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Special thanks to Calli Ryan for generously providing the cover art for this issue. Her art can be seen at Calliryann.com.
Psychoanalysis and Race: A Call to Action

Harriet Wolfe

“Conversations on Psychoanalysis and Race,” a three-part series, which concluded in the previous issue of TAP, focused our attention on a deep-rooted problem. In the final segment of the series: Dorothy Holmes made a powerful plea for organized psychoanalysis to become active in regard to racism; Beverly Stoute educated us about the poverty of non-racist thinking in the evolution of psychoanalytic theory; Anton Hart spoke to us as clinicians about doing what we are trained to do: maintain an authentic attitude of radical openness toward diversity, a disposition of curiosity that permits new learning, new pain, new clinical and theoretical gains.

Michael Slevin, Beverly Stoute, the editors of this series, and Doug Chavis, the editor of TAP, have given immense thought to bringing challenging, well-developed considerations of a complex issue to the members of APSaA. We owe them our gratitude for their hard work on this series.

And now our work begins. First, if you have not read the entire series, do it now. Second, we are challenged to develop a greater level of openness in respect to the topic. While the immediate problems are the destructive impact of the social construct of racism and the endemic presence of racialization, the precepts apply broadly to “otherness,” to the designation of someone who is different as “other than me” and how that designation closes rather than opens our minds.

It proves difficult, even when it dwells at the heart of our profession, to maintain a disposition of curiosity. The tension we live with is the tension between reflection and action. When we see something abhorrent, how can we not act? The better question may be: When we see something abhorrent how do we remain curious and take considered, moral action?

The series on race and psychoanalysis educates us and calls us to action. It also puts us squarely in a familiar dilemma. When we as a membership of highly educated and committed mental health professionals are overwhelmed by external realities and feel helpless to make a difference, we focus on ourselves, on our internal problems. They are familiar and must seem manageable.

An example of this occurred last summer when I sent a note to the membership expressing concern about the racial violence in Tulsa, Oklahoma. My post led to a criticism of me as APSaA president for not speaking out faster and more clearly about Trump. There ensued a string of emails supporting me, both as a woman and as the organization’s elected leader. In the context of members’ support, I could calm down, think, and realize that we had done it again: We had focused on ourselves and the overwhelming issue of racial violence had gotten completely lost.

The disposition of curiosity is not easy to hang onto. Nor is it enough in itself. The courage to take a moral stand is something that draws on our souls. There is a large segment of our membership that has endured or studied the Holocaust and its aftermath and has seen in President Trump the qualities of a demagogue. Truth has indeed become fungible on a national level and we as citizens and as practicing clinicians are facing a very complex and frightening situation in which basic democratic values are being severely challenged.

What happened last summer could happen again. The importance of psychoanalytic organizational action in relation to race could get lost in a broader focus on our national dilemma under the leadership of President Trump. But the destruction of racism has been with us for much too long. How do we avoid distraction and keep our attention on this important matter?

The Diversities Section of the DPE aims to ensure that scholarly and clinical knowledge about diversity, including racism, is fully integrated into psychoanalytic training.

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Thanks to the persistent efforts on the part of activist members of APSaA, I feel personally better prepared to keep the whole picture in mind. What might seem obvious to some are for me hard won guidelines based on the last nine months.

First, we need one another in order to stay informed and active in multiple domains. Second, we need to remain respectful of one another in order to create a climate that supports continued thought rather than psychic retreat. Group psychology teaches us that small groups form in the face of large group chaos because they offer a sense of stability and the illusion of control. When the small group becomes convinced it knows what is right and curiosity becomes irrelevant, the space between what is right and what is moral widens and the potential for corruption grows.

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The mission of the Department of Psychoanalytic Education (DPE) is to help us all think about and work better at the complex tasks of psychoanalytic education. The DPE will provide ongoing support and consultations to institutes; maintain and promote committees, study groups and workshops on the contemporary preparation of analytic candidates; promote interdisciplinary collaborations; and disseminate psychoanalytic ideas to the community at large.

The educational philosophy that underlies our vision for the DPE is based on our belief that psychoanalysis offers the most elegant model of the mind available at this point in the evolution of knowledge of human behavior. It is the only model that directly integrates models of the mind, development, pathogenesis and therapeutic action. We also think psychoanalysis is best served by grounding it in an interdisciplinary, scholarly framework wherein psychoanalytic knowledge is integrated with other relevant disciplines from both natural science, social science and the humanities.

Psychoanalytic education should be informed by and inform other disciplines, particularly those from which we draw candidates. That is, the evolution of our discipline includes both advances from within, based on new clinical experience, research and ideas, and from without via challenges to adapt its theory and practice to findings from these other disciplines. This integration is the one most likely to help our candidates adapt to changing social realities and to help all of us make psychoanalysis, once again, respectable in academia.

Finally, we believe psychoanalytic pedagogy is best served by an emphasis on psychoanalytic education being a lifelong process. Our experience is that it is both impossible and unwise for faculty and analytic candidates to assume they can learn everything important about psychoanalysis during their formal training years. Doing so only leaves blind spots and creates unrealistic ideals. Instead, we advocate an approach to formal training that stimulates excitement and the desire to continue learning throughout one’s career.

It is our hope that the DPE can operate as a large think tank to promote this sense of excitement about learning for both candidates and graduates.

The article by Alan Sugarman, the DPE head, and Britt-Marie Schiller, associate head, is the first communication in TAP from the Department of Psychoanalytic Education (DPE) as an up and running new entity. The readers can see that the DPE comprises several sections, each dedicated to a particular aspect of educational import, that come together into a richly envisioned design of open and vigorous collegial exchange.

Anticipating this inauguration, the previous issue of TAP featured an article by Ellen Rees on the importance of teaching critical thinking. We look forward to other contributions fueled by the innovative work in the different sections of DPE.

It is worthy of notice that the appointment of Alan Sugarman, child analyst, and Britt-Marie Schiller makes good on the intent of bringing together the insights of child and adult psychoanalytic theorizing and practice into the educational whole of the department’s mission.

—Luba Kessler
We believe APsaA is best served by an educational philosophy that presents the various ideas, research findings and models on the current scene and helps to train candidates to think in a rigorous and disciplined way about them. The emphasis is on thinking critically about the important differences among psychoanalytic thinkers and practitioners, and basing conclusions on evidence, not idealization and/or a wish to please certain teachers, supervisors or personal analysts. The DPE can facilitate this mission by sharing and disseminating new ideas and techniques to training centers and members of those centers.

Toward that end, the DPE will organize forums, study groups, conferences and the like. It will also develop an electronic repository of materials, lectures and ideas that all institutes, instructors, students and thinkers can draw upon. Its structure will involve a variety of sections that will help institutes integrate various areas important to contemporary psychoanalysis into their educational programs. These include child analysis, interdisciplinary studies, research, community applications, scholarship, diversity and others. But this focus will not be solely on content. An important aspect of the DPE’s mission will be studying pedagogy itself, how to teach and how to think about this important function of institutes. Styles of teaching, goals of training, types of curricula and help with common and unusual institute problems will be topics and services offered by the DPE. Because the DPE will not have oversight or regulatory responsibilities, all these areas and functions will be solely intended to promote and engage thinking about psychoanalytic education.

DPE Sections
There are at present nine sections:
• Training and Education is chaired by Richard Fritsch. The major purpose of this section is the dissemination of effective traditional and innovative educational and training practices, the creation of teaching and training resources, and support for innovation and experimentation. It also will serve as repository and clearing house for materials useful in psychoanalytic education.
• Professional Development is chaired by Nancy Kulish. This section is devoted to postgraduate education, study groups and workshops on topics such as pedagogy.
• Child Analysis is chaired by Karen Gilmore. Its emphasis is on best educational and training practices and support for innovation and experimentation within child analysis.
• Interdisciplinary Relations, chaired by Jeffrey Prager, is devoted to psychoanalytic collaborations with disciplines in the humanities, the social sciences, the natural sciences and more.
• Institute Advisory and Consultation, chaired by Jay Kwawer, focuses on topics such as consortiums for teaching, teaching via videoconferencing and recruitment of candidates. It will also offer voluntary consultation visits to institutes that request those services.
• Research is chaired by Linda Goodman and Morris Eagle and will emphasize topics such as teaching how to collect and use clinical data.
• Training for the Psychoanalyst in the Community, chaired by James Barron, emphasizes applied psychoanalysis in areas other than direct patient treatment, such as teaching in various settings, consulting to government agencies, businesses and other organizations.
• Scholarship, chaired by Richard Tuch, focuses on teaching critical thinking, clinical evidence and writing, both clinical case writing and writing for publication.
• Diversities is chaired by Anton Hart. The initiatives of this section include consultations with institutes on integrating issues of diversities into curricula, workshops on sensitivities to, for example, race, gender, sexuality, and ethnicity in clinical work, and development of resources of professional literature and syllabi.

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A Call to Action
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In the face of alarming disputes over truth in the public sphere, we need to stay informed, balanced and constructively engaged. The Diversities Section of the Department of Psychoanalytic Education (DPE) aims to ensure that scholarly and clinical knowledge about diversity, including racism, is fully integrated into psychoanalytic training.

Per Dorothy Holmes’s call to action, APsaA’s leaders will work with leaders of national and international psychoanalytic organizations to formulate, adopt and promulgate a firm position on the race issue. The complexity of the issue and the urgency of addressing that aspect of “otherness” have been made clear in this series in TAP.

A Note from the Editor

Thanks to our manuscript and production editor, Helene Wolff, a copy of the entire TAP series “Conversations on Psychoanalysis and Race” is available as an attachment. Request your copy for personal, professional or educational use at:
dougbchavis@gmail.com
Doug Chavis
TAP Editor
Psychoanalytic Education  
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The chairs of the sections, two candidates, Sarah Lusk and Oliver Stroeh, and we, as the DPE head and associate head, form the DPE Steering Committee. The chairs of these sections are currently engaged in assembling committees to create what will be a vibrant and engaged network of educational and scholarly activities.

Forums

Complementing the groups above is a Psychoanalytic Education and Training Forum, which we will chair. Each approved APsaA institute will elect a representative to this forum. We plan regional meetings and visits to institutes for dissemination of “effective traditional and innovative practices,” making available the “products” of research and study groups, as well as assistance with problem solving, where desired.

The Psychoanalytic Scholarship Forum (PSF) is currently being developed as an arena for the presentation and discussion of ideas that can expand our thinking into realms not usually considered in our discourse that could have an important bearing on psychoanalytic education. Erik Gann is chair of this forum. There will be more to say about this activity in the near future. As of now, the kick-off session of the PSF is planned for the next winter meetings in New York.

We have been asked about potential conflicts between DPE and the Association of American Psychoanalytic Education (AAPE). We want to emphasize that we see no conflict and no competition between these two groups. DPE is one of seven departments within APsaA and it is entirely educational and consultatory. All approved institutes of APsaA are automatically members of the DPE, thus any institute having joined AAPE will still be fully included in all the educational and consultative services offered by DPE.

No mandates will come from the DPE. Our mission is to help all of us to think and work better at the complex task of psychoanalytic education. As a result, we will always welcome input and suggestions. None of our ideas or structures is cast in stone. We hope they will always be changing in order to be most useful. And we want to be as inclusive and collaborative as possible. All perspectives will always be welcome and we will strive to avoid thinking in terms of “correct” or “incorrect” ideas. Rather, we want ideas to be critically discussed with a focus on advantages and disadvantages, not correctness or incorrectness.

Be Involved, Communicate

In keeping with this plan, we would like you to feel free to communicate to either or both of us your ideas, concerns or plans about this new department. We can succeed only if everyone feels free to be involved and to state what they believe without fearing dismissal or devaluation. Respectful disagreement, of course, is something we expect and desire throughout the many functions and structures of the department. But the key word will always be “respectful.”

Our plan for the DPE is that it will offer all the same services and oversight to institutes that BOPS did, with the caveat that these services will be facilitative and advisory, not regulatory or mandatory. Of course, there will continue to be educational standards mandated by APsaA; they will be those of the IPA per the Six Point Plan. Institutes will be free to add to these standards as part of local option. Local option means that any institute can choose to use current BOPS standards, and that the DPE will be just as willing to oversee, advise and consult to those institutes as to those that want to use the baseline IPA standards.

The position of the DPE is that the most productive approach to conflicts over standards within local training programs is to have open and non-adversarial discussion of the reasoning of different local camps, as well as thoughtful consideration of the advantages and disadvantages of each approach to standards. This approach is much more likely to lead to conciliation and compromise than a mandate from above.

It is also more likely to lead to disciplined evaluation of the standards and replace idealization and identification that may well have been the basis for them. Just as we believe clinical standards are likely to be most helpful if based on solid clinical evidence, we believe educational standards are likely to be most helpful if based on actual evidence of their utility. In our vision, the DPE is particularly suited to help institutes deal with these sorts of internal conflicts because its lack of regulatory or mandating function allows it to be neutral. In fact, the entire topic of how aggression and conflict are handled in institutes is an area the DPE plans to study.

