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Psychoanalytic Association

From the Files of the COI: Candidate Recruitment

Andrea Weiss and John Hall

Most institutes of the APsAA have been moving in new directions to meet today's challenging times. The Committee on Institutes (COI) has witnessed dramatic changes at first hand, including increased activity of boards of directors, the development of psychoanalytic foundations, ever-expanding community outreach and creative volunteerism, the proliferation of adult and child psychotherapy programs, the development of therapeutic nurseries, and a more active approach to the cultivation of potential candidates.

Over the past ten to fifteen years, while retaining its primary task of evaluating psychoanalytic education, the COI has also developed a more prominent consultation role. The committee conducts approximately four site visits a year, during which the six-member team (including a representative of the Committee on Child and Adolescent Analysis) becomes immersed in a particular institute's life.

The site visit team shares its accumulated knowledge of potential solutions found by other institutes in grappling with similar problems. In the give-and-take of the site visit, the COI has become a repository for these creative solutions to common problems. Trends become apparent across institutes, although size, geography, and institute

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culture play an important role in the utility of particular solutions.

Over the years, many members of the COI have been concerned about how to optimize this cross-fertilization and better disseminate their first-hand knowledge of psychoanalytic educational development and institute growth. This article attempts to do just that with regard to candidate recruitment.

COMMUNITY PRESENCE AND PERSONAL CONTACT

In the two years between May 1, 2000 and May 1, 2002, the COI participated in eight site visits, including trips to the Seattle, Cincinnati, and Washington psychoanalytic institutes. Concern about candidate recruitment was felt at every institute. Initiatives from these institutes illustrate some of the innovative ways in which many institutes have begun to deal with this issue. (Numerous other institutes also offer creative solutions to candidate recruitment problems. In the interest of space, we discuss here only the programs of institutes the COI visited within this limited time frame.)

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Sailboats ply the Charles River, which separates Boston from Cambridge, its "left bank." Walking/jogging/biking paths line both sides of the river. APsAA's annual meeting will be held in Boston June 18-22.

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The Pillars of Membership

Newell Fischer

Our cup runneth over as activities, challenges, and opportunities for the Association abound. Internal governance, structure, and function have been prominent in our discussions. Outreach has blossomed in public information and public relations. There is much more we can and must do. Strengthening clinical practice is essential for us as individuals and vital in sustaining the life of the organization. We must enhance our inreach activities, increase meaningful membership involvement, reduce energy-draining internal conflicts, and enrich members' benefits.

Injecting more intellectual excitement and creativity into our curricula—attracting the best and the brightest—is imperative. Our political slate and priorities are urgent; patients' rights and privacy are the cornerstones of these efforts. Research activities and scientific programs provide the foundation of practice, and our investment in psychoanalytic science must be enlarged. The array of activities and opportunities for APsaA have never been so full and so challenging. Our agenda continues to grow and reflects the richness of our mission and the creativity of our thinking.

Opening our membership doors to serious people will invigorate us, and I believe our intellectual survival depends on it.

From this kaleidoscopic image, I pick one aspect for focus: membership. I see it as essential for our growth, our vigor, and our survival. I have addressed this previously, but it is time for action and not just acknowledgement.

We as an association must open our membership doors wider and welcome with eagerness analysts whose training has not been identical to ours and whose views, though compatible, need not be traced images of our perspectives. APsaA doorposts were set and membership criteria established at a time when diversity and debate were experienced as threats and not as opportunities for enrichment and growth.

Newell Fischer, M.D., is president of the American Psychoanalytic Association.

Membership eligibility was based on learning what our faculty could teach. Graduating from one of our institutes and subsequent certification were requirements for entrance. Only believers needed to apply, since questioners and skeptics by definition required more analytic preparation.

I hope that this kind of self-protective and self-aggrandizing thinking has disappeared. It is impoverishing and destructive. Rich discourse, thoughtful debate, and a diversity of views stimulate and sharpen our thinking and nourish our clinical practice. Opening our membership doors to serious people will invigorate us, and I believe our intellectual survival depends on it.

