers are limited to 15-20 minutes, as long as the sequence of papers is broken up with plenty of discussion time among the panelists and with the audience. Despite my feeling that the close examination of clinical material is what keeps us honest and challenges traditional assumptions, there is room for panels that focus on the careful examination of theory. We are a theoretical, practical, speculative, scientific, humanistic, and philosophical profession, and our programs should reflect that rich tapestry. I look forward to a wide variety of formats, and see no reason why we shouldn’t experiment widely—if not wildly. I think meetings are the heart and soul of our organization. We cannot afford to be boring. I hope the members will let me know when we’re not succeeding.

LF: Speaking of heart and soul, are we going to continue to have two meetings per year in January and June?

HS: It depends to some extent on whether we can afford it, and that, in turn, depends on the membership. This coming June we have a very exciting program planned for Washington, DC, and we are working on one for June 2011. These two spring meetings will give those members who want two meetings a year a chance to vote with their feet. If the registration is large enough, it will make a real statement in terms of the membership’s wishes and its willingness to support the June meeting financially.

In all formats we will try to get the audience involved early, with as much spontaneous discussion among panelists as possible. We want our programs to be more interactive. And as I have said, we hope to people it with participants from all over the world.

LF: How else can the membership let you know about programs they want?

HS: Very simply by handing in their evaluation forms. That’s not just for CME credits, but to let us know whether they are getting their money’s worth, to let us know what they want to see, and to give us new ideas.

LF: What about directly suggesting items for the program? Is that something everybody should consider?

HS: Absolutely. I would like everyone to consider submitting papers for individual presentation and panel proposals. Guidelines for submission are on the Association Web site (http://apsa.org). Papers should be 40 minutes reading time. Panel proposals should be one or two pages, outlining the topic to be covered, the format, and some suggested panelists. We are currently working with four panel formats: (1) short 15-20 minute papers with discussion time built in throughout the panel, (2) a clinical case with several formal discussants, (3) a series of questions on a particular topic, posed by a chair with 5-7 minute answers from panelists, and (4) combinations of the above.

In all formats we will try to get the audience involved early, with as much spontaneous discussion among panelists as possible. We want our programs to be more interactive. And as I have said, we hope to people it with participants from all over the world.

LF: You seem to be talking about large events. Isn’t that kind of boring in itself?

HS: It could be, but keep in mind that for many people the heart of the program is the time when they get to meet in small ongoing discussion groups on particular topics. We try to accommodate as many discussion groups as possible within the limits set by available hotel space. At the last New York meeting we had 100 discussion groups. I think this highlights, again, the value of conversation in advancing our field. Intellectual and social conversation is inseparable at our meetings and is probably the greatest value our meetings hold for us and for the future of psychoanalysis.

LF: Thank you. I’m more enthusiastic than ever. See you in January in New York.

HS: Thank you, Larry.
Tri-Regional Clinical Conference—An Evolution

Edward Nersessian

The bi-annual meetings of the European Psychoanalytic Federation (EPF) and North American psychoanalysts were conceived and initiated by Homer Curtis and Donald Meyers nearly 20 years ago. They developed a plan for a two-and-a-half-day meeting wherein small groups of six or seven European and North American analysts would each present detailed process notes from one week of analytic work to allow the participants to develop a deeper and clinically based understanding of the similarities and differences amongst their various approaches. To achieve this aim, it seemed to the organizers that it would be helpful to have only highly experienced psychoanalysts (to insure that the sessions would not deteriorate into supervision), and so, accordingly, the conference was initially limited to training analysts. In addition, since the meetings were intended to be small, easily organized, and manageable in terms of hotel, travel, and size of groups, the total number of attendees was fixed at around 80. Consequently, on the North American side, participation was decided to be by invitation only.

The organizational concerns were a bit different from the EPF side due to the fact that there were (and continue to be) marked dissimilarities amongst their component institutes with respect to the training analyst designation; for example, France limits that designation only to supervisory work and does not require the analysis of candidates to be conducted by training analysts, whereas other European countries have a training analyst model more closely akin to ours. Additionally, there was some unease about organizing a conference that was “by invitation only” due to the complexities inherent in the relationship between the EPF and the various component institutes in the different countries. As a result, in the earlier years of the meetings, there was greater variance in the levels of experience from the European contingency. Over the last few years, thanks to the efforts of the EPF, this disparity has been remedied, allowing for very interesting and fruitful meetings, conducive to a fuller appreciation of different clinical approaches as well as to the formation of collegial bonds.

NAPsAC’s Role

The meetings were scheduled to fall in the years between the meetings of the IPA, and the first meeting was held in Denmark in 1990, with the second in Ireland in 1992. I was asked to join Curtis and Meyers as part of the organizing group for the third meeting in Nice, although the lion’s share of the work was done by Meyers. Sometime during these first years, they decided to forge a relationship between this conference and the North American Psychoanalytic Confederation (NAPsAC), with officers of NAPsAC working alongside the original organizing group and participating in decisions regarding place, cost, selection of invitees, activities around the actual meetings, and other details.

The EPF has increasingly taken the lead in the choice of location and determination of cost, though always through mutual agreement with the North American side. A prime determining factor for the selection of the conference venue has been the presence of an analyst in that location who is willing to take on the often onerous and sometimes thankless task of finding a hotel, negotiating rates, and arranging various activities. After the two initial meetings, there have been conferences in Glasgow, Santa Margherita Ligure, Camoglie, Lugano, Tubingen, and Semmering, with the latest taking place in Amsterdam last summer. Despite the considerable time and energy the conference

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organization requires, someone has always come forward to volunteer; which is no doubt a reflection of the value participants have come to place on the meetings. At the close of the Amsterdam meeting, Maria Teresa Flores from Lisbon volunteered and proposed Portugal as the host country; she subsequently selected the coastal resort town of Cascais as the next location of the conference.

The timing of the meetings is another issue that has sometimes surfaced. From the outset, it has been our preference to have the meetings towards the end of July, so that they correspond to the beginning of the summer break for most North Americans. Europeans, on the other hand, have different vacation times; some have their summer break in June, some in July, some in August, and some as late as September. So far, we have been able to work around this problem, though it does sometimes mean less representation from one or the other of the European countries. Over the last couple of meetings, we have also had analysts from Japan and Australia joining us, and there is a suggestion on the table to invite a few analysts from Central and South America for the next meeting, though again, the issue of summer break may present a problem.

EXPERIENCED ANALYSTS WELCOME

Finally, in the past few years, we have decided not to limit the conference to training analysts, but to experienced analysts, that is to say, analysts who have been seeing patients in analysis for some years.

Beginning with the meeting in Amsterdam, I took over the responsibility of inviting the North American contingency from Don Meyers and, along with Harriet Basseches from NAPsaC, worked with the EPF (represented by Gerda Frijda, Peter Wegner, and Jonathan Sklar) to organize the conference. Beginning with the meeting in 2010, it was decided in discussion with Prudence Gourguechon and Robert Pyles (NAPsaC co-chairs) to ask those wanting to participate in the conference to send letters of interest to the secretary of NAPsaC, which would then be forwarded to me.

This new system would permit the conference to be open to all, bearing in mind that we are limited to about 40 participants from North America. Given the popularity of this conference and the unanimously positive feedback we receive from the participants, it is important that those interested contact Rick Perlman at rperlman@earthlink.net or 212-505-7751 expeditiously. As mentioned above, the next conference will be in Cascais, just outside Lisbon, on the coast of Portugal, at the Hotel Cascais Miragem. It is scheduled for July 22-25, 2010.

Highlights

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who will discuss his studies of self-representation, emotion, and borderline personality, and Nicole Pérez, who will describe her research using the Psychodynamic Diagnostic Manual. Glen Gabbard and Otto Kernberg will be the discussants. The 2010 Research Associates of the American Psychoanalytic Association (RAAPA) Research Forum: “Studies of Empathy, Conflict, and Affect Regulation from Neural, Cognitive, and Psychoanalytic Perspectives,” chaired by Wilma Bucci, is a full day program on Saturday. The forum includes presentations by Kevin Ochsner and Andrew Gerber from Columbia University and Amit Etkin from Stanford University. On Thursday Peter Fonagy and Anthony Bateman, recipients of the Sixth Annual Paper Prize for Psychoanalytic Research, will present their work and Barbara Milrod will be the discussant.

Investigations into the key factors of successful psychotherapy have increasingly focused on therapist characteristics, one of which will be highlighted in Friday afternoon’s Research Symposium: “Attachment Patterns of Therapists—Do They Matter?” Henning Schauenburg, psychoanalyst and researcher from the University of Heidelberg, will present the results of a study that examined the effects of therapists’ security of attachment on the therapeutic alliance and on treatment outcome. Diana Diamond, professor of psychology at City University of New York, will be the discussant, with Robert Waldinger as chair.