Again, we invite each of you to contact either or both of us with your ideas, concerns or plans about our new Department of Psychoanalytic Education. Alan Sugarman at mumford2@cox.net and Britt-Marie Schiller at schillbm@webster.edu. We can only succeed if everyone feels free to be involved.
On Longing and Not Belonging: A Selective History of the William Alanson White Institute

Jay S. Kwawer

Suffering and bruised by enforced historical isolation, how has this plucky outsider—the William Alanson White Institute—managed to survive and to thrive?

Consider the Founders

Clara Thompson, Harry Stack Sullivan, Erich Fromm, Frieda Fromm-Reichmann, Janet Rioch, David McK. Rioch. In the fertile 1940s context of growing dissent and controversy in mainstream psychoanalysis, this somewhat raffish and intrepid group of colleagues, most of whom were classically trained abroad, all of whom had deep professional roots in the Washington and New York area, and almost all of whom were members of the IPA, fought for their professional survival. Their psychoanalytic bona fides qualified them uniquely to summon their liberal sensibilities on several fronts, daring to do battle with the increasingly entrenched rigidities of orthodox psychoanalysis.

Clara Thompson, M.D.: First director of the White Institute (WAWI), she was a charter member of the Washington Baltimore Society (WB) and its first president and a faculty member of the New York Psychoanalytic Institute (NYPSI). Thompson had over a period of several years, traveled to Budapest for a personal analysis with Sandor Ferenczi, returning to teach some of Ferenczi’s challenging technical innovations, which she and Harry Stack Sullivan, as well as Ferenczi, thought remarkably close to Sullivan’s approach to severe disturbance. She taught with Karen Horney at NYPSI and joined Horney in protest against Horney’s being stripped of her TA and faculty privileges.

Harry Stack Sullivan, M.D.: Urged by A.A. Brill to form the WB Society, he joined Thompson as a charter member. In addition, Sullivan served in 1930 as an APsaA vice president, under Brill’s presidency, and continued as a TA through the 1930s and 1940s. His pioneering work with a young, male schizophrenic population at Shepard Pratt Hospital in Baltimore, and his subsequent work with regressed and acutely ill psychotic inpatients at Chestnut Lodge, formed the clinical basis of his “interpersonal psychiatry,” offered as a powerful alternative to the orthodox psychoanalytic position that psychoanalysis was the treatment of choice only for psychoneurosis.

Frieda Fromm-Reichmann, M.D.: Trained at the Berlin Institute, upon emigrating to the U.S., she began working at Chestnut Lodge, collaborated closely with Sullivan, and became an admired clinician widely known for her insightful and empathic approach to working with schizophrenic young people there. Modestly, she referred to her work with patients as “intensive psychotherapy,” which she continued for many years, even through periods of psychotic regression. At the WB Institute, she became a TA and served as a long-standing member of its Education Committee.

Erich Fromm, Ph.D.: Fromm merged his background in social psychology (his doctoral specialty) with his classical Freudian training at the Berlin Institute. Upon emigrating, he accepted Franz Alexander’s invitation to teach as one of the first faculty members at the Chicago Institute, where he met Karen Horney. He eventually settled in New York City in 1934, where he developed his concepts of unconscious drives as reflections of the social context of the surrounding culture. Rejecting the primacy of libido theory that had dominated American psychoanalysis, he regarded ego psychology as a sterile adaptation by orthodox psychoanalysis to the demands of American academia.

Ultimately, this group was joined by some colleagues from the Washington School of Psychiatry (WSP), notably Janet Rioch, M.D., and David McK. Rioch, M.D., who brought some of the concepts of systems theory and organizational dynamics into alliance with the growing school of interpersonal psychiatry, an approach that privileged the exploration of unconscious aspects of relationships, including the present tense “here-and-now” dimension of the patient-psychoanalyst relationship.

These dissidents took issue in various ways with increasingly entrenched and rigid trends in organized mainstream American psychoanalysis, including:

- medical orthodoxy in training centers;
- dogmatic insistence on the primacy of “libido theory” and the “Oedipus complex” in psychoanalytic understanding;
- persisting acceptance of Freud’s beliefs that psychoanalysis was not feasible with borderline conditions, narcissistic, schizoid and other character disorders, or schizophrenia;

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• and the reified belief in the need for the analyst to remain an anonymous and neutral presence, in order to achieve a therapeutic effect.

The New York Civil Wars 1940s

By 1941, the palpable challenge posed by the broad impact of interpersonal thought was being felt in more orthodox quarters. In a contretemps dubbed by John Frosch, in 1991, “the New York psychoanalytic civil war,” NYPSI’s leadership encountered Horney’s radical challenge to the orthodoxy of libido theory, emphasizing instead cultural influences on personality development. Her growing popularity and influence among candidates led to an organizational struggle in which Horney, whose thinking was closely aligned with that of her more liberal colleagues, was stripped of her teaching privileges and TA status on the grounds that she was “disturbing” students. The vote was 24–7, with 29 abstentions.

Joined by Clara Thompson and four other faculty, as well as 14 candidates in analysis and supervision (whose educational progress had been judged inadequate and hence were unable to graduate), Horney left NYPSI to lead, as dean, a new psychoanalytic institute, the American Institute of Psychoanalysis (AIP).

Oral historians recall the triumphant, exuberant protest march of this aggrieved group of dissidents down Fifth Avenue singing “Go Down, Moses,” underscoring the concern for academic freedom against paternalistic authority.

Horney and colleagues wrote eloquently and passionately to all APsaA members, decrying the impingements on academic freedom they perceived at NYPSI. A second split from NYPSI one year later, similarly decrying “rigidity” and a “stifling atmosphere,” led to the founding of the Association for Psychoanalytic Medicine and its training institute at Columbia.

Sullivan and others from the D.C. area initially joined with the new Horney institute. When APsaA resolved in December 1941 that membership in APsaA was incompatible with membership in a rival association, Sullivan resigned from the Horney group in order to preserve his membership.

Fromm’s dissenting slant on classical psychoanalysis was compatible with that of the Horney group, with which he also affiliated. Despite his Berlin training credentials, as a non-physician, he was not permitted to join APsaA. His involvement with Horney’s group, especially on the heels of his new and remarkably prescient 1941 exploration of the psychodynamics of Fascism and its leadership in Escape from Freedom, generated enormous enthusiasm and interest among candidates. Horney, who was reportedly concerned with his popularity, as well as about his presence endangering hospital affiliations, apparently engineered the stripping of his TA privileges in 1943.

To avail veterans of educational benefits, Thompson’s group sought and obtained an independent charter from New York State in 1946, for the William Alanson White Institute of Psychiatry, later adding “Psychoanalysis and Psychology” to its name. From 1946-1948, the new White Institute candidates continued to be enrolled in the WB, which considered WAWI as its New York branch. The WB included White’s course offerings in its own bulletin and sponsored its graduates for APsaA membership. The earliest graduates of this new institute were admitted pro forma to APsaA, in keeping with then-existing APsaA rules.

A 1946 rule change required separate approval for membership beyond simply graduating from a member institute. This change created difficulties for the next crop of the institute’s graduates, as did a contemporaneous split between the Washington and Baltimore groups. By 1950, however, nine of the institute’s graduates and faculty had been admitted to APsaA membership, enough to qualify WAWI as a society in its own right, according to APsaA’s then-existing rules.

The Encounter with APsaA 1948

In 1948, embroiled in internal struggles having to do with the disfavor with which conservative APsaA forces looked upon Sullivan’s work, the WB declined to accept as its own candidates those from WAWI or those who had already been accepted and begun training. It was suggested that WAWI apply for independent status as an APsaA training institute. WAWI was promised sponsorship of this application by WB, and others, including APsaA President-Elect Robert Knight, whose election was hailed as ushering in a new era in intellectual sophistication

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for APsA. Knight reportedly told Clara Thompson he regarded the application as a mere formality and that he was friendly to supporting it.

Having four TAs recognized by APsA and 30 candidates registered in the WB, WAWI made formal application for recognition in November 1948. Sullivan’s sudden, untimely death in 1949 resulted in the unravelling of an uneasy alliance between the Washington group (including Sullivan, Fromm-Reichmann, the Chestnut Lodge contingent, Thompson and others) and the Baltimore group, seemingly dominated by the Viennese émigré Jenny Waelder-Hall. Apparently under pressure from the Baltimore contingent, WB decided to drop the 30 candidates from WAWI in the midst of their training. At around the same time (1949-1950), BOPS adopted the geographical rule, designed to limit the power and autonomy of individual institutes next to the increasingly centralized power of the Association. Significantly, this rule was promulgated over one year after the WAWI application for membership/affiliation, and was applied on an ex post facto basis. Of relevance, also, the WB’s New York branch was the only APsA training center in the U.S. operating under the aegis of an institute in a different geographical region.

An additional APsA rule for new institute applications, adopted in 1949 (also one year after the WAWI application was submitted) required the endorsement of two other member institutes. Based on a catalog description alone, with no discussion, the NYPSI decided the curriculum at WAWI was insufficient. Columbia, which had cordial relations with WAWI based on a shared history of dissent from orthodoxy and a split from NYPSI, agreed to provide this endorsement.

One year later (1950), three TAs of WAWI were suddenly dropped as TAs by the WB, ensuring—from a technical point of view—that they were no longer recognized by APsA as TAs. That same year, the Committee on Institutes (COI) decided to defer a definite decision on the WAWI application for an additional two years (thus, minimally, four years in all) in order to gain more time for investigation of “certain important data”).

After repeated delays by APsA, a WAWI representative met in Chicago with the chair and secretary of the COI, clarifying that APsA’s stated concerns included reservations about the training of clinical psychologists. In addition, they requested further statistics on the physician candidates graduated since 1948 and the 11 physicians in training in 1951. They suggested a reorganization of the course “Bulletin” to present offerings for medical candidates only, and that Erich Fromm (a non-physician) not be listed in the “Bulletin.”

The COI chair Therese Benedek further stated in a letter to WAWI that in addition to the problem that three TAs were “geographically annihilated,” the absence of a new four-to-five-hour rule in White’s training standards would result in rejection of the application. She added the further suggestion that Erich Fromm be dropped as a TA, since he was a “lay analyst” and he conducts “unrecognized training” in Mexico. Her letter hinted broadly that changing the institute’s training “standards” would clearly help to get WAWI recognized by APsA. Thompson’s reply corrected Benedek’s erroneous inference that WAWI had “decided not to cooperate with” the four-to-five-hour rule “binding on all training organizations,” affirming that WAWI never took that position but simply had not discussed the matter further “since the decision taken by the American in regard to the appointment of TAs, the affiliation of students and the formation of a society deserve… prior consideration.”

APsA was engaged in a charade around so-called minimum standards, with extensive awareness that frequency of practice varied widely across APsA institutes and in Europe. Freud’s growing practice (initially, six sessions weekly) had given way to the pragmatic decision (neither scientific nor evidence-based) to work at a five-times weekly frequency to accommodate four Americans who arrived in Vienna in 1921, enabling him to see nine patients in psychoanalysis. Sometimes publicly acknowledged, analysts continued to practice three-times-weekly psychoanalysis.

In 1948, BOPS described the training analysis as “a dynamic procedure determined by the dynamic needs of each person. Any statement of a definite number of hours of analytic treatment is incompatible with this concept.” However, in 1951, BOPS passed a resolution changing its minimum standards requirements to the expectation of “a minimum of four hours a week, an optimum of five,” for training and control analysis. This resolution unleashed a storm in APsA, led by the Chicago Institute asking that the new standard be withdrawn.

Of APsA’s 11 institutes, four of the most liberal (Chicago, the Washington division of WB, Southern California and Columbia) joined in opposition to uniform rules and rigid prescriptions for training, in favor of flexibility, decrying the threat to autonomy of individual institutes to define their own training methods and practices. Chicago’s statement referred to the practice at the Berlin Institute, “where the general policy was to see cases in control analysis three times a week and to deviate from this baseline according to indication.”

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Choice of Standards: A Manual for Candidates

Dwarakanath G. Rao and Dionne R. Powell

Wisdom lies neither in fixity nor in change, but in the dialectic between the two.
—Octavio Paz

With this, our last column, we say goodbye from the Board on Professional Standards. This 70-year-old standards and approval body, long the symbol and substance of psychoanalytic training standards, is scheduled to sunset in June 2017 upon membership approval of bylaw changes.