FACING DEMOGRAPHIC REALITIES

A second and very practical reason to widen our doors to membership relates to the demographic realities of our Association. I have discussed this previously in TAP (36/4), so I will be brief.

I am convinced a crisis in membership is looming on the horizon. In the past fifteen years, our total membership numbers have plateaued, whereas the numbers of our senior/life members

have almost doubled. The average age of our members, including our candidates, is nearly sixty-two! Unlike many other professional groups, we are holding our own in terms of membership numbers, but we are rapidly "graying." The number of those entering our ranks is not growing, and the inevitable (a shrinking membership) is indeed very probable. The time to act is now, not when a crisis has occurred, not when we are in free fall, unable to reverse a trend.

We have to ask what supports fears of inclusion and what fuels the underlying resistances. On the surface there are concerns that our educational and membership standards will be eroded, the character of the Association will change (for the worse), and we will establish different classes of membership in APsaA. These concerns sound far too familiar. They recall



Newell Fischer

Freud's secret society and exclusivity, the struggle in the U.S. to discredit non-medical analysts in 1938 (when membership was limited to physicians), the barriers to immigrant

analysts in the late 1930s and early 1940s, and our legal struggle with psychologists in 1985. Despite ourselves, we have always benefited and been enriched by such inclusions. APsaA would be a shadow of our current organization if we had succeeded in barring dissidents, sealing out European analysts and psychologists, and eliminating "lay analysts."

CHANGING OUR THINKING

In addition to our internal resistances to change, the Association by-laws make it very difficult to be more inclusive and to broaden our membership. Our bylaws, established many years ago, are meant to protect the organization. Membership is made available only to those who graduated from one of our Institutes or an IPA approved Institute. Our membership committees are geared to screen out, not to invite in. It is imperative that we change the way we do business. This will involve amending our by-laws and/or developing meaningful equivalency criteria. We face new challenges, and we cannot continue to use old protective thinking and methods.

APsaA is currently re-examining our internal governance, and some may argue that we should wait and alter membership criteria as part of the broader organizational changes. But the organizational overhaul process will take several years, and our membership crunch cannot wait. Our future will soon be behind us.

Initiatives and change always carry some risk. If the Association and psychoanalysis are to have a meaningful place in the future, we will have to step forward. Our greatest danger is of being paralyzed by caution. We can hide "in the box" and maintain some false sense of security and superiority, but surely this will lead to stagnation and obsolescence. Widening the doors to membership and promoting and enriching discourse and diversity are small steps out of the box.

APSA

Great Topics, Lively Speakers in Boston

Joan Lynch

There's a lot going on in the world of psychoanalysis, in the world at large, and in Boston, the site of the APsA spring meetings (June 18–22, 2003.) Art and our digital culture, terrorism, immigration, and autism are some of the compelling topics that will be addressed at the meeting. Many luminaries will be there including Theodore Shapiro, the plenary speaker, who will tell us how to "Use Your Words" after an introduction by Arnold Cooper in the plenary session, chaired by Newell Fischer.

In the latest program of the "Meet the Author" series, chaired by Nadia Ramzy, Salman Akhtar will present ideas from his book *Immigration and Identity: Turmoil, Treatment and Transformation*. The book will be discussed by Anna Ornstein and Dwarakanath G. Rao.

In a panel on terrorism, "Does Psychoanalysis Have Anything to Offer an Understanding of Terrorism?", Akhtar, Peter Fonagy, Jerrold Post, and Vamik D. Volkan, will address this urgent social issue of our time. Stuart Twemlow is the panel chair.