PANELS AT THE WALDORF

January’s panels cover a range of clinical topics and feature several international speakers. Unfortunately, Ronald Britton, who was to participate in two panels, will not be able to attend the meetings and his replacements are indicated. Anne Errech chairs the Friday afternoon panel, “Is Infant Research Useful in Clinical Work with Adults?” M. Nasir Ilahi and Doris Silverman of New York will present adult clinical material and Jorge Canestri, from Rome, is the discussant. Saturday morning’s panel, “The Problem of Masochism: Contemporary Approaches,” features Glen Gabbard, James Grotstein, and Kerry Kelly Novick with Henry Smith as the discussant; Nancy Kulish chairs.

How far can we let ourselves go in our wishes, fantasies, desires, and temptations in our analytic work? How do we sort out our own needs from our patient’s? These are some of the questions to be addressed in Saturday afternoon’s panel, “Behind the Couch: Uses and Misuses of Temptation,” with presentations by London’s Michael Parsons, Dominique Scarfone from Montreal, Joyce Slochower, and Wendy Jacobson. Stan Coen will chair.

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APsaA’s Excellent New Fellows for 2009–2010

The American Psychoanalytic Association Fellowship Program is designed to offer additional knowledge of psychoanalysis to outstanding early-career mental health professionals and academics, the future leaders and educators in their fields. The 17 individuals who are selected as fellows each year have their expenses paid to attend the national meetings of the American Psychoanalytic Association during the fellowship year and to participate in other educational activities. The biographies below introduce this year’s excellent group of fellows. We enthusiastically welcome them to APsaA.

Charles Amrhein, Psy.D., is clinical director of the Bronx Treatment Alternatives for Safer Communities (TASC) Mental Health Court Program, named by the Justice Department as one of four national learning site courts. His longstanding interest in psychoanalysis was nurtured during his undergraduate years at the University of Houston. Although he majored in psychology, he felt the English department offered him a “pre-psychoanalytic curriculum” through teaching him the language skills needed for articulating unspoken experience and offering study with such poets as Edward Hirsch and Adam Zagajewski and exposure to psychoanalytic theory through literary critics and the historian Hannah Decker. At the Ferkauf Graduate School of Yeshiva University, he did his doctoral research on Erik Erikson’s clinical practice and his puzzling avoidance of clinical topics in his writing. Amrhein’s current research focus is the therapeutic alliance in mandated treatment and in violence risk management. He regularly consults with judges and policymakers nationally and internationally on the development of new mental health courts.

Elissa Baldwin, L.C.S.W., is currently a Ph.D. fellow at Smith College School for Social Work. After graduating from the North Carolina State University School of Design where she studied landscape architecture, she received her M.S.W. from the University of North Carolina at Chapel Hill. She completed courses with the Psychoanalytic Education Center of the Carolinas prior to her doctoral work at Smith. Currently, she works in the Family Guidance Service at the Lucy Daniels Center for Early Childhood in Cary, N.C., where she is a child and parent therapist. Her research at the center is a qualitative study that explores parents’ experiences of their alliances with their children’s therapists. Her clinical interests revolve around child psychoanalytic psychotherapy, parent guidance, and the use of psychoanalytic theory in traditional social work practice. She has a private practice in Chapel Hill.

Scott Campbell, M.D., received his medical degree from the University of Pennsylvania School of Medicine. He is now a fourth-year psychiatry resident at Penn and is the inpatient chief resident. He graduated from Dickinson College where he developed an interest in biological research that he pursued as a medical student and Petrus Camper Intern at the Groningen University Hospital in the Netherlands in the Oncology Research Laboratory. Campbell is particularly interested in the issues of diversity and representation within sexual minorities. Using a psychodynamic lens, he is hoping to better understand the development and acceptance of same-gender sexual attraction in gay men and lesbian women. Furthermore, he would like to explore the concept of community as both agonist and antagonist in the identity formation of lesbian, gay, bisexual, and transgender patients.

Jeb Fowler, M.A., is a first-year pre-doctoral psychology intern in the psychiatry department of Cambridge Hospital. He earned a B.A. in theater from Bates College and is completing his Ph.D. in counseling psychology at the University of Texas (UT) at Austin. At UT, Fowler has applied psychodynamic and ethnographic methods to understanding community trauma resulting from racial hate crimes. His doctoral research focuses on the mechanisms of change as experienced by patients during the assessment intervention phase of therapeutic assessment. He has presented at the American Psychological Association and the Association for the Psychoanalysis of Culture and Society on the intersection of narrative, anthropological, and psychodynamic theory in understanding the subjunctive mood and metaphor.

Harriet L. Wolfe, M.D., and Elizabeth M. Simpson, L.C.S.W., are co-chairs of the APsaA Fellowship Committee.

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Fowler’s interests include the Rorschach inkblot test, metaphor, and identification and regression in groups. His hobbies are boatbuilding, coaching, rowing, reading, economics, blogs, and repairing cars and motorcycles.

Suzanne Garfinkle, M.D., M.Sc., is a fourth-year psychiatry resident at Columbia University Medical Center/New York State Psychiatric Institute. A former English major at Amherst College, she entered medical school through Mount Sinai’s Humanities and Medicine program. Her interest in psychoanalysis developed through the study of literary theory and deepened when she completed a master’s degree in theoretical psychoanalysis at University College, London. In medical school, she quickly encountered and pursued narrative medicine. She created a writing course for medical students, which enabled her and her colleagues to connect with the deeper challenges of medical education and patient care. During residency, she has developed a curriculum in psychiatric writing, which she is teaching to medical students and residents.

Alysia Han, M.D., is a fourth-year psychiatry resident at University of California, San Francisco (UCSF) in the research track. She is interested in the interplay between the sciences and the humanities. She is currently working on a historical project about childhood psychosis as part of her dissertation in history at UC, Berkeley. She graduated summa cum laude from Princeton University in molecular biology. Afterward she ventured abroad to teach organic chemistry to polytechnic students in Singapore and work in a clinic in Nepal. She attended Harvard Medical School and took courses in the history of science along the way. Through the APsAA Fellowship she hopes to learn more about the contribution of psychoanalytic thought to modern subjectivity, especially during childhood development.

Catherine Howe, M.D., Ph.D., is a fourth-year chief resident in psychiatry at the University of Washington. Born and raised in Beijing, she did a year of mandatory military training prior to entering college due to the political backlash over the Tiananmen Square protests in 1989. She received her M.D. from the Peking Union Medical College and moved to the United States in 1997. She subsequently completed her Ph.D. in Neurobiology at Duke University, where she was also a Howard Hughes Medical Institute Pre-doctoral Fellow, studying visual and music perception. She published a series of papers and a book examining the evolutionary basis for several previously unexplained optical illusions. She is interested in the application of psychoanalytic thinking and skills to brief patient encounters that occur in consultation-liaison and emergency psychiatry.

Andrei Irimia, Ph.D., earned his doctoral degree in biophysics at Vanderbilt University, where his dissertation involved the measurement and analysis of bioelectric and biomagnetic signals from human subjects. He is currently a post-doctoral scholar in cognitive neurophysiology at the School of Medicine of the University of California at San Diego, where his research involves the use of electroencephalography (EEG), magnetoencephalography (MEG), and magnetic resonance imaging (MRI) to study the physiological processes underlying sleep and dreaming, as well as the mechanisms whereby autobiographical memories are encoded and retrieved in the adult brain. He is interested in the ongoing dialogue between psychoanalysts and neuroscientists regarding the basis and possible interpretations of these phenomena, particularly within the context of the emerging field of neuropsychoanalysis.

Richard Kaye, Ph.D., received his B.A. in humanities from the University of Chicago and his M.A. and Ph.D. in English literature from Princeton University. He is associate professor of English at Hunter College and the Graduate Center of the City University of New York. He is the author of The Flirt’s Tragedy: Desire without End in Victorian and Edwardian Literature and the forthcoming Voluptuous Immobility: St. Sebastian and the Decadent Imagination. He has published widely on 19th- and 20th-century British and American literature. He is currently working on a study of the Bloomsbury intellectuals, Alix and James Strachey, focusing on their psychoanalytic writings, translations of Freud’s work into English, and their contribution to British psychoanalysis.

Suzanne Meehan, M.D., is a third-year adult psychiatry resident at Yale University School of Medicine. She was educated for her earlier career in international trade and labor economics at Barnard College and the University...
Exploring Women’s Biology and Psychoanalysis

Malkah Tolpin Notman

This study group began in an effort to provide greater awareness of the body in psychoanalytic work and to provide biological understanding of bodily changes and phenomena which are a prominent part of psychoanalytic thinking, for example, affective expression, such as blushing or changes in heart rate. Despite its immense importance, the reciprocal interaction of experience, biological processes, and then further experience has not been part of psychoanalytic training. Similarly, somatization—the expression of feelings, thoughts, and fantasies in physical ways, including the hysterical symptoms of Freud’s early thoughts, and fantasies in physical ways, include the importance of “inner space” as a psychological reflection of female anatomy and Erikson’s and Kestenberg’s ideas of “inner genital space” as a “somatic core of the wish to have and nurture a baby” have been discussed and reexamined. These represent translations of anatomy to psychology, and particularly genital anatomy, that is, the “space” of the uterus as forming a central psychological characteristic.