The Board on Professional Standards (BOPS) was respected as the guardian of psychoanalytic education amidst times of social and political change. It was the intellectual and professional home for a large number of analytic educators over the decades. It was also the target of critics, legitimate and disaffected. Through it all, BOPS established and maintained standards for psychoanalytic education for generations of analysts in over 30 APsaA institutes. It held firm on frequency of analytic sessions, peer review through certification, and the training and supervising analyst system. Over the years, no aspect of psychoanalytic education was left unexplored. Admission, progression, immersion, site visits, consultation, troubleshooting morale and ethics issues, faculty progression, candidate welfare, training of non-medical and non-clinician candidates, distance analysis, liaison with new and existing institutions—these were issues BOPS committees and COPE study groups took up enthusiastically, providing an experiential basis for establishing standards and procedures. BOPS was also instrumental in approving the William Alanson White Institute and the American Institute of Psychoanalysis for affiliation with APsaA. At its best, BOPS demonstrated that it was a nuanced and flexible resource providing both regulation and consultation in a collegial atmosphere.

Regulatory functions of BOPS have been externalized in the American Association for Psychoanalytic Education (AAPE), and consultative functions become the province of the APsaA Department of Psychoanalytic Education (DPE). This trail-blazing separation of functions may seem unwieldy at first glance. In reality, we have known for some time that externalizing regulatory functions promotes healthy growth and protects institutes in an increasingly regulatory climate.

AAPE, ACPEinc, IPA: What’s the Difference?

As background, it is important to underscore that IPA standards are different from current APsaA standards and are proposed as APsaA’s future baseline upon BOPS sun setting. There will be a range of standards in APsaA.

Seven APsaA institutes have joined the AAPE, which will conduct joint site visits with the Accreditation Council for Psychoanalytic Education (ACPEinc). As other institutes discuss the AAPE option, two questions continue to cause confusion. One, what are AAPE standards, and how do they compare with International Psychoanalytical Association (IPA) standards? AAPE standards are APsaA (BOPS) standards as of January 2017. AAPE standards in the original APsaA model require three supervised cases, including more than one gender, for graduation; IPA requires only two cases and does not expect different genders. AAPE allows child-focused training independent of adult training as well as integrated child/adult training; IPA does not currently allow child-focused or child-only training.

AAPE requires preparatory and facilitating clinical experience for academic and non-mental health candidates; IPA does not have preparatory expectations for non-clinician candidates. AAPE curriculum, progression, graduation requirements are based on IPA requirements but are generally more specific and detailed. AAPE encourages certification by an external board for faculty and requires it for training and supervising analyst appointment. IPA does not require certification. AAPE establishes educational standards, provides oversight, and conducts joint site visits with ACPEinc for national accreditation, and consults on standards matters with member institutes. IPA has a rigorous initial approval process for new institutes, but does not conduct subsequent site visits or provide a mechanism for external oversight or vetting of training and supervising appointments. IPA does not provide accreditation services.

AAPE standards encompass two models: The “original APsaA model” requires four-to-five times a week frequency for training analysis and supervised cases. The “William Alanson White model” allows three times a week frequency as floor, but requires a minimum of four supervised cases and additional psychotherapy experience for graduation. IPA currently requires four-to-five times a week frequency, but is considering a change to three-to-five times a week frequency for the Eitingon model.

A second question that comes up frequently: What is the difference between AAPE and ACPEinc? AAPE is a group of institutes that studies, establishes, and maintains educational standards. ACPEinc is an accrediting agency that uses its core standards as baseline.

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Chinese Culture and Psychoanalysis

Peter Loewenberg

An emotional and intellectual affinity between Chinese culture and psychoanalysis has surprised and attracted many of us who work and teach in the People’s Republic of China (PRC) and Taiwan. A primary motive for seeking analysis and psychoanalytic training is because psychoanalysis serves as an inner resource for modern Chinese to resist the authority and moral coercion from family, repressive institutions and the state. Despite the current focus among affluent urban Chinese on the narcissism of wealth, power and fame, the reception of psychoanalysis is conditioned by contemporary and ancient cultural factors. For contemporary Chinese, psychoanalysis is an exciting tool of personal liberation to build a sense of an autonomous self that is not a part of traditional Chinese values and family structures.

This article will focus on the traditional imperatives, suggesting that explicit trends in Chinese culture and philosophical and religious traditions contribute to explaining why there is currently an enthusiastic responsiveness to psychoanalysis in China (David Scharff and Sverre Varvin, 2014). To those who have worked and taught in China there appears to be a cultural aptitude for the psychodynamic modes of thought, its dialectics, the co-existence of contradictions, the suspension and collapse of linear time categories that allows Chinese students and candidates to “take to” and understand analytic thought and practice. I believe the Chinese will, in the tradition of their rich and ancient intellectual heritage, develop a form of “Chinese psychoanalysis” which will synthesize the Western psychoanalytic “schools” and teachings with uniquely Chinese tempers, flavors, registers and characteristics. (Alf Gerlach, et al, 2013).

Time: Chinese and Psychoanalytic

The Chinese Buddhist, Confucian and Taoist traditional world views and psychoanalysis share an ancient ethos of self-cultivation (xiuyang) that is congenial to a psychoanalytic view of what we do clinically. They also share a concept of time as a relative aspect of human experience, in distinction to the natural sciences of the pre-quantum era, which conceive of time in a regular linear construct of discrete quantifiable units used for scientific analysis and for commercial and daily life. Our subjectivity and historicity are relative and in dialectical tension with the demands of our functional operations in the daily chronological linear time of business and social life.

There is universal recognition that certain events occurred in China at discrete points in time, 1644, 1911, 1919 and 1949. However, history is a dynamic development marked by preparations, buildups, intense climaxes and resolutions—as is clinical work. The establishment of the Qing Dynasty, the Chinese Revolution and Republic, the treaties after World War I, the founding of the People’s Republic, are culminations of developmental historical processes that are not linear, much as the process of a psychoanalysis is not linear, but blocked by resistances, circumlocutions and transformed by new emotional insights. The Chinese people have known the massive historical trauma of invasion, conquest, rebellion, flood, earthquake and famine throughout its history, and most recently in the War against Japanese Aggression (1937-1945) and the Cultural Revolution (1966-1976).

Working through the Cultural Revolution is now becoming a theme in contemporary Chinese literature and in psychodynamic conceptualization and treatment (Tomas Plaenkers, 2014). Youthful Red Guards publically stigmatized and humiliated their elders and teachers, in fact generationally enacting the classical Western Oedipal drama (Rolf Haubl, 2014; Antje Haag, 2002). The Cultural Revolution meant personal fear, public denunciation and abasement, including within institutions and families (Yu Hua, 1995, 2003). The traditional Chinese vertical generational order of respect and honor for age and seniority was reversed in the Cultural Revolution. Currently the psychoanalytic commitment to inner freedom, confidentiality and the value of free association is seen as a liberating potential. Psychoanalysis is both past oriented, relative, limitless and flexibly here and now focused. C.G. Jung said: “While the Western mind carefully sifts, weighs, selects, classifies, isolates, the Chinese picture of the moment encompasses everything down to the minutest..."
Chinese Culture

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nonsensical detail, because all of the ingredients make up the observed moment (1949).” This cannot help but bring to mind Freud’s fundamental rule of free association: “Say whatever goes through your mind. Act as though, for instance, you were a traveler sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside (1913).”

Chinese traditional time is not linear; it is moral time, religious time, that looks to the glories of the past. Chinese culture is patient—there is no rush, we can wait; and China can wait. The traditional Chinese cultural orientation to time in Buddhism, Confucianism and Taoism is of incredible duration, yet relative and subjective. In the greatest transmigration of religion in the history of humankind, Buddhism moved from its origin in north India in the sixth and fifth centuries BCE through Afghanistan and Central Asia to Tibet and China in the first century CE, then to Korea and Japan, Thailand, Burma, Sri Lanka, Vietnam and Indonesia (Neville Agnew, Marcia Reed and Trevvy Ball, 2016). The psychoanalytic unconscious is timeless, as Freud said: “The processes of the system are timeless. They are not ordered temporally, are not altered by the passage of time; they have no reference to time at all.” (1915)

The Buddhist time dimension is also eternal, unlimited and infinite. The individual human being is only a momentary link in the eternal stream or chain of being made up of parts that have always existed. Death is not the end; it is the separation of the parts which may later be reunited by the transmigration of the soul at death to reincarnation in human, animal or inanimate form. The life of any individual, given the sum of his or her rebirths, spans vast reaches of time. Rebirth means that things not achieved in this birth may be accomplished in another life, suggesting “I’ll have a chance to do so next time” (Melford Spiro, 1982). The Chinese traditional family system also provides a form of immortality. “When one dies, one does not die, but one’s self lives on in the great stream of the family life” (Lin Yutang, 1935).

Values: Classical Chinese and Psychoanalytic

The sage Confucius (551–479 BCE) is iconic for China; today the government of the People’s Republic uses him as a cultural symbol for the PRC, as the Italians invoke the image Instituto Dante Alighieri and the Germans use the symbol Goethe Institutes for cultural representation. The PRC has established Confucius Institutes all over the world. Confucius had a retrospective focus on a “Golden Age,” an idealized past a century before he was born. He sought his models of virtuous life and state in the past, saying: “I love antiquity and have faith in it.” The Confucian ethical core, “Li,” sought graceful and civilized manners as practiced in the Zhou dynasty, which was built on the ethics of the preceding dynasties of Xia and Shang. There is a profound synchronicity of psychoanalytic moral values and the classic Chinese view that the purpose of life is not to prepare for a hereafter; rather, the good life is to enjoy the simplicity of being, family and harmonious social relationships here and now in this world, that moments of happiness are precious because they are so transient. Freud resonates with these values: “Of what use to [men] is the mirage of wide acres in the moon, whose harvest no one has ever yet seen? As honest smallholders on this earth they will know how to cultivate their plot in such a way that it supports them” (1927). The Confucian tradition holds that moral self-cultivation is a critical part of the good life (Philip Ivanhoe, 2002).

Mencius [Mo Tzu] (372-289 BCE), Confucius’ leading disciple and a humanist, developed the theme of self-cultivation: “In judging others, I am being judged. The only way to rise above...potential errors is to cultivate oneself. The deeper my own reservoir of resources, the better I can live ethically.” (Jiuan Heng, 2002). Mencius further seeks to know the symbolism and signals of the body beneath words and the surface, which analysts are acutely aware of, in a diagnostic mode that Freud and Wilhelm Reich would later advocate: Of all the parts of a man’s body, there is none more excellent than the pupil of the eye. The pupil cannot be used to hide man’s wickedness. If in the breast, all be correct, the pupil is bright. If within the breast all be not correct, the pupil is dull. Listen to a man’s words and look at the pupil of his eye. How can a man conceal his character? (James Legge, 1935)

Mencius said: “What is within must manifest itself without.” He instructed us to look closely at the body: “The countenance, a rich fullness in the back, and the character imparted in the four limbs. Those limbs understand to arrange themselves, without being told.” (Legge, 7:214). Compare this to Sigmund Freud who two millennia later observed: “He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his fingertips; betrayal oozes out of him at every pore.”

Oedipus, Authority and Power

Mencius was logically and sensitively aware of Oedipal conflict between fathers and sons, and how infallibly and meticulously children expose the hypocrisy of parents. Therefore, he recommended that fathers not instruct their children but leave that to more neutral others, much as for the same reasons clinicians know not to attempt to treat their own families:

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There is a robust and interesting literature on psychoanalytic outcomes. Many readers will be familiar with the Psychotherapy Research Project at the Menninger where changes in 42 patients at Menninger Hospital, 22 in psychoanalysis and 20 in psychotherapy, were compared in a series of studies. Other readers may know about the more recent European studies such as those in Heidelberg-Berlin, Helsinki, Munich, the Netherlands and Stockholm. Although some of the very early studies involve only reports of the treating analyst, most have involved reports by or interviews of analysts as well.

We honored this important literature, but we recognized also that very little of the research is longitudinal. We wanted to know two kinds of information. First, what are different types of analytic outcomes really like? For instance, what exactly do analysts mean when they talk about analyses ending with maximum benefits? Second, what at the beginning of analysis predicts the outcome of analysis? It seemed to us this would be extremely helpful in recognizing problems before they became full-blown.

Our interest as psychoanalyst-researchers was truly piqued when we began to read of the work of Drew Westen and Jonathan Shedler who developed a remarkable clinician procedure for measuring personality. Shedler and Westen noted that clinicians are highly trained to observe and consider what happens in the clinical situation. They spent some years developing a measure. The Shedler-Westen Assessment Procedure (SWAP) includes 200 items that might describe a patient. The items are not theoretically oriented and are written in sensible language. The treating clinician sorts these items into eight categories ranging from those that describe the patient very well to those which do not apply to the patient or about which the clinician has no information. The items must be sorted into a fixed number in each category, ranging from eight items that describe the patient very well to 100 that do not apply. The SWAP has been used in hundreds of studies of psychotherapy and psychoanalysis.

Here we plan to introduce our longitudinal study of change during psychoanalysis using the SWAP-200. Our intent is not to provide a detailed review of the literature or an exhaustive report of our methods, statistical work or results. These are available in our book describing the complete project: Psychoanalytic Treatment in Adults: A Longitudinal Study of Change, published in 2016 by Routledge. We want to share with you some of our findings.