Autism in children, a contemporary mental health epidemic, will be the featured topic of a workshop of the Committee on Psychoanalysis in the Community. "Psychoanalysis Confronts Autistic Children: Some Remarkable Results" will be chaired by Gilbert W. Kliman. Community outreach efforts, an important endeavor of APsA, is the featured topic of two symposia. Twemlow, Sallye M. Wilkinson, Richard P. Fox, and Leon Hoffman will present "Expanding Our Psychoanalytic Identity II: Lessons from a Case Study of a Community Intervention by Community Psychoanalysts." Sarah Birss, Ann R. Epstein, James M. Herzog, Mark O'Connell, Judith A. Yanof, Marylynn Boris, and Maida J. Greenberg will present "Four Programs of Applied Psychoanalysis in Boston: The Training and Education of Parents, Day Care Providers, and Mental Health Clinicians."

There are several special programs for psychiatric residents, psychology and social work students, which address a fascinating array of clinical issues: "Understanding Countertransference Responses to Patients Who Self-Mutilate," "Working with Erotic Transference," "Listening to Adults with Children in Mind," and "Intensive Psychotherapy with Severely Disturbed Patients."

Programs designed to address issues of personal and professional importance to APsA members will be addressed in a symposium, "Revitalizing the APsA from the Inside Out," and a special program for mid-career analysts.

FEMININITY AND PSYCHOANALYSIS

Issues related to femininity and psychoanalysis will be featured in a paper presentation and a panel. The runner-up for the 2002 Affiliate Council Scientific Paper Prize, "Transforming Feminine Categories: Genealogies of Virginité and Sainthood," will be presented by Susan Stiritz and Britt-Marie Schiller. The third panel of the meeting, "The Changing Language of Female Development: A Case Study in the Relationship of Theory to Language," will feature Rosemary H. Balsam, Dianne Elise, Bonnie E. Litowitz, and Henri Parens. Nancy Kulish will chair this panel.

Paul E. Roberts will be the senior analyst presenter in a two-part program chaired by David V. Orbison. There will be two days of clinical workshops in "Process And Technique." Workshop 1, coordinated by Henry F. Smith, will feature Harold J. Steiger as presenter and Michael Feldman as chair. Workshop 2 will be chaired by Robert Michels with Charles R. Morgan as presenter; series coordinator is Irene Cairo.


Contemporary psychoanalytic theoretical issues and controversies are featured in several programs. A panel discussing "What Is the Role of Conflict in Contemporary Clinical Work?" includes Jay Greenberg, Otto F. Kernberg, and Joseph D. Lichtenberg; Henry F. Smith will chair. "Clinical Applications of Self Psychology and

the Neurosciences" is the featured topic in the interdisciplinary seminar chaired by Jerome S. Beigler. The Research Seminar, sponsored by the Fellowship Committee, will offer a session chaired by Timothy F. Dugan: "Cultural Identification and Disidentification: The Case of the United States South." Leigh Anne Duck and Joshua Guthman will present, with Vamik D. Volkan discussing. A psychoanalytic course on "Motivational Systems, Technique, and Communication in Psychoanalysis" will be chaired by Lichtenberg.

ART AND PSYCHOANALYSIS

Those interested in art and psychoanalysis can look forward to photographer Shellburne Thurber's presentation "Memory and Material Space: Analytic and Other Interiors in Photographs by Shellburne Thurber" at an "In Depth" session chaired by Daniel H. Jacobs with Michael Belldoch and Lia Gangitano as discussants. The compelling documentary film *Into the Arms of Strangers* will be discussed by Rita V. Frankiel in a two-session film workshop on childhood bereavement, co-chaired by Ruth S. Fischer and Bruce H. Sklarew. Techno-sociologist Sherry Turkle will present a seminar, "Whither Psychoanalysis in Digital Culture?", which will be chaired by Elizabeth Lloyd Mayer.

The final program will list even more topics sure to excite you about the upcoming meetings in Boston. The city, famous for its universities, ballpark, art museums, and harbor also offers wonderful restaurants, theater, and outdoor site-seeing as we convene during the first weekend of summer; the summer solstice.

Enjoying this historic city, your colleagues and friends, and the compelling program as spring turns into summer will ensure a rich and delightful weekend. Hope to see you there! 