We have considered whether these ideas are supported clinically or represent concepts that reflect earlier ideas about women. The confusion of female psychology and female sexuality has been a problem in the past psychoanalytic literature.

To ground our theoretical discussions in clinical data we have had several presentations of psychoanalytic work with women patients in whom somatic issues were prominent. One interesting case involved a woman who had a persistent absence of sexual sensations after some period of an analysis that had been considered productive and successful in other ways. Another patient had feelings about her analyst’s body that represented graphically her wishes for closeness by fantasies about being inside her analyst’s body, but also a sense that they could be close because as women they shared the same sensations and their bodies were the same. These issues of identification and the relationship to one’s mother are other topics considered for exploration.

Another patient who was presented represents a person whose body feelings of “dirty” sexuality had to be hidden in layers of fat as a defense against sexual feelings, reviving a long history of unacknowledged sexual abuse. This has raised the issue of the effects of trauma, acute or chronic, and its biological influences on defenses. We have not yet explicitly considered the neurobiological mechanisms by which these experiences are translated into physical expressions.

The goal of the study group has been to develop a curriculum for use in psychoanalytic training. Recognizing the role and importance of the body is important. Knowing something about the process and the physiology is valuable. Some integration of current biological knowledge and how it influences our understanding of psychoanalytic concepts is what we are aiming for.
One Course, One Text: Freud’s Single Shot at Capturing College Students

Bev Cutler

Interdisciplinary courses and programs are becoming increasingly popular on college campuses. Often touted as a hallmark of the school’s excellence, they provide opportunities for faculty and students across the humanities to form connections with others with whom they share natural intellectual affinities.

When a professor of English and associate director of the Honors Program at the University of Alabama at Birmingham was planning such a course thematically centered around emotion and human behavior, she turned to psychoanalyst Fred Griffin for advice on the one Freud text that would give 125 honors undergraduates, two literature professors, two psychologists who are of a biological bent, one economist, and one artist the best introductory sense of Freud.

AIM

The intent was to have the students and team of teachers read and respond to the text. Knowing that Freud has been all but exiled from most psychology departments and that he rarely gets top billing anymore in philosophy or humanities courses, Griffin wanted to find the best text to “bring out the true sense of the remarkable thinking of this man, pioneering, compelling, and applicable to today’s world because of its prescience.”

SOLICITING SUGGESTIONS

He rightly solicited suggestions from Prudy Gourguechon, chair; and the other members of APsaA’s former Task Force on the 10,000 Minds Project, an initiative which had as its goal an increase in the exposure of undergraduate students to psychoanalytic ideas.

Bev Cutler, Ph.D., is assistant director, Saint Joseph’s University Counseling Center, Philadelphia; psychotherapy associate, Psychoanalytic Center of Philadelphia; co-chair of APsaA’s Committee on Graduate Education in Psychology; and a psychotherapy Associate at APsaA.

What follows are the e-mailed recommendations generated by the query from the professionals (APsaA members as well as non-members) representing the fields of college health, student mental health, psychology, psychoanalytic studies programs, the humanities, and social sciences who had comprised the 10,000 Minds Task Force.

RESULTS

• Civilized Sexual Morality and Modern Nervous Illness (1908). Peter Loewenberg, professor emeritus, Department of History, UCLA, would assign this century-old culture critique which challenges parental authority, chastity, abstinence before marriage, and monogamous marriage while valorizing rebellion against a repressive society. It introduces the students to the sexual and aggressive drives as well as Freud’s ideas about the right to sexual gratification. “This piece shakes them up and undercuts all the received clichés about Freud and psychoanalysis,” Loewenberg wrote. Former students of Loewenberg remember this reading 20 years later.

• The Protestant Ethic and the Spirit of Capitalism, by Max Weber (1904) is another excellent entrée into Freud, according to Loewenberg, “Weber establishes the links between Puritan ‘inner worldly asceticism’ which drives economic enterprise and the religious anxiety and guilt which built ‘tremendous internal pressure’ to achieve capitalist success.” Then, a line can be drawn connecting the secularized Benjamin Franklin’s espousal of the capitalist virtues—punctuality, industry, and frugality—to the anal eroticism of the “Rat Man,” continuing on to Fenichel’s and Reich’s conceptualization of obsessive compulsive disorder and Freud’s theory of anxiety.

• Civilization and its Discontents (1930). This was one of the texts that ignited the youthful interest of Leon Hoffman, director of the Bernard Pacella Parent Child Center of the New York Psychoanalytic Society and Institute, back in his Columbia University days. Included with Hoffman’s recommendation were two handouts of talking points on Freud’s theory of aggression: “Freud’s Impact on the 21st Century” and “What We’ve Learned from Sigmund Freud about Guilt, Apathy, and Violence.” Paul Schwaber, professor of letters, Wesleyan University, likewise recommended this text as a piece of great importance, but put other sources ahead of it (see below).

• Freud’s The Interpretation of Dreams (1900). In Schwaber’s experience, undergraduates find this reading fascinating when they give it the time. “What intrigues them is how Freud ponders and presents a new way of interpreting dreams, which opens to an understanding of how the mind works and develops … an autobiographical account of the scientist-doctor who is proposing this new way of understanding…So there is both a scientific narrative and a personal narrative that they follow at the same time.” Schwaber suggests omitting chapter one, including chapters two to five which are essential and easy, skimming chapter six, but requiring chapter seven which is crucial.

• Little Hans (“Analysis of a Phobia in a Five-Year-Old Boy,” 1909) This case study of Freud’s was also recommended by Schwaber because it demonstrates infantile sexuality through an intriguing and comprehensible unpacking of the boy’s symptoms. Schwaber forewarns that the piece works well with students but does cause upset. Yet, as he parenthetically notes, “Nothing of Freud’s doesn’t cause upset.”

Continued on page 26
Presenting Psychodynamic Psychotherapy Research

Andrew J. Gerber

The October 2009 meeting of the American Academy of Child and Adolescent Psychiatry (AACAP) included a research forum entitled “Investigating the Effects of Psychotherapy on Children and Adolescents: Learning from the Past—Moving Forward.” The research forum, organized annually by the AACAP Workgroup on Research is a day-long set of presentations and discussions meant to address an issue of current and central importance to the field of child psychiatry. The chairmen of this year’s forum, David Shaffer, David Brent, and Neal Ryan, selected this topic because they felt that an important juncture in child psychotherapy research had been reached. In the past several years, a series of adequately powered (i.e., with a large enough sample size to reach meaningful statistical conclusions) multi-site randomized controlled trials (RCTs) have been published comparing medication and psychotherapy for common disorders of childhood and adolescence. These trials include:

1. **MTA**: The Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder (ADHD), comparing medication, behavioral therapy, and combined treatment
2. **TADS**: Treatment for Adolescents with Depression Study, comparing medication, cognitive behavioral therapy (CBT), and combined treatment
3. **CAMs**: Child and Adolescent Anxiety Disorders Study, comparing medication, CBT, and combined treatment
4. **POTS**: Pediatric Obsessive Compulsive Disorder (OCD) Treatment Study, comparing medication, CBT, and combination treatment
5. **ADAPT**: Adolescent Depression Antidepressant and Psychotherapy Trial, comparing medication alone with medication plus CBT
6. **TORDIA**: Treatment of SSRI-Resistant Depression in Adolescents, comparing medication, CBT, and combined treatment

See links on page 26 for further details.

**CONFLICTING RESULTS**

Despite the high methodological quality of these studies (according to the standards of the psychotherapy RCT community) the findings were far from uniform or conclusive. In two studies (CAMs, TORDIA), combination treatment or the addition of CBT to medication was superior to either medication or CBT alone, and both single treatments were superior to placebo. In one (POTS), combination treatment proved better than CBT alone which was better than medication which was better than placebo. However, in three studies (MTA, TADS, ADAPT), medication, combination treatment, or the addition of CBT to medication achieved similar effects and were both superior to CBT or a placebo. Meanwhile, most of these studies noted differences in the success of particular psychotherapies at one site or another, despite the use of a standard manual. Finally, researchers and administrators interested in disseminating “evidence-based practices” in child psychotherapy, such as CBT, have expressed their growing frustration with the larger psychotherapy community for failing to uniformly embrace these therapies and with parents for not insisting on them.

These circumstances led Shaffer, Brent, and Ryan to pose the following questions: “How can we respect parent choice for or against a particular mode of treatment?” and “Psychotherapy is more time consuming and expensive than psychopharmacology…Is it reasonable to expect a more enduring outcome from psychotherapy and how do we interpret studies that fail to show this?” The 2009 AACAP Research Forum arose from these questions.