Our Background
Researchers and clinicians, we met during a training year at the Detroit Psychiatric Institute, a Michigan public hospital now closed. As our psychoanalytic training progressed in Dallas and Michigan respectively, we continued to work on research together. We discovered and read with enthusiasm the early papers about the development of the clinician procedure for measuring personality, the Shedler-Westen Assessment Procedure, reported in papers in 1998 and 1999. From the analyst’s sorting of the 200 items, scales could be scored. “Pictures” of the patient could be put together from the items directly and from the scoring of SWAP scales, which include adaptive functioning, personality and trait scales. We were fascinated and carried out several studies to see how well the results of the SWAP fit areas of our separate clinical work and our collaborative research. We set to work and organized a longitudinal study of change during psychoanalysis. Shedler and Westen were very helpful. The International Psychoanalytic Association funded the costs of the beginning of the work.

The Research Plan
We put short recruiting posts on APSA’s listserv once a month for six months, inviting analysts who were beginning an analysis with a new patient to participate by completing the SWAP-200 and a short questionnaire every six months from the beginning to the end of the analysis. The questionnaires included an item on which the analyst, at the end of the analysis, indicated the outcome of the analysis. After a dozen years, we had data from 60 completed analyses. Our heartfelt thanks go to the analysts who so patiently completed this work over quite a few years.

We began by considering the characteristics of patients and the characteristics of the participating analysts as the analyses began. As the analyses ended, the analysts responded to a question about the nature of the outcome. We grouped the information into five outcome groups: negative therapeutic reactions, dropouts, analyses ending because of external factors, and analyses ending by mutual agreement between analyst and patient either with or without maximum benefit.

R o s e m a r y C o g a n , P h . D . , retired recently after many years in the Department of Psychological Sciences at Texas Tech University where she continues as a professor emeritus. She retired from clinical practice several years ago.

J o h n H . P o r c e r e l l i , P h . D . , is on the faculty in the Department of Psychology at the University of Detroit–Mercy and is in private practice in Birmingham, Michigan.
Major Findings

Below are some of our findings in three areas: Prevalence of the five outcome groups and characteristics of each outcome group, characteristics at the beginning of analysis that were predictors of the five outcomes, and the role of insight in changes during analysis.

1. Prevalence and characteristics of the five outcome groups as the analyses ended.

We learned that, interestingly, in each case, our findings were similar to the relevant reports of the outcomes of psychoanalysis and psychotherapy in the published literature.

- A negative therapeutic reaction was reported in 3 of the 60 analyses. As the analyses ended, patients with a negative therapeutic reaction were best described by SWAP items that involved tending to blame others, feeling life has no meaning, having problems expressing anger and being critical of others.

- Dropping out was reported in 23 of the analyses. As the analyses ended, these patients were best described by a SWAP item reflecting having difficulty forming close friendships and having lower scores than others on SWAP scales involving Global Assessment of Functioning and Insight.

- Ending analysis for reasons external to the treatment was reported in 17 analyses. As the analyses ended, these patients had increased scores on the SWAP scale involving Global Assessment of Functioning.

- Ending with mutual agreement between analyst and patient but without maximum benefits was reported in six analyses. As the analyses ended, these patients were described as more inclined to be thrill seekers, more hyper-masculine or hyper-feminine, and less naïve than others.

- Ending with maximum benefits was reported in 11 analyses. As the analyses ended, these patients were best described by a SWAP item involving having come to terms with painful experiences from the past. Patients whose analyses ended with maximum benefits had higher scores than patients completing analysis with mutual agreement between patient and analyst but without maximum benefits on several items including having moral and ethical standards and trying to live up to them. These analyses were longer than other analyses.

Patients whose analyses ended with maximum benefits had lower scores than others on the Paranoid Personality Disorder SWAP scale and higher scores on the Global Assessment of Functioning and Insight scales.

2. Characteristics at the beginning of analysis that were predictors of the five outcomes.

At the beginning of each analysis:

- Patients who developed a negative therapeutic reaction were described as more arrogant than other patients and lacking in close friendships and relationships as compared with other patients. These two items predicted a negative therapeutic reaction quite well and should be red flags when they are present to a significant extent at the beginning of analysis. As the analyses began, these patients also had higher scores than others on SWAP scales for Paranoid Personality Disorder and Schizoid Traits, and lower scores on a SWAP Insight scale. (The complete details are, once again, available in our full report.)

- Patients who dropped out of analysis tended to feel like outcasts and had somewhat more of an exaggerated sense of self-importance than other patients. Patients who dropped out of analysis early in the analysis were described as tending to get drawn into or remain in relationships where they were emotionally or physically abused. On the other hand, as the analyses began, patients who dropped out after several years of analysis tended to have more unstable interpersonal relationships and tended to be deceitful more than other patients.

- In analyses that ended because of external factors, neither patients nor analysts differed from those with other outcomes. At some level, we all know there are external factors that interfere with treatments and the data confirm this observation.

- Patients whose analysis ended with mutual agreement but not maximum benefits were higher on tendencies to be suggestible or easily influenced and having a work life that tended to be chaotic or unstable as compared with other patients.

- Patients whose analyses ended with maximum benefits had higher scores than other patients on an item concerning the tendency to be overly concerned with rules, procedures, order, organization and schedules. As we thought about this, it seemed to us this had to do with motivation for analysis and a realistic recognition of the major commitment in all kinds of resources that analysis surely does require.

3. The role of insight in change.

Analyses ending with maximum benefit ranged from 28 to 121 months. We invite the reader to pause for a moment and consider the problems this range presented for considering the role of insight in change statistically. In reality, psychoanalysis and psychotherapy really do range in length. We believe that artificial constraints on the duration of treatment, quite common in some types of outcome research, can seriously distort research conclusions. We consulted with an applied mathematician, N.G. Cogan, who is quite accustomed to dealing with relevant research issues.
Assessing Distance Psychoanalytic Treatment: Perspectives of Therapist and Patient

Robert M. Gordon

Now we have the option of delivering psychoanalytic services online to those who otherwise would not have easy access to such services. This new channel of connection is suspect to some psychoanalysts who fear that the Internet filters out too much of the interpersonal quality of the therapeutic relationship, according to a study I did with Jane Tune and Xiu-Bing Wang in 2016. Certainly, using videoconferencing (VCON) technology has its problems with connections, privacy and sense of physical presence. But are these issues analyzable or not? Is the online treatment effective and worthwhile? Assessing this is difficult with complex variables and issues of methodological validity.

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Laboratory research that could isolate and manipulate the variables would present ethical and external validity concerns. We believe that surveying the experiences of highly educated deliverers and end-users of psychoanalytic treatment would be a useful methodology. The China American Psychoanalytic Alliance (CAPA) therapists and program graduates who were patients were a population of convenience, which allowed us to study this complex issue. The CAPA graduates/patients are intelligent and informed consumers of psychoanalytic training and treatment. They are a population that can offer insightful feedback about their treatment during their training.

In 2015, we studied the online surveys of 94 therapists in CAPA who treated the Chinese students via videoconferencing and in 2017 we studied the surveys of 97 graduates of CAPA who were their patients. The survey results showed that the therapists rated the overall effectiveness of the treatment over the internet as only slightly less effective than in-person treatment.

The graduates/patients had a median of three average days a week of treatment. The survey results of the graduates/patients showed they highly rated the effectiveness of their own online psychoanalytic therapy (median = 5.0 (0= not at all effective, 6= extremely effective). Sixty-nine percent rated their online treatment in the high to very high range (ratings 5-6). Graduates/patients felt the therapist variables (warmth, wisdom, empathy and skillfulness) were much more important in the effectiveness of their treatment than whether the treatment was in-person or with VCON. These graduates/patients preferred to experience some issues with online treatment in order to have the opportunity to work with a high quality therapist, according to an assessment by Jing Lan and me this year).

When looking at the opinions of both therapists and patients, psychoanalytic treatment over VCON represents a valuable treatment delivery option.

These studies were approved by the Institutional Review Board of the Washington Center of Psychoanalysis. For copies of the research manuscripts, contact me at: rmgordonphd@gmail.com.

Suggested reading

Useful Insights
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He developed a mathematical model of changes in the SWAP Insight scale and changes in Psychological Health, Paranoid Personality Disorder and Dysphoria. Two useful conclusions came from this. First, the model showed that Insight changed before, for instance, changes in Dysphoria. Second, the model also indicated that there are three phases of analysis: a short early phase involving about 10 percent of the duration of analysis, a long mid-phase, and an end phase involving about 25 percent of the time in analysis. He also included material about finding and working with an applied mathematician likely to be helpful. We are glad of and grateful for this collaboration.

Finally, we have joked—wishfully—about replicating this large study. More seriously, we would encourage working groups to consider what might be practical. Group research has real challenges. Perhaps at a practical level, a training center, might arrange to have candidates and perhaps other members use the SWAP to describe patients beginning analysis and then record the outcome group at the end of analysis. A good number of our participants, all analysts, told us they found the SWAP interesting and helpful in their thinking about their patients. We would be happy to visit with any readers about possible projects and share our questionnaires.
The message on my office voice mail is simple and direct. “I am calling about your work as a dance/movement therapist. I have a specific and unusual problem that affects my whole life. I have a trauma with rhythm. Can you help me? I don’t know what to do.”

I am intrigued. What does a trauma with rhythm actually mean? What does it look like? Working in the field for more than 30 years, I have had many unusual referrals, but this one is unique. Rhythm is certainly a core tool of the trade. And yes, many people have difficulty keeping their actions on the beat. This does cause anxiety, especially when attempting to be in-sync with a partner, whether on the dance floor or sharing a life. But identifying the core of the trauma to be rhythm itself! This is a first for me.

I call Julian (not his real name). His story draws me in deeper. “I’ve been treated for PTSD. I’m interested in dance/movement therapy as a way to complete my treatment. I love music, but I can’t feel it. It’s like my brain is cut off from my body. I cannot feel emotion through my body. I cannot ‘listen’ to my body speak. I’ve been an athlete my whole life, but when I try to dance, I panic. It is tragic because I love music. I go to concerts all the time. But I feel nothing. I’m in my early fifties. I’m not going to learn an instrument now. I’m looking to enhance my life and thought dance therapy might be a way to bring what I love—music—into my life. But I know I will have to deal with rhythm to get there. This thought terrifies me! I don’t know if you can help me. Can you?”

The quick answer is “yes.” The how, is more involved, for this seemingly simple exploration, e.g., rhythmic awareness, most often leads to much more. It requires a deep listening, sharing, moving and dialoguing process that occurs in relationship within self; between self and other (starting with our patient-therapist relationship); and through body-to-body explorations.

Julian’s acute anguish about his body-feeling disconnect resonates with the current mind-body discussion. When Douglas Chavis, editor of The American Psychoanalyst (TAP), invited me to contribute to this conversation by discussing the role of the body in therapy, from the viewpoint of a dance/movement therapist, I eagerly accepted. My interest is personal and professional, historic and contemporary. I have spent my career supporting patients to explore how to give voice to the creative, expressive and healing potential of their body sensations and expressions.

Some of you may have attended the workshop I spoke at with Larry Sandberg and Beatrice Beebe during the 2013 American Psychoanalytic Association meetings in New York. Though this talk may have been one of the first to include a dance/movement therapist, it rekindled a conversation that began in the 1920s between dancers, recognized as our founding dance/movement therapists, and psychiatrists, medical doctors and psychoanalysts. At that time psychoanalysis was marked by the emergence of the unconscious. It also mirrors a worldwide conversation infused by the demise of Descartes’s mind-body dualism these last few decades. I will summarize this vast topic in the hopes of stimulating your interest in continuing this conversation with my colleagues and me.

Why Dance?

First, a definition. The American Dance/Movement Therapy Association (founded in 1966) defines our field as “the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual.”

Now, the number one question. Why dance? This is perhaps the most frequent question we get asked, along with the follow-up statement, “I do dance therapy in my living room every night, it feels so good to let loose.” The answer to this question is primary and essential, because it’s what differentiates dance/movement therapy (DMT) from “living room dancing” and other body/somatic and creative arts psychotherapies.

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Child and Adolescent Psychoanalysis: Reports of Our Death Have Been Greatly Exaggerated

Leon Hoffman

The value of child and adolescent analytic and psychodynamic empirical and clinical findings are underestimated by far too many mental health professionals. There are three areas in our contemporary climate in which the value of child and adolescent analytic principles need to be recognized and studied: clinical work not just with children but also with adults; systematic study of child and adolescent psychoanalysis and psychodynamic psychotherapy; and the role of child and adolescent psychoanalytic principles in schools and community agencies.

I noted this lack of appreciation of the value of child and adolescent psychoanalysis in a letter to JAPA in 2000 on the exclusion of child psychoanalysis. I documented that there are virtually no references to the child analytic literature in the psychoanalytic debate involving differences between the so-called one-person and two-person psychologies even though when working with children the therapist/analyst is always interacting and reflecting with the child. T.J. Jacobs in 1996, also stated that in working with difficult patients “adult analysts have been slow to incorporate into their treatment...notions derived from understanding development and child analytic technique about the flexible—and creative—use of analytic technique.” This dilemma continues to this date.