Analysts with Cancer Support Group

A support group for analysts with cancer will be held on Friday, June 20, 2003, from noon to 2:00 p.m. at the Boston meeting. The group session will not be listed in the program. Information on room location will be available at the registration desk. It will be listed as a "CIFA Sponsored Event."

June in “The Hub”

Marylynn Boris

For many years the city of Boston was called “the Hub” because it considered itself the hub of the universe, or so it is said. It remains the hub of the Greater Boston region, a huge wheel of three million people in the many towns and suburbs surrounding it. Boston itself, at the center of that wheel, houses only 575,000 people among narrow and winding streets. Boston is laid out along old cow paths that have become one-way streets. During weekdays, when half the people outside the hub come in to work there, the traffic can be daunting. It is wise to take the old but well-run subway and bus system, a taxi, or even a walk to where you're going.

Boston hopes to enter the post-modern age in transportation through what locals call the Big Dig. This is a huge underground highway that will replace an elevated highway that runs in from the northern suburbs and out to the southern suburbs. The Big Dig is said to be the biggest U.S. construction project to date. Putting the swell of traffic underground will relieve the congestion in the oldest parts of the city. When you arrive in June, the northbound lanes of this highway should be completed, including an astoundingly beautiful new bridge, the Leonard P. Zakim Bunker Hill Bridge, which rises up over the Charles River like a huge sailing ship. The bridge connects the downtown city with one of its neighborhoods, Charlestown, which includes the monument for the battle of Bunker Hill, one of the most famous battles in American history.

HISTORY AND NEIGHBORHOODS

American—particularly colonial—history is what Boston is all about. It has the Old South Meeting House, where the Boston Tea Party began, and the Old North Church where Paul Revere began his midnight ride. You might want to take the “Freedom Trail,” a three-mile, red brick walk that connects to sixteen historical sites, including those churches and “Old Ironsides,” the U.S.S. *Constitution*, launched in 1797.

Marylynn Boris, Ph.D., is a psychologist who has lived and practiced in greater Boston for thirty years, including twenty-one years in child psychiatry at New England Medical Center.

Another way to see the sights and get a feel for the city is to take one of the many motorized tours by trolley or by amphibious vehicles from World War II. The latter are run by Duck Tours and take you not only through the streets but also onto the Charles River where you can see the city from a different perspective. Other tours of interest are the Black Heritage Trail, which celebrates the history and contributions of Boston's African American community in the nineteenth century; the Boston Immigrant Walking Trail; and the Literary Trail of Greater Boston, which takes you by bus to places in Boston, Cambridge, Lexington, and Concord where Henry Wadsworth Longfellow, Nathaniel Hawthorne, and some of our other great authors lived and wrote. By car or by train, you can also take tours further out of the city to Plymouth Plantation; Newport, R.I.; Cape Cod; or Lowell National Historical Park, with its canal boat tours around historic textile mills and other sights of the American Industrial Revolution.

You can see much of Boston by just walking around its neighborhoods. Two short blocks from the Park Plaza Hotel is the Public Garden, with its well-tended beds of flowers and swan boats to ride on. Across Charles Street from the garden is the Boston Common, where cows once grazed. At the top of the Common is the Massachusetts State House with its gold dome. To the west of the State House is the neighborhood of Beacon Hill, where Boston Brahmins (old New England families) lived. It is a lovely place to roam in, down to Charles Street lined with little shops and eateries. Commonwealth Avenue, starting at the west side of the Public Garden at Arlington Street, is a street of elegant brick and stone homes with little gardens in front. Next to the Avenue is Newbury Street, famed for its upscale shops and galleries and some charming small



Nineteenth-century Boston lives on in Beacon Hill's tree-lined, gas-lit streets.

restaurants. Walking along the Charles Riverfront, a few blocks further north on Arlington Street, you can see the boats sailing on the river and the domes and spires of the Massachusetts Institute of Technology on the opposite bank. In the evenings you may be able to catch one of the open-air concerts at the Hatch Shell on the Riverfront.