**EMPIRICAL RESEARCH ON PSYCHODYNAMIC PSYCHOTHERAPY**

The questions posed by the research forum, as well as some of the answers suggested by forum participants, have important implications for research in psychodynamic psychotherapy (PDT) and psychoanalysis for both children and adults. Because of the advocacy of the AACAP Committee on Research (chaired by APsaA member Efrain Bleiberg), I delivered a presentation at the forum entitled “Empirical Research on Psychodynamic Psychotherapy: Can We Count What Counts?” This talk was co-authored by Nate Thomä, a Fordham University graduate student in clinical psychology.

My comments were divided into two sections. First, I did not fight the ground rules implicitly presented to me by the other members of the forum, as well as by the medical community as a whole, namely that RCTs sit atop a “hierarchy of evidence” and provide a unique set of data about whether a treatment, such as psychotherapy, is efficacious (i.e., works in the controlled setting of a careful experiment) or effective (i.e., works in the real world of community practitioners and clinics). It is not that I think RCTs are without flaws or that other methods of data gathering (open trials, process studies, case series, or even single case reports) do not have merits...
(Word) Playing and Reality: The Psychoanalytic Glossary From Sterba to Akhtar

Susan S. Levine


These are some of the beguiling offerings in Salman Akhtar’s new glossary, The Comprehensive Dictionary of Psychoanalysis (Karnac, 2009). “Comprehensive” is an apt adjective, for this volume includes 1853 terms. Akhtar joins a distinguished line of authors and editors in the honorable and colossal effort of cataloging the language with which we can try to articulate our clinical realities. Indeed, he does the reader the service of including an annotated glossary of glossaries (a coffee table book about coffee tables, so to speak). I will mention here only two. Richard Sterba’s Handwörterbuch der Psychoanalyse, published in 1932, was the first psychoanalytic dictionary; there are only 12 copies extant of this handbook of words, or concise dictionary. Concise it was, as Sterba did not advance beyond “G.” Freud comments in his 1932 letter to Sterba (reproduced in the 1936 first installment of the Handwörterbuch), “I do not overlook the fact that the path from the letter A to the end of the alphabet is a very long one, and that to follow it would mean an enormous burden of work for you. So do not do it unless you feel an internal obligation—only obey a compulsion of that kind and certainly not any external pressure.”

LEXICON LEGACY

In his introduction, Akhtar acknowledges both the intellectual exhilaration and the inner torment of his journey from A to Z: “The wish to give up whispered its poisonous lullaby to me more than once.” Defying the hazards of a lexically-induced folie à deux, Eslee Samberg and Elizabeth L. Auchincloss have courageously undertaken the editorship of the reincarnation of the second glossary I will mention, Burness E. Moore and Bernard D. Fine’s classic Psychoanalytic Terms and Concepts (1968, 1990). I am sure I speak for many of us when I say that I have relied on this volume for years as a starting point for research and teaching; I eagerly look forward to this updated and expanded version to be published by APsaA.

There are three comments I would like to make about Salman Akhtar, and each one has two subpoints. My first comment is that Akhtar has presented widely in psychoanalysis and psychiatry and has received numerous awards. Subpoint one: This has included the Journal of the American Psychoanalytic Association’s Best Paper of the Year Award. Subpoint two: The dictionary is his 10th solo psychoanalytic book; he has edited or co-edited 30 volumes in the clinical literature. My second comment is that Akhtar has also published six volumes of poetry. Subpoint one: these have been in both English and his native Urdu. Subpoint two: Akhtar suffers not an iota of publication anxiety (p. 234). My third comment is that Akhtar is a training analyst (p. 289) at the Institute of the Psychoanalytic Center of Philadelphia. Subpoint one: he is renowned as a teacher, supervisor, and speaker. Subpoint two: one of his character traits (p. 46) is to present without notes or written text; the audience always smiles, with affection tinged perhaps by a touch of envy, when Akhtar begins by saying, “I have three comments to make and each one has two subpoints…”

A TEACHING DICTIONARY

Akhtar’s organizational abilities are well suited to the format of a dictionary, and this volume also reveals his deeply held identity as a teacher. Each entry is laid out in a clear fashion, with a summary of the term’s origins and past and current usages. Some entries are brief, some amount to appreciative abstracts.
Behavioral Finance:
The Herd Instinct—Part II

John W. Schott

In the last column, I reviewed David MacKay’s brilliant early 19th century work, Extraordinary Popular Delusions and the Madness of Crowds. MacKay had described in detail three market bubbles—Holland’s 17th century tulip mania, England’s 18th century South Seas Trading Co. bubble, and France’s 18th century Mississippi Land Scandal. From these MacKay was able to draw inferences as to the psychological nature of market bubbles.

The next great contribution to understanding mass psychology and its impact on financial markets was made by Gustave LeBon who published his seminal work The Psychology of the Crowd in 1893. LeBon holds an interesting place in intellectual history in that he was Emile Durkheim’s son-in-law and like his father-in-law, LeBon was a central figure in the Parisian academic world from 1890 to the outbreak of World War I.

CHERCHEZ LA FEMME

LeBon noted two very important characteristics of mass psychology. The first was what he termed “the regressive nature of the crowd.” By this he meant that man’s baser instincts were released whenever he was in a crowd. Therefore, a person in a crowd was far more likely to be violent when others were violent. Critical thinking gives way to emotions in a crowd. Crowds are easily manipulated by a crowd’s leaders and members of the crowd will do things which would be inhibited when alone or in a smaller group.

In his paper, “Group Psychology,” Freud cited LeBon extensively, noting how closely LeBon’s idea paralleled his own idea that the anonymity of a group freed an individual from the restraints of his conscience.

LeBon’s second important contribution was his use of the simile of the group being like an individual woman. While present day feminists would decry his male chauvinism, what LeBon meant was that rational thinking was replaced by emotionalism in a crowd.

These ideas of LeBon have come to be accepted as gospel in terms of stock market mass psychology. In simpler words, it is believed that market trends are hysterical and are usually carried to emotional extremes. Thus certain groups of stocks come into vogue and see their prices bid to extremes while other groups are unpopular and sell for unrealistically low prices. Of course, the ability to identify such extremes provides an opportunity for above market profits.

mentioned above was Freud’s important paper entitled “Group Psychology.” Freud’s intimations about the power of suggestion, the role of identification, and the herd instinct all bear direct relevance to understanding market extremes. These insights help explain why professional money managers are not immune to the herd instinct. It might be expected that Wall Street pros would avoid herd mentality, but actually the professionals seem more susceptible to herd mentality than are individual investors. Warren Buffett and Sir John Templeton, two of the greatest money managers of all time, attributed part of their success to working away from Wall Street where they were removed from the emotional chaos that periodically sweeps the investment community. Back in the 1980s, portfolio managers in New York City joked that if anyone made up a rumor about what Peter Lynch was doing (Lynch was a Boston-based money manager whose Magellan Fund compounded its growth at 30.9% annually over a 14-year period), that rumor would be known in every corner of Wall Street within 15 minutes.

Continued on page 33

John W. Schott, M.D., is a member of the Boston Psychoanalytic Society. He is director and portfolio manager at Steinberg Global Asset Management. He also publishes a monthly newsletter on investment psychology, The Schott Letter.
I Used to Be a Doctor

Lawrence D. Blum

I used to be a doctor. Next I was a provider. Now, I’m a non-covered entity. I liked being a doctor. I still do. I never liked being a provider. But being a non-covered entity is a secret victory. I’ll explain.

As a psychoanalyst and psychiatrist, my work depends entirely on confidentiality and respect for people as individuals. Treatment works only when my patients and I are able to explore very personal feelings and thoughts. If my patients are not confident that what they tell me will stay private, they will withhold their thoughts or abort the treatment. In the mid-1980s, when I began practice, what patients told doctors was kept confidential, protected by a compact dating back more than 2000 years, to Hippocrates. Along came private insurers, Medicare, and HMOs—third parties with a financial stake in medical events. Since they were paying out money, they wanted to know what they were paying for and often began to demand private information before paying. What was personal suddenly became corporate.

To increase profits, insurance companies instituted “managed care” in psychiatry and transferred to shareholders a great deal of the resources that had formerly been spent for health care. Managed care employs many techniques to discourage the use of mental health services. One approach is to have reviewers decide whether patients’ problems meet criteria for “medical necessity” before approving payment for “procedures,” such as psychotherapy. To do this they often demand very personal information, compromising confidentiality. This demand for information, because it threatens confidentiality, can lower quality of care just by existing. Who can talk freely when unseen reviewers are eavesdropping? And, unfortunately, too many therapists are willing to go along with this system.

THE P WORD

These same insurance companies made me a Provider. I believe they use the word “provider” as a way to address doctors, nurses, therapists of every variety, even syringe suppliers, with the same form letter. Because a provider need not be a doctor, the term also includes the numerous “physician-extenderns” who do things that doctors used to do. Many Americans have insurance that obligates them to choose a doctor from a company list or “provider panel.” Even though I don’t participate in insurance company provider panels (they rarely allow for confidential, insight-oriented psychotherapy), I have received many a “Dear Provider” letter—impersonal, bureaucratic, and, typically, unsigned.