In the general mental health field, cognitive techniques with children predominate even though there is extensive clinical experience with psychodynamic psychotherapy, as well as with child and adolescent psychoanalysis, for childhood disorders. However, systematic clinical research is sparse. Over the last two decades there has been a greater call, and therefore progress, for the development of systematic research in child and adolescent analytic and dynamic psychotherapy systematic research.

Finally, both the American Psychoanalytic Association (APsaA) and the Association for Child Psychoanalysis (ACP) have developed awards for excellent work in the community. APsaA, through its Schools Committee, has established the Anna Freud Educational Achievement Award and the ACP has established an Award for Excellence. Both awards are given to a center or program exemplifying the highest level of service and integration of psychoanalytic ideas.

Over the next several issues of TAP, we will include articles describing a variety of programs including empirical studies of psychodynamic treatments, descriptions of child and adolescent analytic studies, and the impact of child and adolescent principles in community and school settings.

In the next issue Sabina Preter, Theodora Shapiro and Barbara Milrod will describe their Manual of Child and Adolescent Anxiety Psychodynamic Psychotherapy (CAPP): a brief psychotherapeutic approach to working psychodynamically with children ages 8 to 16 years who suffer a range of anxiety disorders.

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Stories

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Dancing for release and relief, self-expression and healing crosses all cultures, ages and centuries. Indeed, dancing is such an innate primal experience that in 2010, Marcel Zentner, a psychologist at the University of York in England and his team of researchers found even babies respond to a beat by dancing. And, the more musically synchronous their movements, the more they smiled. Colwyn Trevarthen uses the term “musicality” to describe the shared consciousness that develops between the mother and weeks-old baby. This musicality is regulated by the emotions of joy and love expressed through the couple’s dialogic natural rhythmic movement interactions and imitative sounds.

We regard the body and our body movements as a metaphor for our sense of self and our experiences. DMT, or dance/movement psychotherapy (my preferred name for the field, established in 2009 by our European colleagues) is a branch of psychotherapy first developed by dancers, who experienced that through dancing they were able to tap into feelings that had no words. DMT goes beyond living room dancing, supporting the patient to create a body-mind-emotion connection. It is this connection through the lens of the felt-experience of being a dancer that grounds the work of a dance/movement therapist.

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Stories
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Our body is a map of all of our experiences, remembered, unconscious and non-conscious. DMT uses the spontaneous, improvisational, imaginative and aesthetic qualities of creative dancing to support the patient in exploring and expanding upon their sensations, thoughts and feelings. Integrating the sensations, feelings and memories, which are held in the body; how these experiences are mentally processed; and how one feels about these experiences, creates an embodied way of learning and self-knowledge that fuels creative expression and healing.

Embodiment

The second most important question. What does it mean to be embodied?

Embodiment, especially in relationship to the body and the mind, is a popular area of study, which emerged within philosophic, academic, scientific, dance and somatic studies circles starting in the 1960s with Maurice Merleau-Ponty. His phenomenological concept that we know we exist because of our experience of existence through our bodily actions and sensations is the common thread within each discipline. The idea that the mind is grounded in the experience of human movement was first explored in science by the biologist Humberto Maturana and his protégé Francisco Varela, a biologist, immunologist and cognitive scientist in the 1970s. Linguists George Lakoff and Mark Johnson continued to study this concept in the 1980s, and Francisco Vaela, Evan Thompson and Eleanor Rosch created the term “embodied cognition” in 1991. Actions, perceptions and cognition are intrinsically interwoven. Although there is much debate about how much the body and body experience contributes, supports, relates and initiates thinking, the disembodied mind no longer exists. In his new book, Embodied: The Psychology of Physical Sensation, Christopher Eccleston, a psychologist, who is adamant that there are 10 unacknowledged senses beyond the familiar five, is clear about embodiment. He states, “Being embodied is how we experience, what we experience and whom we experience.”

In her 2011 book, The Primacy of Movement, Maxine Sheets-Johnstone, a dance scholar and a great supporter of DMT, states that a fluid dynamic relationship exists between perception and action, emotion and movement. Aptly stated by my colleagues, Katya Bloom in 2006 and Sabine Koch and Diana Fischman in 2011, in DMT, embodiment emphasizes the relational nature of bodily, cognitive and emotional experience within the context of the environment. Simply put, for dance/movement therapists it is not a question: We know we are embodied because we feel it. The body and body experience are central.

The term “embodied” deeply resonates with our felt-experience of the expressive power of movement. Entering the field as contemplative movers and dancers, we understand how to use the dynamics of movement as communicative discourse. This discourse can be personal, as a way to explore an emotional feeling, a physical sensation, a way to dialogue with a partner or to speak to an audience through a performance. A dance can start from any vantage point of the body-mind–emotion continuum—moving, thinking, feeling—feeling, moving, thinking—thinking, moving, feeling. In any order, it is the full combination of these aspects of self that bring about healing.

In DMT we view the felt-experience of the body moving as an “embodied narrative” telling the story of a person’s life. Body experience frames how you think about yourself and your experiences in the world around you. Dance/movement therapists are trained to observe the specific qualities of a person’s nonverbal actions to determine the person’s nonverbal signature. Just as we each have our own handwriting signature, we also have our own unique way of holding ourselves and moving ourselves through our life. We pay keen attention to the mover’s overt and subtle nonverbal cues through a listening process that involves witnessing our own reactions through kinesthetic empathy. How we structure the experiential components of the session is based on the information obtained through this embodied countertransference process.

In sessions we teach people to listen deeply to their bodies by attending to sensations and actions. This starting point is followed by having a conversation with and through spontaneous creative actions that arise from this attuned way of listening. The patient develops a moving voice that reveals deeply felt and held experiences. With this information in your mind, we return to Julian as he enters my studio office for his first session.

Body Analysis

Immediately I am struck by juxtapositions. His tall figure is contrasted by a descending tilt of his head and a downward curve of his left shoulder. His brisk long strides reach out beyond his body, seemingly scoping out his surroundings while his torso, held as one unarticulated unit, momentarily lingers behind. It is as if he has entered the room but could whisk himself away at any moment. His gait is punctuated by a slightly irregular yet light step.

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Healing the Trauma of Neglect in a Zen Buddhist Master

Jeffrey B. Rubin

My thoughts, at first aimless, wandered at random, like a greyhound chasing butterflies. As a modicum of focus gradually developed, the noise of mid-Manhattan imperceptibly receded, and attention to inner experience magnified and intensified.

My meditation was interrupted by the shrill sound of the office buzzer.

In the waiting room I encountered a middle-aged man I shall call “Sam.” He was tall and gaunt with horn-rimmed glasses, a shaved head, and huge bags under his eyes. We exchanged a firm handshake and solid eye contact.

In my office Sam dove in. He had consulted with me because he felt profoundly alienated and utterly alone. Deeply grounded in both major schools of Zen, indefatigably committed to the truth; open, humble and sardonic; he was, from all accounts, an immensely talented and maverick Zen teacher who had trained closely with one of the great Buddhist teachers of the 20th century and embodied what he had learned over several decades of samurai Zen practice.

He had a melancholic and haunted air about him. He was riddled with intense anxiety and assaulted by dread. He also described feeling both alien and split in two: a skilled and admired Zen teacher and a scholar and poet and a “screwed up person” who “felt like a reject and a loser.” “Forever on the outside looking in,” certain that he “didn’t belong anywhere,” he craved love and felt a deep sense of failure—like a misfit, irredeemably disconnected from the human race; longing for normalcy.

He claimed he was “playing at living.” He admitted he married to have the “semblance of a life;” to “pass for normal with a cover.” And he felt invisible. Very invisible. In fact, he called himself “The Invisible Man.” I doubt you would even notice him, even if he were standing in your field of vision because he was so self-effacing he was easy to miss.

In our beginning sessions, I was immediately struck by how present he was. Nothing seemed to escape his attentive ears and watchful eyes. He listened deeply and was unusually open and disarmingly honest, down-to-earth, without pretense or guile. He displayed a non-defensiveness that many years later still deeply impresses me.

I also admired his self-awareness and his capacity for self-reflection. He had an unusual facility for exploring what he was experiencing, staying directly with a wide range of emotions and tracking patterns in relationships. I attributed this to his deep meditative practice and his capacity for direct experience more than to his formidable intellect.

In the early sessions I learned that he came by his pessimism, melancholy and loneliness honestly. Raised by his paternal grandparents, he had little contact with both parents, who were alcoholics. His father showed up occasionally and intensified.

His father was “selfish.” He only applied to one college and thought he’d skip university, live with his grandparents, and be a typist and write poetry.

His grandparents “hated each other, and hardly ever spoke.” The resounding abandonments and emotional neglect were “devastating.” Sam became ashamed and intolerant of his own needs. This led to massive self-deprivation. He convinced himself that going to college was “selfish.” He only applied to one college and thought he’d skip university, live with his grandparents, and be a typist and write poetry.

He assumed he “must have somehow been worthless to the core.” But he couldn’t figure out what he had done wrong. The shadow of essential badness and inadequacy stayed with him throughout his life; it was never touched or transformed despite decades of concrete assistance. “I hated my father beyond belief,” he said.

There was a “conspiracy of silence” about his mother: He was told she was dead. He was also warned “to hang up the phone if a strange woman called.” He suspected his mother was alive. He learned from his grandparents that when he was a baby his mother had used his skin as an ashray and had beaten him with a brine-dipped switch. She left when he was three.

His paternal grandparents raised him on the outskirts of a metropolitan area on the West Coast. He led an intensely solitary childhood. His grandfather was private and hidden, an outwardly rational man who became a Christian Scientist and secretly hoarded Jehovah’s Witness Watchtower magazines. His grandfather spent most of his time in his basement workshop, crafting hundreds of miniature sailing ships in bottles.

His grandmother was senile toward the end of his childhood and seemed superstitious and irrational. “She spent most of her time lying in bed among her large collection of dolls, wearing layers of house dresses [she] hardly took off and her Dodgers baseball cap.” When a friend of Sam’s came over to their house she jubilantly served strawberry ice cream on a block of frozen french fries.

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intensive and wholehearted Zen training and practice, leaving him feeling bereft and angry.

Sam drew great solace from language and ideas. He devoted his considerable talents to scholastic pursuits and athletics and graduated first in his high school class at 16.

“If you leave this house it will kill me,” his grandmother said. He applied to an Ivy League college, but never heard from it. Several months after the college acceptances were sent, he reached into the back of a cabinet for a cup and discovered an envelope. He pulled it out and noticed it was addressed to him. He opened it and it said he had received a complete scholarship. He felt his grandparents had betrayed him by hiding his acceptance letter.

“Childhood led to extreme alienation,” he told me. “I was never touched or reached. And I was filled with alienation and despair; the despair of never having a fulfilling life.”

After his freshmen year of stellar academic performance, he found out his mother was alive. “Would you like to meet your mother?” his inebriated father asked him over the phone. Sam was disturbed and angry but agreed to go.

When he met his mother she was drunk, which only deepened his revulsion. She told him he was better off without her. He left after she downed a row of sloe gin fizzes.

He was 17. And shattered.

The drunken meeting, the way he had been betrayed about his mother’s supposed death, and his abandonment by both parents induced a homicidal rage. He moved to Europe for a year, unable to speak and express the condition he was in, in his words, “catatonic.”

Upon his return to America he graduated with high honors from college at 20 and was accepted in a doctoral program in literature. He read all the literature on metaphor in English, French and German—including Max Black’s *Language and Philosophy* and Jacques Derrida’s “White Magic,” Ernst Cassirer’s *Symbolic Forms* and Suzanne Langer’s *Philosophy in a New Key*. When his doctoral advisor relocated, he told Sam to contact him in two weeks, after he settled into his new home. When Sam called, the advisor acted like they had never met and dumped him—another abandonment.

“Immersion in Zen

In his 20s, a friend introduced Sam to Zen. He took to it immediately. He read no Zen literature, not wanting to intellectualize or contaminate the process, and just meditated. At his first meditation retreat the teacher advised him, “Kill the watcher.” “Die on the cushion,” Eido Roshi told Sam, “and you’ll never have to die again.” Sam found this easy and natural, in part because it tragically replicated the annihilation of his being he had experienced with his parents and grandparents. Sam quit his newly acquired tenured professorship and became a full-time student of Zen.

At his first retreat he reached *kensho*—he had an enlightenment experience when he felt one with everything. The boundaries between inner and outer evaporated and he saw to the depths of and through his constructed sense of self. “I felt as if something like an earthquake or an implosion was about to happen,” he wrote in his unpublished autobiography. “Everything around me looked exceedingly odd, as if the glue separating things had started to melt. By the time I got to my room I was weightless; there was no gravity. Then the earthquake or implosion, body and mind dropping off, occurred. There was an incredible explosion of light coming from inside and outside simultaneously, and everything disappeared into that light...there was no longer a here versus there, a this versus that...I understood nothing except that nothing would ever seem the same to me... And despite the fact that I had no understanding whatever of what had happened (nor do I now), this experience changed my life completely.”