Ethnic neighborhoods abound in Boston. You may want to walk over to Chinatown, several blocks south of the Park Plaza Hotel, or wander the North End, the old Italian neighborhood in Boston, where old-timers sit out in the plaza playing chess and small restaurants send out inviting odors. Extending east from the North End, Boston's redeveloped waterfront looks out to the ocean. Along it are old warehouses turned into apartments, little green parks, the aquarium, and many fine hotels. Or you may want to go as far as the Fenway, where two of

Continued on page 13

July Fourth

Michael Slevin

Many psychoanalytically informed scholars in the university today work the borderland between the personal and the public. The love poem printed here chronicles an intimate evening to morning. Perhaps because I am enmeshed in this historical moment, it is an intimacy played out on the stage of a national holiday of war and independence. The literary matrix suggests that intimacy and public lives have been intertwined elsewhere and at other times. The prideful love of Cleopatra for Antony ended with the fall of the arch of ranged empire, a tragedy and a triumph. Less complexly, Penelope loyally undid her weaving each night that she might save herself for Ulysses, fighting for Helen in the Trojan War. In the modern era, the cultures of the West have played out large myths on a small scale. Irony and ambivalence are at work here, as they are in many loves today that ricochet between the diverse fantasies of culture and the individual.

Public and private losses and separations scream from the center. Can one ever read about the center anymore without thinking of William Butler Yeats' line, "Things fall apart; the centre cannot hold"? Though I am optimistic about intimacy, I wrote the poem several years ago. I read it today through the lens of the morning headlines. As I write this commentary, a quarter million American men and women are in the Middle East in preparation for a war with Iraq. The poem's collation of war and love is embossed on the page in a new way. Yet it seems to me it is, after all, a love poem about the creation of communal myths of national identity that resolve into the personal. And so, from both perspectives, it is a poem that ends with "gulls/foraging/at day's/break."

Michael Slevin is a Ph.D. candidate in British literature at George Washington University and an academic associate at the Baltimore-Washington Institute for Psychoanalysis. Sheri A. Hunt, M.D., who edits this column, is a candidate at the Seattle Psychoanalytic Society and Institute in both the adult and child training programs. A published poet and member of TAP's editorial board, she welcomes reader comments and suggestions at sherihunt@hotmail.com.



Pale
as sunset
head
first
she
rode the waves in,
Cleopatra
high
on her surge.

July Fourth
spangled
the night sky
crackled
applause
in the distance.

After
"The Stars
and Stripes
Forever,"
we danced,

shoes
flashing
white,
"The Saints

Go
Marching
In."

Boardwalk
ride
lights
rose
in darkness
children
like Penelope
spinning
from the center
screamed
into
the ocean roar.

We slept
deep
draughts,
the pitched
rides
gliding
to earth
until
the wide-winged
swoop
of gulls
foraging
at day's
break.

POLITICS and PUBLIC POLICY

APsaA's Legal Work

Bob Pyles

*It is no use saying, "We are doing our best."
You have got to succeed in doing what is necessary.*
—Sir Winston Churchill

Through its committees on confidentiality and government relations, APsaA has been working on a number of key legal cases. Here are some examples.

RICO AND CLASS ACTION SUIT AGAINST THE MANAGED CARE INDUSTRY

A group of high-powered law firms brought this suit against nine managed care companies under the RICO (Racketeer Influence and Corrupt Organizations) Act. The American Psychoanalytic Association, Massachusetts Psychiatric Society, American Psychiatric Association, and American Association of Practicing Psychiatrists have all signed on as organizational plaintiffs, as have over a dozen state medical societies. In the suit, the "class" of American physicians charge the managed care companies with nothing short of racketeering. The legal action seeks to recoup financial losses and, more importantly, to change the way these companies are allowed to do business.

The attorneys are working on a contingency basis. The attorneys need individual psychiatrists to act as plaintiffs. At this point the suit includes physicians only, though if it is successful all mental health practitioners will benefit.