THE E WORD

Then came the Health Insurance Portability and Accountability Act (HIPAA), which made me an Entity. HIPAA was intended to help workers maintain their insurance when they changed jobs. It also directed the executive branch to develop regulations to protect medical privacy. While the rules provide new protection for psychotherapy notes, they also allow large companies (including pharmacies) to use personal health information for all sorts of non-medical (commercial) purposes—without patients’ knowledge or consent. (Perhaps you have received a phone call from a company attempting to sell you products for an illness you thought was confidential?) In addition, the rules require hospitals and most doctors to carry out a lot of bureaucratic paperwork to make a display of privacy protection. You’ve probably signed forms at your doctor’s office to satisfy the rule that the office show you its privacy policies.

If I were to send patient information electronically—such as sending a bill to an insurer online—I would become a Covered Entity and would be forced to have my patients sign the useless forms. But, concerned about these electronic transmissions as an additional risk to confidentiality, I choose not to use them. This makes me a Non-Covered Entity. I’d prefer to be a doctor, but as an Entity, I’d much rather be Non-Covered than Covered.

Not everyone feels as I do. My internist now types on a notebook computer as we talk. Although electronic records are lost, stolen, and sold every day, he does not believe that the electronic record jeopardizes my privacy. If my records were accidentally or maliciously posted on the Internet, would they even be accurate? The problems listed on my billing slip are not necessarily those I consider important. They seem more oriented to justify to a potential third-party reviewer the substantial amount of time my doctor spends with me than an accurate description of my concerns. Would I tell him of problems about which I felt deeply embarrassed?

Now health care reform is in the wind again, and with it many questions. Will insurance companies still be allowed to skim 20 percent from each health care dollar? Will doctors still be reimbursed huge sums for procedures but pennies for talking with and understanding patients and their families? Can medicine be personal and private? Will people be taken care of by a doctor; a provider; or an entity?

My practice remains personal and private. Most of my patients address me as “Doctor,” but some call me Larry. I’m not particular about this. More important is that the patient be comfortable. If the patient has a strong preference about what to call me, we have the chance to learn from it. The patient’s feelings about addressing me may shed light on his or her feelings in other relationships.

Recently, the federal government has required all doctors (including this Provider/Non-Covered Entity) to have a National Provider Identification (NPI) number. It is 10 digits long, so it’s not easy to address me by it. But even if you are the bureaucrat who created NPIs, your secret will be secure with me.

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POLITICS and PUBLIC POLICY

Shaping Health Care Reform

Bob Pyles

Even as I write this column, the U.S. House of Representatives has just finalized the vote on their combined bill, H.R. 3962, “Affordable Health Care for America.” The vote was very close, 220-215, with only one Republican voting for the bill.

Chances for the passage of the bill did not look promising until House Majority Leader Nancy Pelosi made last minute deals all but eliminating insurance coverage of abortion and ensuring that illegal aliens would not receive coverage.

The next step is for the Senate to finalize their bill, which is likely to look much like the Baucus bill, passed several weeks ago. Final versions of the House and Senate bill are voted on by each body, and then go to a joint Committee. The combined bill is then voted on by both House and Senate. It then goes to the president’s desk for signing into law.

To illustrate the complexity of this legislation, H.R. 3962 is 1990 pages long, makes a stack two feet high, and is estimated to cost a minimum of $1.2 trillion over a 10-year period.

OUR ASSOCIATION STRATEGY

Questions have come up from a number of members as to how we approach lobbying on such complex pieces of legislation that might contain some provisions which might be helpful to our patients and some not so positive. Questions have been raised, such as does our Association support a particular bill, or oppose it.

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

Excellent questions, certainly. We have been actively working to protect our patients and our profession since 1993, and I think we have honed our skills as we have learned. Because of our relatively small budget and limited resources, we have had to learn to work “smart and lean.”

Our strategy has been to target very specific goals that are crucial to the practice of psychoanalysis and psychoanalytic psychotherapy. Those have been primarily the right to private practice and the right of privacy for health records. Our Association is virtually the only organization working on those issues, and we are generally considered the lead group in those areas. We support other issues of importance, such as parity and universal access to care, but other, much larger groups, take the lead on those issues, so we lend our support to those efforts.

We magnify our effect by working with a variety of groups, mostly through the Mental Health Liaison Group, a collection of over 40 mental health associations.

To get back to how to approach such a monster bill as H.R. 3962, full of potential “poison pills” and “white knights,” we never simply support or oppose a bill. We comment on the portions of it that are of particular interest to our Association and try to improve it.

Here is an example of language that we suggested should be included in the various bills to protect private practice: “Nothing in this title shall be construed to limit or prohibit the right of an individual to pay for health services out of pocket rather than file a claim with an insurance company, and nothing in this title shall be construed to require a health care practitioner to participate in an insurance plan.” We were able to get similar language included in the Health Information Technology for Economic and Clinical Health (HITECH) bill, which was the precursor to H.R. 3962. At this writing, we have not yet seen the final version of H.R. 3962, which was in flux until two hours ago.

PRIVATE PRACTICE ENDANGERED

It would be natural to assume that both the right to health record privacy and the right to private contracting could never possibly be in danger. Alas, such is far from the case. Almost invariably, efforts at massive health care reform tend to revolve around attempts to get both health care professionals and patients into the tent, where costs can be controlled. Private practice is often considered a threat to such a system, where the operating premise is that whatever care that is needed can be provided by the system. We have come to consider our basic practice requirements to be rights. Unfortunately, these are not rights but freedoms that have to be constantly protected.

One example of what our Association has accomplished in this area of protecting practice was the achievement of establishing the right of Medicare patients to contract privately. Our Association worked diligently with Senator John Kyl of Arizona to get this enacted.

We have been able to get strong privacy protection language into the House HITECH bill, so we will see what was included in H.R. 3962. We were also able to get similar language, protecting both privacy and privilege, into the two pending Senate bills.

There is some good news. H.R. 3962 contains very strong coverage for mental health, much better than most private insurance companies now provide, and even more complete than that contained in recent parity legislation.

We can pause for a moment, take a deep breath, and be pleased with what we have accomplished so far. But the Washington roller coaster will soon resume, and we must do our best to guide it. As the old saying goes, “Congress is in town, and no one is safe!”

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“Congress is in town, and no one is safe!”
which RCTs lack. Psychodynamic researchers, particularly Drew Westen and Sidney Blatt, have argued powerfully and clearly against an unquestioned hegemony for RCTs, and I share their views. However, I do believe that RCTs allow us to systematically address the frequent challenge that all of the successes of PDT can be attributed to therapist bias or patient self-selection, even if these same studies fail to address a myriad of other important questions (e.g., what are the benefits of allowing patients and therapists to select one another and to decide together what the goals of the treatment should be?). And perhaps more importantly, I think it is a mistake to combine the already difficult battle to have PDT research recognized with a still harder, and maybe insurmountable battle, against the special status of RCTs. Rather, it makes more sense to do the studies that are being asked of us, even if it means temporarily sacrificing some of our long-term research goals.

Fortunately, the data is on our side and this is what I presented at the AACAP forum. An ad hoc Subcommittee of the Workgroup on Research of the American Psychiatric Association, chaired by James Kosicis and including several dynamic researchers including Barbara Milrod, Steven Roose, Jacques Barber, and me, developed a 25-item measure of the quality of an RCT of psychotherapy. We rated all 70 RCTs of PDT (mostly in adults) that we found in the literature (through 2007) and found that the quality of these trials is steadily rising. (Unfortunately, there was not a single RCT of psychoanalysis for us to include.) More impressively, when Nate Thomä rated 105 RCTs of CBT for adult depression, using the same scale, he found the rising level of quality to be indistinguishable from studies of PDT. In other words, RCTs of PDT, though still fewer in number than those for CBT, are of just as good quality and are getting better at the same rate.

TIE SCORE

Interestingly, the vast majority of RCTs of PDT and CBT show the same pattern of results. When a well-executed, carefully specified treatment is compared against a weaker treatment (e.g., a watered-down version of an existing treatment or “treatment as usual”) or no treatment at all, the well executed treatment wins. However, when two well-executed, carefully specified treatments are compared against one another, the study ends in a tie. Unfortunately, as Barbara Milrod has recently pointed out in an editorial in the American Journal of Psychiatry, such a tie tells us very little. When studies fail to show a difference between two treatment groups we cannot tell whether this is because the treatments are equivalent or because the sample size was just too small to detect a difference. In the jargon of RCT evidence to demonstrate that PDT is useful for a wide range of adult and child psychopathology.