His meditative practice and his insights continued to expand and ripen during his studies with Zen masters from several different traditions.

He taught a course on Buddhism. An older Japanese man sat in the front row all semester listening intently without saying a word. After the last class the...
Selective History

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At a pivotal meeting between the COI and WAWI (November 1952), WAWI made one final attempt to overcome the array of obstacles. WAWI pressed its claim that the requirements met by WAWI upon application had been changed mid-stream. WAWI confronted the COI with the facts that the geographical rule was “used with elasticity” with two other groups (Seattle and New Orleans), where no training institute yet existed, in which faculty were imported to serve APsaA’s desire to “colonize” these areas. One COI member disclosed, for the first time, “people having to do with such matters at the time did not consider valid Freudian analysis was being taught at the WAWI.”

Repeated obfuscations, obvious in the transcript of this meeting, prompted one APsaA representative, Merton Gill, to speak with clarity and in frustration, emphasizing he was speaking for himself only, and not for the committee:

…the objections I have heard here… deal with such legalistic matters as the geographical rule or the number of hours. However, there is a serious cleavage in principles and I think that the American chooses to regard itself as a group of people who believe in a certain kind of analysis, and groups who deviate from these ideas should not be members.

I think this group has a legitimate grievance. I think there has been something of a run-around and if it is true that this is the issue of deviating so widely, …if this is indeed the reason for which this group should be excluded from the American, then this group is entitled to be told that in so many words.

…if a group feels that it is being judged on principles and not on form, then there is very little incentive to follow form.

At this point, Benedek stated: “When you don’t have the same scientific principles, then the cleavage is really very great, much greater than one would be able to bridge.” Norma Reider added: “There is a divergence in the American Psychoanalytic but the divergence of this group seems to be considerably more quantitatively and qualitatively from others in the group.”

WAWI Pursues Its Own Path

Two weeks after this meeting, four years after the institute applied for recognition in 1948, Thompson wrote to the Association formally withdrawing the White Institute’s application.

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a bylaws amendment was submitted to the membership in 1956, it fell short of a two-thirds majority, defeating the efforts of those within the Association who were proponents of this coercive assault on academic freedom through a proposal for centralized control over who could teach and where.

Over the subsequent 40 years after withdrawing its application, WAWI pursued the development of a rigorous and intellectually rich training model, reflecting the contributions of a growing and influential cadre of interpersonal and relational psychoanalysts, while continuing to teach the Freudian perspective, emphasizing both commonalities and differences. In the context of taunts and derisive insults about not teaching real psychoanalysis, and of being professionally ignored and demeaned, WAWI members understood that the struggles and challenges of being excluded and isolated facilitated the institute’s developing a distinct and compelling point of view. WAWI members remained mindful of the growing interest from other organizations to learn from this increasingly compelling model.

Moves Toward Rapprochement and More Disappointment

The 1995 proposal for revisiting a possible affiliation from then-President Marvin Margolis was clearly a response to the lawsuit APsaA had defended against the successful contention of four Division 39 members alleging monopolistic restraint of trade. Against the historically painful process of “longing, but not belonging,” a series of meetings did occur in the mid-1990s, resulting in a BOPS Task Force on Accreditation of Established Institutes. WAWI’s good faith participation in these meetings led unfortunately to a 1999 report, named for the task force chair, David Carlson, that dashed some burgeoning hope stirred by the liberal APsaA initiatives.

The Carlson Report recommended the establishment of a standing committee of BOPS, the Committee on the Accreditation of Freestanding Institutes (CAFI), with articulated procedures for facilitating APsaA affiliation. Unfortunately, these procedures were not welcoming, as they constructed hurdles and obstacles that would effectively undermine the autonomy and uniqueness of the training model WAWI had evolved. Even the most liberal APsaA members hoping for a rapprochement commented that any prospect of engaging WAWI was now, in the words of one, “dead in the water.”

Despite the understanding that the Carlson Report sounded the death knell for any prospective affiliation, several BOPS and CAFI members and officers … worked successfully toward rescinding the Carlson Report in the late 1990s.

The frequency issue continued in the Carlson Report to dominate APsaA’s stipulation: “Training analyses and supervised cases henceforth to be conducted according to the American’s 4-5x/week standard. In return, the American would grandparent as provisional training and/or supervising analyst any training and/or supervising analyst participating in, or indicating her/his acceptance of, the new policy.” The process proposed also required a site visit from the COI, with the clear implication that WAWI was not yet ready to be admitted to APsaA as an accredited institute.

Resurgence of Hope

Despite the broad understanding that the Carlson Report sounded the death knell for any prospective affiliation, several BOPS and CAFI members and officers who favored bringing WAWI into the fold, worked successfully toward rescinding the Carlson Report amidst further meetings with WAWI in the late 1990s. Collaborative exchange, in the context of a shared experience of good faith, enabled an effective working relationship that ultimately led to the invitation that was based on acknowledging the need for WAWI to be accepted “as we are,” based on a liberal definition of the validity of different training models.

BOPS constituted a joint APsaA-WAWI Task Force on Training Models (in 2008) to explore further and in detail all aspects of the respective training models each organization utilized. In its 2009 summary report based upon the close examination of training models, the task force affirmed “remarkable congruence in the training models of each organization” and “a shared psychoanalytic sensibility and fundamental kinship regarding educational values, including a commitment to immersion in the process of education and training.” It concluded: “Our kinship as psychoanalytic educators differentiates us from other training models that do not link a deep immersion in psychoanalytic sensibility to the process of exploring the inner world…. We regard differences in training models…[as] relatively minor and not truly differentiating. Training models in both organizations reflect a shared commitment to excellence in training, embodying the values of rigor, deep immersion, and quality.” BOPS received this report and its recommendation to invite WAWI to join APsaA unanimously and enthusiastically, along with CAFI’s proposal that the “White Institute model” be endorsed as an Eitingon model “variant,” in connection with a formal invitation to join APsaA as an “approved institute.” The invitation explicitly “recognizes the William Alanson White’s model of training in

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psychoanalysis as a coherent, evolved, and integrated training process,” which was to be formalized in a revision of BOPS’s Educational Standards document, with the additional provision that any APsaA-approved institute wanting to adopt the White Institute model in its entirety may do so. (The subsequent admission of AIP was based on its embrace of changing its training model to the White Institute model.)

WAWI’s early 1950s decision to remain an autonomous and freestanding psychoanalytic training institute was hardly a rejection of the APsaA training model. White’s training model was formed in close affiliation with the early WB implementation of the tripartite Eitingon model. This model has guided WAWI’s structure and training requirements for more than half a century. Given psychoanalytic ancestry and lineage, it is relevant to consider that these organizations share the same institutional DNA, and White’s training practices have been in many ways comparable to and in some ways more rigorous than those of APsaA approved institutes. WAWI has embraced heterodoxy rather than orthodoxy for candidates in training, and its faculty includes many who regard themselves as Freudian in addition to those who consider their orientation to be interper- sonal or relational.

WAWI’s prodigious contributions to the psychoanalytic literature are well known internationally; its journal, Contemporary Psychoanalysis, has maintained an eclectic focus for more than 50 years; educational programs have blossomed beyond the flagship four-to-six-year psychoanalytic institute training program, joined by a three-year Child and Adolescent Psychotherapy Training Program, a one-to-two year Intensive Psychodynamic Psychotherapy Program, a one-year Eating Disorders, Compulsions and Addictions Program, as well as a wide array of regularly scheduled conferences, workshops and topical study groups. Classrooms are full and graduates are prospering.

Notably, WAWI’s psychoanalytic training program has set minimum standards for clinical training that exceed IPA standards and are more demanding than APsaA’s traditional standards: a minimum of four supervised training cases, with at least three different supervising analysts, for a total of 200 supervision hours. Treatments are conducted either on the couch or face-to-face, with such technical decisions emerging from collaborative exchanges between candidate and supervising analyst, based on a shared sense of what is clinically indicated. Training cases are required to be seen at a frequency of at least three hours weekly, as a minimum. WAWI’s integrated model of training reflects a persisting belief that psychoanalytic training requires rigorous standards and embodies a conviction an institute can be trusted to develop quality programs and to integrate rigor into the training experience without oppressive oversight.

WAWI’s selection process for SA/TA appointment requires clinical presentations to a small group of colleagues. The training model has defined psychoanalytic practice in terms of its intrinsic qualities, not primarily based on such extrinsic factors as frequency or the use of the couch, but rather on the basis of depth, intensity, immersion and facility with eliciting and working with the unconscious process.

WAWI was one of the first institutes, in 1948, to develop a “low cost treatment service,” offering intensive psychoanalysis, providing a community service as well as helping candidates with opportunities to conduct long-term analyses. Notably, the training model also includes a psychotherapy requirement of one year of supervised experience conducting psychotherapy, emphasizing the ways in which application of psychoanalytic principles can inform and enhance the therapeutic efficacy of psychotherapy. WAWI’s unique heritage and legacy, enabling sometimes daring work with more disturbed patients, is reflected in training in clinical approaches to a wide range of difficult patients who present with singular challenges for which orthodoxy in technique is inappropriate.

Distinct from the typical structure of many APsaA and IPA institutes, the WAW Psychoanalytic Society has no formal role in administration of the institute, although the institute and society generally maintain a collaborative, mutually supportive relationship. The society, consisting only of psychoanalytic training program graduates, currently numbers more than 200 graduates who have remained active and/or affiliated with the institute. For at least several decades, WAWI has been widely regarded as the premier postgraduate psychoanalytic training program for psychologists, dating to a time when prestigious and well-known programs nationwide were not accepting psychologists for full training.

Considering institutional history, the decision to accept APsaA's invitation has been controversial. Among the articulated concerns is that the defining spirit of dissent and academic freedom may be at risk of being compromised. On the other hand, the virtually unanimous endorsement by APsaA’s Executive Council and BOPS, the significant understandings APsaA offered, including grandparenting existing SAs and TAs, extending BOPS certification to WAWI SAs and TAs, and using APsaA’s best efforts to enable IPA membership for all WAWI graduates who join APsaA have been accepted by many at WAWI as meaningful steps in the direction of reconciliation and reparation.
Stories
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Again this lack of articulation is apparent as he lifts each foot, as one solid block. His gaze belies his affable demeanor. Looking up from under his tilted head, his expressive eyes simultaneously look directly and softly at me, questioning and hesitant, yet friendly and jovial. I find myself wondering if he is present enough in his body to even feel a rhythmic connection. Does he actually feel his body as a moving articulate presence?

It is clear my first task is to help him literally feel grounded and connected within his body. I begin with body awareness activities that focus on physical coordination. I suggest we walk around the room as we listen to music. I put on a song with a medium tempo and even, flowing rhythm.

It is when we start to dance that his internal paradox, portrayed as an anxiety with rhythm, becomes most apparent. As we walk together around the periphery of the room Julian cannot look at me. His body recoils. His gait becomes more irregular. Sometimes his steps are long, other times short. His tempo is hesitant and then rushed. Immediately I sense we have entered into feared territory and I slow it down. He needs to trust me first before going too deeply into his emotional landscape. Luckily, he has a good sense of humor, he has good self-reflective capacity and he is determined.

We first enter into his body experience through his mind. We laugh at his lack of rhythm and break down walking with more detail. I describe the mechanics of walking: the way we momentarily balance on our front leg by shifting our weight from one side to the other as we simultaneously roll through and push off our back foot, swinging the leg forward, and planting it solidly on the ground within a comfortable distance in front of us. We spend the next few months working on connecting core body coordination throughout his body: upper-lower, left-right and contralateral connections. Each week we choreograph a simple movement phrase for homework, complimenting our work in the studio. He proves to be a diligent student. Alone, in the safety of his home he makes discoveries that he reports to me during our weekly sessions. “Wow, I can’t believe how good it feels to be able to move from my left side to my right in one flow. I did our sequence for 15 minutes in the morning and my head felt so much clearer. I had this difficult meeting at work and I didn’t get upset, I just flowed through it.”

Julian continues to make personal discoveries by linking his felt-experience both inside and outside of our sessions. Though he continues to state he cannot feel the music emotionally, music of all kinds is always part of our explorations. During one memorable session early on, we are exploring the range of motion in his shoulders while dancing to Aaron Copland’s Appalachian Spring. As our improvisational dialogue moves through Copland’s variations of the theme, gay and fluid then strong, slow and powerful, I notice he has much more freedom in his right shoulder then his left. As I take a step reaching toward his left shoulder he is taken off guard. It is subtle, yet profound. Through his felt-experience a repressed memory surfaces. The sensation of getting hit repeatedly on this shoulder by his parent every time he was off the beat while playing the piano is palpable. He is stopped mid-action. It is subtle, yet profound. Through his felt-experience a repressed memory surfaces. The sensation of getting hit repeatedly on this shoulder by his parent every time he was off the beat while playing the piano is palpable. He is stopped mid-action. He spontaneously tells me this remembered image. We pause. He looks at me. His eyes fill-up. I hold his gaze softening mine. Silently I assure him that I am with him, I am listening, holding this experience with him, through my presence.