DIFFERENTIAL THERAPEUTICS

The second part of my AACAP presentation attempted to move the discussion forward in another direction. I proposed that the most interesting goal in psychotherapy research is for us to learn more about the components of so-called brand name psychotherapies such as CBT, interpersonal psychotherapy (IPT), and even PDT itself, and to determine in what patients, in what circumstances different types of interventions produce what kinds of change. Psychodynamic researchers have made a great deal of progress in developing reliable and valid measures for this purpose. Beginning with the problem of diagnostic assessment and the widely recognized failings of the categorical approach of the Diagnostic and Statistical Manual of Mental Disorders (DSM), I explained the Shedler-Westen Assessment Protocol. This 200-item Q-sort measure (items are placed in piles from most applicable to least applicable, following a set procedure for how many items are allowed to be in each pile) calls upon a clinician’s skills to describe an individual in jargon-free yet highly descriptive systematic language. Next, I presented two continuous, multi-axial measures of individual functioning developed by psychoanalysts for the purposes of going beyond simple symptom description: Per Høglend’s Psychodynamic Functioning Scales (PFS) and Fonagy and Target’s Hampstead Child Adaptation Measure (HCAM).

Another important and unique contribution of dynamic researchers has been the development of scales that evaluate specific therapeutic interventions. These include, though are not limited to, Høglend’s Specific Transference Techniques Scale (STSS), Barber’s Multitheoretical List of Therapeutic Interventions (MULTI), and Jones’s Psychotherapy Process Q-Sort (PQS). All are meticulously designed assessments of particular interventions in psychotherapy that we need to study in order to learn in what circumstances each does or does not have utility.

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One Course, One Text
Continued from page 19

• *Dora* (1905). Karl Stukenberg, director of The Psychological Services Center, Xavier University, has successfully used this text—although he warned it can be problematic and should not be taught defensively—to give students an appreciation both of Freud’s keen powers of observation and his literary style. “Later Freudian discoveries, like countertransference, can be used to help the readers have an empathic attitude towards someone who is trying to discover how to be helpful.”
• *The Ego and the Id* (1927). Stukenberg would also choose this reading, although it is admittedly dense and difficult, because it “elucidates Freud’s later model of the mind, and helps articulate the increasingly complex way that Freud came to understand the unconscious.”
• *Freud* (Routledge, 2005) by Jonathan Lear, John U. Nef Distinguished Service Professor at the Committee on Social Thought and in the Department of Philosophy, University of Chicago, who had been a member of the 10,000 Minds Task Force. This book is the outcome of teaching lecture courses on Freud, psychoanalysis, and philosophy for over 20 years at the University of Chicago and Yale University. Lear suggests that a course can be organized around the texts of Freud and their correlating chapters in the book. The book focuses on how clinical technique and theory fit together, but it also fits into a larger discussion of Socrates and Plato, then Kierkegaard and Nietzsche.
• *How to Read Freud* by Josh Cohen (W.W. Norton & Co, 2005) was successfully used by Vera Camden, professor of English, Kent State University, and training and supervising analyst at the Cleveland Psychoanalytic Center. “Cohen takes the reader through key texts of Freud and frames them most helpfully,” she said.
• *Screen Memories* (1899). Professor Peter Rudnytsky, Department of English, University of Florida, is especially fond of this text not only for the relatively brief, yet compelling way it presents the key concepts of compromise formation and memory, but also because it is a primary source on Freud’s life and raises the issue of disguised autobiography in scientific work.
• “Turning Ghosts into Ancestors,” a chapter in *The Brain that Changes Itself* by Norman Doidge, (James H. Silberman Books, paperback, 2007) was recommended by Fred Griffin for its beautiful case material that is conducive to an elegant integration of psychoanalysis and neuroscience. It provides an “opportunity to speak both about a psychoanalytic sensibility as it relates to clinical work and to show the incredible durability/plasticity of Freud’s psychology of mind into the 21st century.”
• The Web site www.teachpsychoanalysis.com, developed by the 10,000 Minds Project, was suggested by Prudy Gourguechon because of the variety of resources for faculty. “It’s pretty terrific when you spend some time browsing on it,” she wrote. “The more you dig into it the better it gets.”

Editor’s Note: And the winner was *Introductory Lectures on Psychoanalysis*, Sigmund Freud.

Research
Continued from page 25

Finally, I presented the work of Susan Andersen at New York University, recently replicated in our own laboratory at Columbia, demonstrating a way to show that healthy adults use specific prototypes of their own significant others to inform how they perceive and recall new information about people. Whether or not we call this, as Andersen does, “transference,” it seems likely that this basic psychological process has something to do with what we are addressing in psychotherapy. That is, if we are able to help individuals know more about the ways that they see their current situations through the lenses of the past, it seems likely that this will address some of their symptoms. To what extent this kind of intervention is the primary province of dynamic treatment or takes place in other therapies as well, is something we need to know more about.

Links to More Information on Trials

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Glossary

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of major papers (for instance, Carlo Strenger’s essay on the classic and romantic visions of psychoanalysis, and Lawrence Friedman’s on psychoanalytic love). He includes technical remarks on the various concepts, for example, on fees, gifts, missed appointments, interpretation, and falling asleep during sessions; candidates and students will appreciate the ways in which he teaches and guides. Scholars will appreciate the succinct and authoritative introductions to such concepts as neutrality, free association, femininity, guilt, and somatic disorders. Insofar as Akhtar not only defines but also comments, this could be termed an annotated or even a teaching dictionary.

What is difficult to convey is how readable this volume is, written throughout in a personal voice. Akhtar’s tone ranges from serious to ironic, from wise to playful, from straightforward to poetic. For those who love language, this is writing to be savored.

One of the other features of this dictionary is the even-handed and respectful treatment of the entire scope of psychoanalytic thinking. There are entries from classical as well as Winnicottian, Lacanian, Bionian, and Mahlerian terminology, references to psychoanalytic syndromes or complexes identified in other cultures, references to long-forgotten (or no longer studied) early literature, references to terms from allied fields, and entries of concepts quite new to our field. Akhtar uses his introduction as a self-disclosure (p. 258), an attempt to make transparent his wish (p. 307) to be as inclusive as possible in order to enrich and expand the scope of our psychoanalytic vocabulary and thinking.

Many of the political and theoretical difficulties in our field may derive, in part, from our own intrafamilial confusion of tongues (p. 54). When we examine concepts closely, terms from an apparently shared psychoanalytic language, we discover that we do not have a shared definition, much less opinion. The fascinating debate between Fred Pine and Samberg and Auchincloss in JAPA 54, 2, illuminates some of the dilemmas and decisions editors face in the creation of a dictionary. Akhtar’s goal of creating “a civilized order out of a delicious chaos” reflects both the original purpose of dictionaries as bridges between cultures (as recounted by Samberg and Auchincloss) as well as Pine’s emphasis on the benefits of recognizing the essential unities of thought that underlie seemingly disparate psychoanalytic schools and practices. Akhtar does not avoid the political (see, for instance, his entries on training analysis and lay analysis), but he handles it descriptively and with neutrality (p. 187). In many of his entries he attempts to circle around the object, describing its use in as many different ways as he can distinguish along with his opinions about clinical applicability (practical psychoanalysis, self-disclosure). This is akin to describing an object in motion, and it is a bit different from describing the history of a concept, which Akhtar also does for some terms (for example, femininity, free association, and id’). This dictionary will be indispensable for the scholar and researcher:

Language, like light, is real but evanescent. And, like light, it can be thought of as possessing both particle and wave qualities; it is a moving target. The light or the word can be seen as the signifier (p. 266), something we all use; it is the signified that is the tricky bit to nail down, the mental content to which the signifier refers. An edited glossary, such as Moore and Fine, provides definitions arrived at by the consensus of eminent members of our field (including, incidentally, Akhtar). The strength of this approach, I would say, is to define a position of a signifier and its signified as closely as possible at a given moment. Akhtar often provides a range of definitions, a photograph taken with a time exposure function (for instance, countertransference and enactment).

Ultimately, a dictionary of psychoanalytic terms is about the very essence of our work—how we go about discerning the reality (p. 240) of another person’s life, and how we communicate our understanding both to the patient and to our colleagues. We need word-presentationsto represent the thing-presentations (p. 286) in our patients’ material (p. 167) and in our own reactions. Thus, a glossary is a noble effort to help us approach the speed of light, the state of a mind, even though it will be impossible to attain it. We function within an existing web of professional language—and we create it ourselves as we go along, as we notice new phenomena, such as the exit line (p. 100), that seem to entice us into the act of defining..
From the Unconscious

S h e r i  B u t l e r  H u n t

David Chirko’s delightful poem, “What’s Wrong with Behaviorism?,” begs to be accompanied by a viewing of his abstract work entitled A Behaviorist’s Mind. This image can be seen on his Web site, canartscape.com/members/dchirko (and also below.)

Chirko is an Educator Associate member of APsaA and is an experienced artist, poet, and writer with many artistic accomplishments to his credit. He is a graduate of Laurentian University with a B.A. in philosophy/sociology in 1976. His work reveals his love of mind in all of its permutations. He has had 132 poems and three poetry books published.