Julian continues to make connections between his feelings, his past experiences, and his current ways of being, both physically and emotionally in his life. We dance through a wide variety of music, from the majestic strength of Bach’s “Zion Hort Die Wachter Singen,” to Gloria Estefan’s quick-paced “Conga.” Through these explorations, he finds his grounding and becomes more physically articulate. He moves more fluidly and confidently from a sitting position to standing, to back down. Traversing these different levels of space, his talk shifts to his need to make major changes in his life. More memories gently unfold as he becomes more embodied. He is able to follow my moves more easily and contributes his own movement ideas with more confidence. I note these advances as they occur. He is also able to look at me as we dance together. I wait to bring up this eye contact connection, fearing this might make him feel self-conscious again. A short while later he comes to this realization on his own.

Bodily Joy

One recent day he opens our session with a new awareness. “I worked my whole life using my analytic skills, which for better or worse are formidable, unusually efficient and abetted by my skill in visual thinking. But it has given me little joy, and now for the first time in my life I feel joy—that comes from my body.” He requests that we dance to Chris Botti, the jazz musician. We pick “When I Fall in Love.” As the fluid, languid, yet strong sounds of Botti’s trumpet fill the room, I follow Julian’s lead as he places his hands at heart level. Reaching out in front of him, in time with the dreamy rhythm, his arms separate and widen, as if he is parting a curtain. Stepping forward with each new stroke of the air, Julian clearly is entering into a deeper embodied state. His thoughts, felt-experience and emotions are one. He moves into a verbal/nonverbal reverie, shifting between dancing, pausing, reflecting, dancing, pausing and reflecting.

As he dances, he is struck by a realization. “It is like I am coming out. I was frozen in my infant/child brain. Frozen in the time frame of the trauma. I became determined not to feel anything.”

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I promised myself in my six-year-old mind that I would never ask anyone to stop hurting me.

His hand gestures spontaneously change, flicking his wrist making sweeping, brushing actions along his torso and out into space, stating, “I have no interest in being self-deprecating anymore (his solution to not asking people to stop hurting him). I have deflected people from knowing me by creating this false self. I am friendly but don’t let any one get near me.” His outstretched arms soften at the elbows. His palms open as his arms reach up and out creating a gathering gesture, circling forward up and back towards him. His improved full body connection is apparent as his whole torso actively shapes in the space.

As I try on these actions, dancing across from him, the image of beckoning towards a friend, inviting connection comes over me. This is confirmed as he states, “Now I want to meet someone who can know me...who thinks like me. “We dance together exchanging actions. He tries on mine, I try on his, all without speaking a word. As the strong rich tones of Botti’s trumpet fill the room, I mirror Julian’s actions. In these poignant moments it is clear that “When I Fall in Love” is speaking of his experience of himself. His ownership of his true self.

Julian enters our next session with exhilaration. Again, while listening to Botti he has had a visualization. But this time it is three-dimensional and felt. He imagines his body leaping, spiraling and dancing amongst other dancers to the upbeat rhythmic pulse of the trumpet, keyboard and percussive instruments. The image is so clear he feels it. He even mapped out the moves on a piece of paper for us to use as a guide for our dancing today. I ask him for the name of the song so I can put it on.

We begin to dance. His actions flow in poetic, rhythmic time to the music. He freely looks at me as we move together. Sharing with him, in excitement, his first composed choreography, it is clear he has found a resolution of his fears through the dance. I am also struck by how aptly the song title summarizes his healing. His growing desires to be known and to connect truly to others, through his body, mind and emotions. As we transpose his map into actual moves the glorious energetic rhythms of Botti’s “Worlds Outside” fill the room.
Zen Buddhist Master
 Continued from page 20

man came up to Sam and invited him to tea. As Sam and Maezumi Roshi drank sake together Maezumi told Sam he was a Zen master and wanted Sam to be his dharma heir, a rare honor in which a student is chosen by his or her teacher to eventually be a successor. “Forget about it,” Sam said, “you’re drunk.”

Sam studied with Maezumi’s protégé and was eventually chosen to be one of his successors. Sam also received informal transmission from Soen Nakagawa, a roshi many consider the greatest Zen master of the 20th century, who told him he had had an enlightenment experience at his first retreat. Despite the fact that Sam was a Zen prodigy, he couldn’t answer the question one of his teachers asked that he sensed was central to his experience at his first retreat. Despite the fact that Sam was a Zen prodigy, he couldn’t answer the question one of his teachers asked that he sensed was central to his being: “What is it you want?”

“The question renders me dumb-founded,” he said.

How could he know when he had been brutally abused and neglected?

Further relationships with several Zen masters increased Sam’s alienation. He left several he was slated to succeed when his teachers became embroiled in sexual or financial scandals. Whereas most of the students turned a blind eye to the way these men exploited female students sexually or used members of the community to build a spiritual empire, Sam refused to compromise his principles in order to keep his standing with the teachers and in the community. He exposed and left each teacher, even though he was slated to be a successor. This undermined his position and visibility in the rather cliquey American Zen community. He became again, an outcast; a Zen-master-without-a-temple. And, a man without a home. He reported, at the time, “I have no place to go. Returning to the real world,” he added, “was not a world to me.”

His father died several years later: They never reconciled and he was “guilty over hating him so much.” He had a “profound sense of nowhere to go” and that “nothing mattered.”

And then his wife betrayed him. When he found her in bed with another man it merely confirmed his deep-seated belief he was worthless and there was no place on earth for him. In psychoanalysis he realized he had never really been seen or emotionally touched by his wife.

Sam supported himself by leading meditation retreats and teaching literature and Zen in various colleges and universities. His students loved him, but an inn across the street from a Zen monastery. Years before, he had spent the night at the same inn after his marriage ceremony at the Zen center. Sam asked the roshi who ran the monastery, a man who credited Sam with inspiring his meditation practice, if he could live there and do intensive practice. The teacher said no. Sam was angry. Staying at the inn and being disconnected from the Zen center reminded him of his separation from his wife and his frustrated Zen path and was disturbing and disorienting. He felt rebuffed again in trying to find a place for himself.

In a shame-filled phone message Sam left for me he said he had the fantasy of exposing himself, of standing on the inn’s front porch and opening his robe. He called himself “weak and cowardly” for revealing this over the phone. A few weeks later in an actual session he admitted he had acted on this fantasy, and that was, in fact, the reason he initiated treatment.

He feared I would judge him and shame him. He was also terrified he would be sent to jail and his life would be over. When he talked about the incident he had a very concrete opinion of what he had done. He viewed it and judged it very literally. It was sick, he said, and perverted, and he was “bad.” I knew he was a kind and empathic man and not a danger to anyone. I tried to interest him in exploring the meaning of what he did. What did he feel before, during, and after he exposed himself and what was he trying to accomplish? In other words, what was the action saying?

Breaking Out of the Prison of Invisibility

After we had explored various possible meanings and functions I said, “I wonder if you exposed yourself because you were desperately trying to break through the horrific prison of invisibility, the wall of alienation between you and the rest of the world, so you could finally be seen.”

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He looked deeply relieved and moved. “I am so glad you said that,” he replied. I could sense his trust in me growing. I later learned that when I said this he felt truly “seen” for the first time. He noticeably relaxed, and the dread left his face and body. “It was a plea for help. I feel like I’m from a different planet…a weird mystic.”

Our sessions over the next six months had a remarkable openness and intimacy. We engaged in a transparent, no-holds-barred dialogue with minimum defensiveness and maximum honesty. An unusual fondness and respect developed between Sam and me. The therapeutic relationship—and the treatment—expanded. Themes of abandonment and neglect, passivity and invisibility took center stage. We got clearer about how his parents, his doctoral advisor, and some of his Zen teachers abandoned him, and how he neglected himself personally and professionally.

We both realized Dogen’s “Genjokoan” or “The Way of Everyday Life,” a seminal 13th century Zen text, resonated with how Sam felt:

To study the Buddha Way is to study the self
To study the self is to forget the self
To forget the self is to be enlightened by the ten thousand dharmas

On a profound emotional level, Dogen’s famous words perfectly captured Sam’s neglect by his family of origin. This Zen text mirrored Sam’s experience of himself and his view of the world when he realized, midway through psychoanalysis, that many people in his life (from his mother and father to his graduate advisor and a Zen teacher) had forgotten about him.

“Forgetting the self,” in Zen, refers to letting go of the pervasive, taken-for-granted, and silently debilitating, self-referential self-consciousness that alienates most of us in Western culture from each other and ourselves. Sam’s highly developed capacity, in this sense, to “forget” himself and forego such self-consciousness aided him in being deeply engaged and manifesting an unusual presence. I am certain it helped him access his buried history of trauma in psychoanalysis and explore a wide range of emotions with little judgment and great depth.

But in ordinary parlance outside of Zen circles, “forget oneself” has, of course, a more harmful connotation: It can mean to neglect ourselves; to fall asleep to ourselves. Sam, unfortunately, also experienced this kind of self-forgetfulness. And the consequences were disastrous.

His strategy to protect himself against further re-traumatization, what psychoanalyst Masud Khan in the Privacy of the Self called his “practice of self-cure,” was to forget about and abandon himself. If there was no self, then there was no one who had been forsaken. Sam was self-neglectful, inadvertently repeating what had traumatized him in his youth. He didn’t need his mother, father, academic advisor or Zen teacher to dump him; Sam beat them to the punch. He was an incredible survivor, but deeply passive. While he felt “invisible” and longed to be “seen,” he dismissed his feelings and his needs, “feasting on crumbs” and settling for emotional deprivation while using meditation to more wholeheartedly engage whatever else he was experiencing.

Sam was very skilled at being-intimate-with-this-moment, appreciating everything from the birds serenading him in the early morning outside his window to the taste of a cup of tea, yet he unwittingly deprived himself of much human contact, fulfillment and joy.

The analyst’s own willingness to examine his or her assumptions and biases, especially those that may interfere with understanding the patient, is crucial to the success of therapy. Ever since Freud, psychotherapists have known they can interfere with the progress of psychotherapy. Such countertransference, the therapist’s characteristic ways of organizing his or her experience and responding to the patient, could be viewed as the therapist’s contribution to obstacles in the therapy.

Sam and I worked our way through a countertransfrential knot, what one might think of as addressing moments of failure, and that intensified our work and aided Sam in transforming his self-deprivation. As Sam’s trust in me grew, his massive unmet dependency needs emerged. He became very passive and needy, adopting a stance of pseudo-incompetence regarding self-care and navigating the world. He acted like he could not manage any of the practical aspects of his life and other people were responsible for taking care of him. Like many neglected people, his (self) deprivation became intolerable and morphed into entitlement, as psychoanalyst Peter Shabad aptly noted in Despair and the Return of Hope. In other words, the world frustrated me, now you owe me. I was supposed to make up for what Sam never received from his parents or grandparents.

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At first I approached what Jody Davies and Mary Frawley in *Treating the Adult Survivor of Sexual Abuse*, call the “entitled child demanding rescue,” by trying to be empathic and attuned to his neglect. But his neediness and sense of entitlement expanded. Repressed wishes for emotional nurturance he never received became entitled needs that I and other people must provide now. I subtly constrained myself by trying to override my irritation about his entitlement, rather than studying it. Striving to be empathic and responsive trumped understanding the source of his emotional hunger and his self-damaging response to it. I reacted to my irritation, which had perhaps shifted, at times into low-level anger, by slightly withdrawing from him when he was highly needy.

**Preserving the Pain**

At first we discussed it gingerly. He was afraid of being abandoned by me. As I responded without defensiveness to his muted irritation, he elaborated. His pseudo-incompetent, passive stance—a “going on strike”—was designed to preserve a snapshot of his unwitnessed pain and keep alive the hope other people could witness what had been done to him so that someone might save him and be the mother he never had. As I understood this on an emotional level, and he felt seen and heard, he no longer needed to embrace his symptom as a way of preserving a snapshot of his unwitnessed emotional pain. And this enabled him to begin taking more responsibility for his own life.

Several months later he didn’t show up for three weeks because of sickness and snowstorms. In between he called and we had phone sessions. At the beginning of the third phone session, he said, “Please don’t abandon me.”

The irony hit me like a gale force wind. “I’m staring at my empty couch,” I gently but firmly said, “You are the one doing the abandoning ... Are you abandoning yourself the way you have always been abandoned?”

“I never thought about it that way,” he said. “I think there is something profoundly disturbing and true about that.”

He went through a phase of fear and depression. Depression as he awakened to what he had done to himself; fear that he would never get beyond self-neglect.