WHAT’S WRONG WITH BEHAVIORISM?

riding on the surface
with sunglasses in the night
they observe the purity
of hoary creatures
who scurry about
in sadistic cages
defecating responses
by rejecting experience
for an exterior vacuum
as this is the place
where mountebanks dwell
those blind robots
in opalescent coats
with utopian delusions
no they’re not just insane
but ignorant as well
which ultimately destroys them
and their blasphemous minds
when they crudely deny
what they know exists
yes our very unconscious
which they’re unconscious of

—David Chirko

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

Continued from page 11

He cannot be tender with his wife and his one sexual overture is colored with perversity. Otherwise he either avoids her or demeans her. In contrast, Anna enthralls him by her bisexuality and mysterious seductiveness. Various images portray Marcello’s internal threat of being castrated, subjugated, tightly enveloped, or lost into a merger. Lino entraps him in his room. His schoolmates surround and humiliate him by pulling down his pants. Marched in to meet Quadri, he is surrounded by his intimidating disciples. Hotel guests exit an elevator and envelop him as he is about to watch Anna’s attempt to seduce Giulia. And perhaps the most riveting image—his entrapment at the end of the farandole dance, which foreshadows his final envelopment by the anti-Fascist marchers. These images of entrapment and subjugation reenact the seduction by the chauffeur and along with his sadism suggest that to Marcello the homosexual object, Lino, is both torturer and victim, seducer and corpse, a blurred exchange of sadomasochistic roles.

I found that I had in my camera an additional lens which was…, it’s not Kodak, it’s not Zeiss, it’s Freud, it’s a lens which really takes you very close to things….

—Bernardo Bertolucci

OEDIPAL THREAT

Marcello’s visit to his seductive mother illustrates the oedipal threat. She is both the archaically yearned for oedipal mother and a feared bitch. Receiving him lying exposed with a syringe under her bed as a litter of puppies crawls over her body, she chides Marcello for his distance by recounting a dream about his coming through the door of her room and kissing her. We can wonder if as a child he was sadistically teased by her flamboyant exhibitionism and if he also witnessed her affairs. Her icy wish that the father were dead conveys an oedipal triumph.

On the way to the assassinations he says to Manganiello, “I just had a strange dream I was in Switzerland and you were taking me for an operation in the hospital because I was blind. And Professor Quadri did the operation. The operation was a success, and I was leaving soon with the wife of the professor; and she loved me.” In this dream he is blinded like Oedipus. But this husband-father, rather than punishing him, in a reversal absolves him by restoring his sight—an undoing. And not only is he going off with Anna; she is in love with him. The dream couples his oedipal wish with absolution. Even the dream setting—“beautiful Switzerland”—offers Marcello solace through neutrality in contrast to the turmoil within himself and Italy.

For Marcello, mothers are split between the bourgeois and seemingly purer Giulia and her mother; and the whore-mother Anna and mother. Anna and mother are merged in many parallel visualizations. Bertolucci suggests Marcello’s confusion and conflict by showing Dominique Sanda in two roles in addition to Anna. He watches her as the woman on the Fascist minister’s desk who glances at him, as well as the whore at the museum-bordello—among other primal scenes. Marcello has also split his image of fathers into the “good” fathers—Italo and the Fascist hierarchy who condone his impulses and provide group protection—and the “bad fathers”—his real father and the priest, whom he ridicules. As the father he yearns for, Quadri is admired, but as the father who abandoned him at the university as did his father in his psychosis, Quadri is targeted. Thus, Marcello displaces revenge against his father and his teasingly seductive mother through his betrayal of Quadri and his wife.

As witness or voyeur, Marcello can fantasize what he sees rather than being its helpless victim in many primal scene equivalents. Watching Anna attempt to seduce his wife, he also vicariously gratifies his own homosexuality. He manipulates Manganiello into attacking his mother’s chauffeur and lover, and he remains passively frozen while the assassins kill Quadri and Anna. This frozen stance, like the immobility experienced in dreams, compromises two contradicting urges—to save her and to kill her: It also allows him to brace himself against his underlying panic about acting on his impulses as in the tightness of his body and his martinet gait—his character armor. By chiding his father for his Fascist torturing, Marcello provokes him to be “tightened,” to ask for a straightjacket. Marcello’s tightness also reveals his conflict about identification with his father and, like him, becoming a Fascist killer.

Throughout the film, Bertolucci’s images raise the issue of reality versus illusion. During Quadri’s and Marcello’s discussion of Plato’s cave, a parallel to viewing film, Marcello remains in dark shadows while Quadri is intermittently silhouetted in profile as though he is only an illusion, a shadow. In the car, on the way to the assassination, the windshield wipers alternate illusion, a shadow. In the car, on the way to the assassination, the windshield wipers alternate clear vision and blur; reality and illusion, one figure in focus, another, not. Bertolucci’s extensive use of achronological flashbacks and flashbacks within flashbacks rendered in a richly poetic and stunning visual style conveys this ambiguity by obscuring the separation between present and past, one character with another, and doubling.

Continued on page 32
of California, Berkeley. She later studied science at New York University School of Medicine's Child Study Center coordinating clinical trials of pediatric psychopharmaceuticals. After obtaining an M.P.H. from Johns Hopkins in international health, she went to medical school at the Medical School for International Health in Beer Sheva, Israel. She has worked in Kenya, South Africa, and Peru. She returned to the United States in order to complete her psychiatric training at Yale. She is particularly interested in the field of post-traumatic stress disorder and in applying what has been learned from the experience of Holocaust survivors to clinical encounters with traumatized adults and children in Kenya and South Africa.

Nicole A. Pérez, Ph.D., received her doctoral degree from the University of Tennessee (UT) and recently completed an internship in behavioral medicine at the Medical University of South Carolina. During her doctoral training she spearheaded the development of an emergency room Psychology Residency Program at UT Medical Center where she now holds a position and works alongside her advisor and mentor, Michael R. Nash. In 2007 she was the recipient of the Paul Lerner Assessment Award. She has conducted research in the areas of hypnosis, personality, behavioral medicine, and psychotherapy process and outcome. Her current research is on suggestion and suggestibility. She is conducting a real-time fMRI study to explore the neurological effect of suggestion on affective arousal. She is interested in bridging the gap between theory, research, and practice while making theoretical contributions to psychoanalysis.

Luis H. Ripoll M.D., is a fourth-year chief resident in psychiatry at The Mount Sinai School of Medicine in Manhattan. He was born in Cartagena, Colombia, and graduated from Brown University with a B.A. in biology and philosophy. He received his M.D. from the University of Florida as part of a newly created research track. In medical school he used fMRI to examine visual self-recognition and its relationship to emotional processing. He has remained interested in fMRI, emotional processing, and self-relevant processing and is currently working with Marianne Goodman and Antonia New to study borderline personality disorder from these perspectives. He plans a career that combines psychoanalytically-informed neuroscience research and the clinical practice of psychodynamic therapy and psychoanalysis.

Miriam N. Schultz, M.D., is a teaching assistant and fourth-year psychiatry resident at the New York University School of Medicine. She graduated from Harvard College with a B.A. in English literature, and received her medical degree from Stanford University. Before starting medical school, she worked for several years in documentary film and became interested in medicine after working on a film about the politics of abortion in the United States. During medical school she traveled to Nepal’s Everest region to work with a team doing research on medication for altitude sickness, and was also selected as an Arts and Humanities Medical Scholar. She has an ongoing interest in women’s issues in psychiatry and is interested in bringing psychodynamic treatment approaches to reproductive psychiatry.

Kristina Schwerin, M.D., completed her fellowship in child and adolescent psychiatry at the University of California, San Francisco this summer and is now an assistant clinical professor of child psychiatry at the University of California, Davis. She became interested in medicine while working as a Spanish translator at Princeton Hospital during her undergraduate years. During medical school at the University of Southern California, she studied religious shrines in Argentina. She interviewed people who sought medical and psychological healing there and became deeply interested in exploring people’s life stories and motivations. Schwerin looks forward to a career in medical and residency education and, in particular, to the opportunity to keep psychodynamic theory an integral part of psychiatric training. She is passionate about group psychotherapy, family therapy, medical psychiatry, and the application of psychoanalytic theory to these systems.

Lotte Smith-Hansen, M.S., M.A., is a fifth-year Ph.D. candidate in clinical psychology at the University of Massachusetts–Amherst, as well as an intern at Cambridge Hospital/Harvard Medical School. Her doctoral research investigates the effects of a training for community-based therapists that aims to improve therapeutic alliance and enhance client engagement early in treatment. Her master’s thesis study of the therapeutic alliance was recently published in Psychotherapy Research, and she has received two research awards from the North American chapter of the Society for Psychotherapy Research (NASPR). An active member of the American Psychological

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Association's Division 39 (Psychoanalysis), she chaired a panel entitled “Bridging Academia and Psychoanalysis” at the APA convention in August 2008. She is passionate about sharing psychoanalytic ideas with undergraduates and graduate students as a vehicle for insuring their continued interest in the field.