“I got frightened that for ages I had abandoned my life,” he said. “I realized my response to being abandoned was to abandon myself and neglect myself. From psychoanalysis I’m learning that the shadow side of Buddhism is the notion of no-self, which can lead to self-abandonment and self-neglect.” He believed this aspect of psychoanalysis was consistent with Zen master Bodhidharma’s interpretation of the precept of not killing as “not nursing a view of extinction,” not trying to eliminate aspects of our humanness, realizing that at best we integrate and come to terms with, rather than get rid of troubling experiences.

Sam then began talking about how analysis had touched core issues and feelings that decades of intense and sincere meditation practice missed, like his abuse and neglect and self-depriving behavior. He began taking himself more seriously and being less self-neglectful. He sought out companionship and became less isolated. He also focused on constructing a life that reflected his current passions and interests.

He now wanted a life, felt entitled to one, and was taking steps to have one. “I have fantasies about having a relationship and even sex.” And he became more available for each. I learned when he was younger he enjoyed socializing, but had fallen into a harmful habit of self-protective isolation. He moved closer to the Zen community he had founded, where he had been a non-resident teacher. He not only appeared more buoyant and less melancholic, he was more visible, less isolated and more engaged. He was eager to make his life his own.

Toward the end of treatment, Sam said: “It is a source of great pathos to reflect that without psychoanalysis I might have died without having been reunited with myself! And in that sense, without having truly lived. I don’t feel divided anymore,” he added, “and I finally know what I want: To be at ease within my own skin.” He felt “joy,” he said, the joy, I suspect, of a man, who was on the road to living a life he could honestly call his own.
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Why is it that the superior man does not himself teach his son? The circumstances of the case forbid its being done. The teacher must inculcate what is correct. When he inculcates what is correct and his lessons are not practiced, he follows them up with being angry. When he follows them up with being angry, then, contrary to what should be, he is offended with his son. At the same time the pupil says, “My master inculcates on me what is correct, and he himself does not proceed on a correct path.” The result of this is that father and son are offended with each other. When father and son come to be offended with each other, the case is evil.

The ancients exchanged sons, and one taught the son of another. (Legge)

The Chinese classical tradition is often represented as exclusively patriarchal, and hierarchical. Although some modern interpretations of Confucius perceive him as patriarchal and authoritarian, stressing obedience to the ruler and state, it is important to remember the Confucian tradition of the Analects is deeply committed to the ethics and responsibility of leadership as reciprocal: Children obey their parents, but parents must have a caring attitude to their children; subjects obey their rulers, but rulers have responsibilities to their people. While most teachings blame policy failures on inadequate ministers and advisers, the teachings of Mencius allow a due place for the right of remonstrance and rebellion. He speaks of “restraining” the ruler and even countenances killing a ruler on the grounds that he no longer functions as a true ruler. (E. Bruce Brooks and A. Taeko Brooks, 2002).

A bad ruler may be replaced—he has lost the mandate of Heaven. Mencius affirms the people as the basis of state power 1800 years before the French and American Enlightenments: “The people are [the state’s] most valued possession, the altars of the soil and crops its next, and the prince its least. Therefore, he who has the confidence of the people may become Son of Heaven...When a Feudal Lord endangers the altars of the soil and crops, he is replaced.” (W.A.C.H. Dobson, 1967). The voice of the people is the voice of Heaven: “Heaven sees according as my people see; Heaven hears according as my people hear.” (Legge)

Confucius recognized and worked with the essential psychoanalytic clinical principle of ambivalence of feelings, the idea that we may, and often do, have both loving and hostile feelings toward people close to us with whom we interact, which was first developed in the West by Eugen Bleuler (1857-1939). Confucius wrote: “When you like a person, you want him to live. When you dislike a person, you want him to die. To wish him to live at one moment, and to wish him to die at the next, this is clouded judgment.” Confucius was well aware of what in psychoanalysis we call the ambiguity of reality, the ability to not know—the world is complex, answers are not simple, and may, as in analysis, be unique to each case.

With earthy direct imagery such as Freud used, he said: “Do I possess an all-knowing cognizance? I do not. If a simple fellow asks me a question, my mind at first is a complete blank, and I have to knock at both sides [of the question] until everything has been considered [and some clarity begins to emerge.]” Confucius was a practitioner of the art of empathy, which has been developed in contemporary psychoanalysis as a critical clinical instrument by Heinz Kohut. “The Master’s way consists of doing one’s best to fulfill one’s humanity [zhong] and treating others with awareness that they, too, are alive with humanity [shu].” He taught, with apt imagery, that “a single thread runs through” humanity and one should use oneself as a measure for gauging other people.

Psychoanalytic object relations theory postulates we all have good and bad internal objects and that our lives oscillate in a tension between them. W.R.D. Fairbairn, in 1958, wrote: “the chief aim of psychoanalytical treatment is to promote a maximum synthesis of the

Listening, Empathy and Binaries

There are significant ways that the psychoanalytic clinical technique of emptying the mind and listening to the analysand with what Freud, in 1912, termed: “evenly suspended attention,...simply listen and not bother whether he is keeping anything in mind” has a striking affinity with Buddhist meditation and contemplation. Indeed, my experience with analysands who practice Buddhist meditation is that they take to free association beautifully.

Certainly Wilfred Bion’s injunction that the analyst should suspend “memory and desire” in order to fully focus on the lively, fresh experience near, person in the present is concordant with Buddhist insight meditation and may well have been influenced by Bion’s first eight years of life in India. Some Buddhist meditation masters claim the mind controls the body. The late anthropologist/psychoanalyst Melford Spiro, in 1982, perceptively notes: “I gained the strong impression that, among other factors involved in the meditators’ improvement, there was a strong transference relationship with the meditator master.”

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Welcome to Austin  
APsaA 106th Annual Meeting  
June 9–11, 2017  
Christine C. Kieffer

This June, we have decided to sample another part of the country that may be less familiar to some of our members: Texas. Austin’s own JoAnn Ponder and Marianna Adler have been instrumental in helping APsaA arrange speakers and social events for this meeting. The Austin-San Antonio Psychoanalytic Society, the Center for Psychoanalytic Studies in Houston and the Dallas Psychoanalytic Center are co-hosting our opening night party on Thursday, June 8. And thanks to sponsorship by the Mary Sigourney Award Trust, we will celebrate all things San Antonio Psychoanalytic Society, featuring their rich presentation by Frank Lachmann.

In addition to fun, we have planned a meeting that will focus upon some of the key controversies and conflicts stimulated by recent national news events and ongoing social and cultural issues in programs featured throughout the conference.

On Friday morning, we will open our scientific meeting with “Race and Borders: American Identity—A Town Hall Discussion” that examines the crisis in contemporary American identity. Dorothy E. Holmes, Ricardo Ainslie and Francisco J. González will offer short commentaries designed to stimulate ideas and frame questions for audience discussion.

The University Forum, chaired by Gabriel Ruiz, will focus upon the “Mexico-Texas Borderland: How It’s Been, How It Should Be.” Panelists Raúl A. Ramos, Nicole Guidotti-Hernández and C.J. Alvarez—knowledgeable historians of the Mexican-American border—will invite psychoanalytic inquiry by examining how these borders function at both concrete and symbolic levels.

Our Clinical Plenary Address will examine the “Compatibility of Religious Orthodoxy and Psychopathology,” in a rich presentation by Frank Lachmann. This event, chaired by Nancy Kulish, will feature Sandra Hershberg and Mitchell Wilson, as formal discussants. Ample time will be allowed for discussion with the audience.

This June’s Meet-the-Author (MTA) features Daphne Merkin, who has written a critically acclaimed memoir, This Close to Happy. Henry Friedman, chair of the MTA Committee, will lead an audience discussion with the author as she shares her insights into the pain and despair of depression, along with her testimony of the importance of medication and psychoanalytic treatment.

The meeting will close on Sunday with a panel that examines “New Developments and Challenges for the Analyst as Group Therapist: Enactments, Actments and Unobtrusiveness.” This event will be chaired by Bonnie Buchele, a former president of the American Group Psychotherapy Association and a distinguished psychoanalyst who trained at the Menninger Clinic and is now based in Kansas City, Missouri. Albert Brok and Robert Grossmark will present papers that are informed by emerging relational theories and their integration with neuroscientific findings concerning the influence of human interaction and its role in therapeutic action.

In addition to these panels and other offerings, we once again will feature several Two-Day Clinical Workshops, as follows: Sharon Blum will chair a workshop with featured discussant, Jay Greenberg; Donald Moss will chair a workshop with featured discussant Alice Jones; and I will chair a workshop on “Child and Adolescent Psychoanalysis” with Robert Galatzer-Levy as featured discussant and Adriana Crane as the presenter. Ann Dart will chair a program on “Psychoanalytic Psychotherapy” with fellow Oregonians Larisa Jeffreys as the presenter and Cynthia Ellis Gray as the featured discussant.

As always, the meeting will include an array of 22 thought-provoking Discussion Groups, some of which are new and some of which have been meeting for many years. In Austin, the topics will include: “Altered States of Awareness,” with Fonya Lord Helm and Maurine Kelber Kelly as chairs; “Infant Mental Life and the Dream in Psychoanalysis,” with Bernard Ball, Loren Weiner and Judith Parker; “A Comparison of Psychoanalysis and Psychodynamic Psychotherapy,” led by Ralph Beaumont, with presenters Lisa Madsen and Cynthia Playfair, and Glen Gabbard as discussant. Arnold D. Tobin and Eva F. Lichtenberg will examine racism through an examination of Athol Fugard’s Master Harold…and the Boys. A Discussion Group that focuses upon Continued on page 31
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structures into which the original ego has been split....” As psychoanalysis is dialectical in its logic, so Taoism is holistic and dialectical, viewing life as a balance of opposites, between the receptive functions of yin and the creative role of yang. The Taoist “good” and “bad,” the “exciting” and “rejecting,” internal objects of our personal world form a natural and compatible binary in psychoanalytic object relations theory and in Taoism. The dialectic dualism of yin (female) and yang (male), in each person, in each of us, and in the world, is also strikingly concordant with Freud’s bisexual gender theory: “all human beings are capable of making a homosexual object choice and have in fact made one in their unconscious” (1905).

Taoism emphasizes the relativity of time and cultivating the unique Chinese carefree temperament, flexible manner of spending time, and life style. The charming Chinese greeting on sitting down to eat is: Man man chir! [Slowly, slowly eat!]

Choice of Standards

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but will apply AAPE standards in accrediting AAPE institutes. Some ask: Why not opt for accreditation by ACPEinc alone? While this is certainly an option, it will not take advantage of the combined expertise of AAPE and ACPEinc during joint site visits. AAPE will provide expert consultation on creating a developmental pathway for lifelong faculty learning, including support for certification and new methods for vetting and approval of training and supervising analyst appointments.

AAPE brings the universally admired site visit process honed over several decades of experience to the site visit process and ACPEinc brings national regulatory knowledge in keeping with the requirements of the U.S. Department of Education. Together, these two overlapping but unique skill sets will make a joint site visit a more rewarding experience for those institutes that wish to follow AAPE standards.

We encourage colleagues and institutes to familiarize themselves with the implications of these far-reaching changes within APSA as well as in the world of IPA. We welcome questions and your comments. For more information on AAPE, visit aape-online.org.

We once again take this opportunity to thank the selfless colleagues who carried out the educational mission of the Board on Professional Standards for 70 years. We would need an entire TAP issue to be able to list these accomplishments and to express our deepest gratitude. We know in our hearts that your spirit of service and dedication will live on in the work of future educators.

When serious psychoanalytic training appeared in China in the early years of this century, it found a fertile ground prepared by ancient Chinese cultural traditions that resonated with the structure of psychodynamic thought. This has facilitated the hospitality of China to psychoanalysis.

* * *

I acknowledge the helpful critiques of an earlier version of this essay by Shan Xiaochun and Hermann Schultz of Shanghai, D. J. Fisher of Los Angeles, and Alf Gerlach of Saarbrücken.

Annual Meeting

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“The History of Psychoanalysis,” chaired by Peter L. Rudnytsky, will feature an examination of the work of Rollo May; Mia Biran will chair a Discussion Group on “Confidentiality,” and Louis Roussel will chair a group on “Transgenerational Trauma” that is illuminated through the lens of a multigenerational, multisibling treatment. Roussel will present case material from his own work. Unfortunately, we do not have the space here to list all 22 groups, but you will find the others, along with these, in the preliminary brochure.

At each meeting there are special programs tailored to fit the interests and needs of psychiatry residents, and students and trainees in clinical psychology and social work. These programs have proven to be popular features of our meeting. Our members have been generous in teaching and in discussing case presentations in this forum. I invite you to take a closer look at these programs.

I’m looking forward to seeing you in Austin in the Lone Star State!
WE HOPE TO SEE YOU HERE
American Psychoanalytic Association

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106th ANNUAL MEETING
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