Cecil R. Webster, Jr., M.D., is a third-year psychiatry resident at Baylor College of Medicine where he also attended medical school. He graduated from Morehouse College with a B.S. in biology. During his psychiatry residency, his activities have included chairing the psychiatry department’s Film Club, creating a documentary that explores perceptions of mental illness entitled Building Bridges, and researching the construction of cinematic portrayals of mental illness. His other areas of interest include cross-cultural psychiatry, mental health advocacy, and education. He is working on a culturally competent model of wellness that fuses mental and physical health care. He hopes to pursue psychoanalytic training as well as a fellowship in child and adolescent psychiatry. He enjoys photography, early to mid-20th century African-American literature, and, of course, film.

Edwin Williamson, M.D., is a second-year fellow in child and adolescent psychiatry at the Yale Child Study Center. He graduated from Middlebury College, with a major in history and a minor in Chinese language. Since medical school at Columbia University, he has made his way around the country, completing a residency in pediatrics at Duke, then to San Francisco for an adult psychiatry residency at University of California, San Francisco (USCF), and now back to the East Coast for child psychiatry training. In San Francisco he was introduced to psychoanalysis through supervisors at UCSF, and has continued his interest at the Yale Child Study Center. Williamson’s other interests lie in medical education and international mental health. He spent March of 2009 in China, working with the child psychiatry community there, and continues to teach medical students and residents as part of his training.

NOW ACCEPTING APPLICATIONS!

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The confusion of time is like a dream full of primary process, dreamlike inconsistencies. The dream-work of condensation, displacement, and symbolization and surrealistic images abound in Bertolucci’s visual representation of Marcello’s complex “dream”—the entire film. In contrast to Moravia’s novel’s straightforward narrative form and so many films resembling only illustrations of a story, this film evokes puzzlement and may activate an effort to assemble chronology and causality. Freud described dream-work like an icepack, the latent dream thawing into new segments and then reassembling into a new form as it re-freezes—the manifest dream. Bertolucci speaks of “destroying scripts”; the final film is the result of his innovative and spontaneous style of shooting and editing.

In the present action Marcello sits in the back seat of the car driven by the chauffeur, Manganiello. The flashbacks reveal his past, the past that leads to the present conflicts and situation. Each of the chauffeurs (drivers) represents an aspect of Marcello’s inclinations: Manganiello, the sadistic Fascist; Lino, the homosexual; Hemlock, the gigolo, and Marcello’s mother, who drives Marcello to the asylum to visit his psychotic father. Bertolucci thus represents the chauffeurs as resonating with and powerfully drawing forward Marcello’s conflicts with sadism, homosexuality, and incest.

FRAGMENTATION

Lacking sufficient autonomy in his fragile self riddled with primitive pre-oedipal conflicts, Marcello attempts to balance restriction and gratification via immersion in the condoning Fascist hierarchy. Harold Blum wrote, “We journey to abstract ourselves by fabrication. But when the fabric already has been woven, we journey to unravel; identity recedes from our lives the more we pursue it.” Joyce McDougall describes the fragile aspects of someone who desperately seeks conformity saying, “Normality is an over adaptation to the real world” and that “conformity elected as an ideal is a well compensated psychosis.”

The dream-like replications and reconfigurations that pervade the film convey Marcello’s chaotic, kaleidoscopic internal state. No matter where he turns, he perceives everything and everyone as another mutation of his past or a fusion of past and present. Lacking an integrated identity, everything merges, blurs, and overlaps; he does not clearly differentiate between himself and others. His false self fragments when his Fascist support crumbles. He thus experiences a fluid, shimmering state in which the fabric of his identity unravels.
Furthermore half of the managers would have acted on the news.

Freud also stressed the libidinal aspects at work in a group and the forbidden libidinal aspects of money. He was able to anticipate the role of “trophy wives” on Wall Street long before the term was dreamed up.

In conclusion, the implications of MacKay, LeBon, and Freud are that the normal person’s normal response in a group is to identify with the group and its goals, then to take on a certain anonymity, and be infected with or swept away by the group’s emotions. Since these are the norm, it is only the uncommon person who would act differently. The positive characteristics of such a person are intelligence, independence, maturity, and experience. The negative characteristics of the same person are alienation, suspicion, and perhaps introversion.

**CONTRARIAN INVESTING**

The ability to stand separate from the crowd has given rise to a whole school of investing known as contrarian investing. A contrarian investor is one who operates on the premise that the crowd is always wrong. He or she seeks sound stocks currently out of favor in the belief that inevitably they will return to favor. Ben Graham, the father of modern security analysis, summed this up best in his great book, *The Intelligent Investor*, when he said, “In the short run, the market is a voting machine. In the long run, it is a weighing machine.”

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**Next issue:**

Money and Analogy

—Karl Abraham—

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As TAP's circulation grows, an increasing number of our readers are not members of APsaA but rather individuals who have significant interests in psychoanalysis. TAP's editorial board decided that it would be helpful to include a glossary of acronyms and abbreviations of the many groups frequently mentioned in TAP's pages. We hope the following is useful.

**Affiliate Council.** A part of APsaA that represents candidates (students) from the institutes and new training facilities. Its officers are president, president-elect, secretary and treasurer.

**APsaA, the American Psychoanalytic Association.** A national psychoanalytic organization of more than 3,400 analyst members, founded in 1911. Its component organizations are 39 psychoanalytic societies, seven study groups, and 30 psychoanalytic training institutes and one new training facility.

**BOPS, the Board, the Board on Professional Standards.** The part of APsaA that establishes and monitors its educational functions, including accrediting institutes and certifying members. It consists of two fellows of the Board representing each of the 30 institutes, and the chair and secretary of BOPS. The president, the president-elect, the secretary, and the treasurer of APsaA are non-voting ex-officio members of BOPS. BOPS meets twice yearly at the national meetings.

**The Council, the Executive Council.** The governing body of APsaA and its legal board of directors. It consists of a councilor and an alternate councilor representing each of the psychoanalytic societies and study groups, eight nationally elected councilors-at-large, the current officers, the last three past-presidents, and the past secretary. It meets twice yearly at the national meetings. The chair of BOPS and the secretary of BOPS are non-voting ex-officio members.

**CGRI, the Committee on Government Relations and Insurance.** A committee that deals with political issues on both national and local levels.

**COPE, the Committee on Psychoanalytic Education.** A subcommittee of the Board on Professional Standards that serves as a think tank on issues of psychoanalytic education.

**CORST, the Committee on Research and Special Training.** A subcommittee of the Board on Professional Standards whose major function is to evaluate requests from APsaA institutes to train candidates with non-mental-health academic degrees.

**Executive Committee.** The leadership of APsaA that oversees the many activities of the organization as specified by the bylaws. The committee comprises the president, the president-elect, the secretary, the treasurer, and the chair and secretary of the Board on Professional Standards. The science advisor to the Council serves as consultant.


**Members’ List, Openline.** Two Internet listservs that members use to share views and information.

**National Office.** The APsaA national headquarters in New York City whose staff conducts the administrative work of the organization.

**National Meeting, January Meeting; Annual Meeting, Spring Meeting, June Meeting.** APsaA holds national meetings twice a year: In addition to the extensive scientific program, the Council, BOPS, and the Affiliate Council meet. The National Meeting, also sometimes called the January Meeting, is usually held in New York City. The Annual Meeting, also called the spring meeting or the June meeting, is held in various locations. An official Meeting of Members occurs at each of the two meetings.

**www.apsa.org.** The URL for the webpage of the American Psychoanalytic Association. The webpage contains an extensive Members Section including rosters, association documents, and practice resources for members.
Goes To Seattle!

Join us in Seattle, at the University of Washington, for our 11th International Congress: Neuropsychoanalytic Perspectives on Play, July 23–25, 2010

The Educational Day will take place on Friday, July 23. Original neuropsychoanalytic research and keynote talks will be presented at the main Congress, Saturday and Sunday, July 24–25.

Play has recently emerged (perhaps unexpectedly) as an exciting area of mutual interest for psychoanalysis and the neurosciences. As we gain a better understanding of the neurobiology of play, and its pivotal role in mammalian development and group relations, so we are able to view psychoanalytic observations and theories in a new way … and then cast this light back onto neurobiological research.

Speakers at the Congress include:

Stuart Brown
National Institute for Play, California

Peter Fonagy
University College London

Jaak Panksepp
College of Veterinary Medicine, Washington State University

also with

Mark Solms
University of Cape Town

CALL FOR PAPERS

As the theme of the main congress is PLAY, presentations on the study of play are particularly invited. However, research reports on all topics are welcome. Presentations should integrate neuroscience or neurobiological with psychoanalytic approaches, and may encompass human or animal experimental work, as well as clinical case material. Unlike our previous meetings, the research presentations will be incorporated into the main congress, and the congress will therefore not feature a separate Research Day.

Single paper and poster presentations are invited, as well as proposals for symposia on specific themes.

Symposium proposals should include the topic, a list of prospective speakers with brief bio material, and brief abstracts of proposed talks. Abstracts (up to 250 words per presentation, not including title and author) are due by March 1, 2010. Please send abstracts to admin@neuropsa.org.

The Congress and Educational Day will be CME accredited

Further information and the booking form can be found at www.neuropsa.org or contact: admin@neuropsa.org
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