SUIT AGAINST HHS REGARDING HIPAA AMENDMENTS

Amendments buried deep within thousands of pages of HIPAA regulations will mark the end of

Robert Pyles, M.D., is chair of the Committee on Government Relations and Insurance, and a former president of APsaA. He would be very pleased to discuss any of these cases further, preferably by phone at 781-235-6211 or by email at rpyles@attbi.com. This is his regular column for TAP on politics and public policy.

more than 2,400 years of doctor/therapist-patient confidentiality. The Bush amendments to the HIPAA regulations stipulate that patient consent is no longer required prior to release of health information to the government, insurance companies, and related businesses. "Related businesses" have been so broadly defined that they number in the hundreds of thousands.

The regulations force health-care professionals into the position of acting as agents of the insurance industry. If left unchallenged, they will allow unfettered access to every citizen's entire health record. Access will be retroactive for the entire life of the individual. Out-of-pocket payment will offer no protection. The HIPAA regulations took effect April 14 and must not go unchallenged.

There appear to be solid legal arguments on both Constitutional and procedural grounds. APsaA has filed a suit along with a coalition of interested groups and individuals against the Department of Health and Human Services. Our Association is also centrally involved in bipartisan legislative efforts to restore consent and correct other privacy incursions under the HIPAA amendments.

EIST AND THE STATE OF MARYLAND: ACCESS TO PATIENT RECORDS

Along with allied organizations, we are supporting through an *amicus* brief Harold Eist's principled objection to a Maryland BPQA (Board of Physicians Quality Assurance) demand that he forward confidential patient records, against the express instructions of the patient and the patient's attorneys. In the course of treating the wife and two children of a divorcing couple, Eist upheld both medical ethics and the law in objecting to the release of confidential records. A false complaint was made by a vengeful husband and father, a non-patient attempting to gain an advantage in a custody proceeding. Both the children's mother (who does have this right and privilege) and the court-appointed attorney *ad litem* for the children did not want the

records released, and so informed the board. The BPQA insisted on viewing the records anyway on behalf of the children's father. Again Eist objected. The board brought charges against Eist. The case was decided resoundingly in his favor by an administrative law judge, who wrote that Eist upheld the highest principles of medical ethics. The judge chastised the board for violating its own procedures.

The board sidestepped this legal judgment, appealed the decision internally, and reversed it. Eist was fined \$5,000 and sanctioned. He responded by appealing the decision of the board, bringing the proceeding back into a court of law. The case continues in appeals. The principle at stake is crucial to each of our practices: the right of consent must not be overridden by state agencies or others without legal standing.

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When Is an Alloy Stronger Than Pure Gold?

Prudy Gourguechon

This special section of TAP takes an unapologetic, unabashed stand: that it is sometimes—maybe even frequently—in the patient's best interest to combine psychoanalytic treatment with other treatment modalities. There are many treatments other than psychoanalysis for psychic ills—hypnosis, body work, twelve-step programs, men's work, women's work, all kinds of psychotherapies, nutritional supplements, and many more. Some have been thoroughly researched and have been well documented in their ability to help people change or feel better. Others are adhered to because, anecdotally, practitioners and patients feel they help. Where does psychoanalysis stand between these two poles? Somewhere in the middle.

Some of my colleagues were alarmed when I discussed this special section in its planning stages. They wanted to make sure that I communicated that not all analysts "believe in" medication. They wanted me to avoid mentioning that some analysts may be interested in exploring even more far-out, less widely accepted kinds of treatment, such as EMDR (Eye Movement Desensitization and Reprocessing). I've heard about a (depressed) friend's analyst who is "against medication." Someone on the Open Line list recently said, "Cognitive behavior therapy, ugh!" as if the very topic were repulsive.

I majored in psychology as an undergraduate in a university department that was strongly behavioral in orientation. I was taught about the folly of psychoanalysts who believe behavior change doesn't count (basically, "Psychoanalysis, ugh!"). I learned about the basic premises of behaviorism and its derivative techniques: systematic desensitization, assertiveness training, etc.

Anyone who has ever owned a dog or raised a child will find it hard to dispute the solidity of the basic behavioral premises, for example that positive reinforcement increases behavior and negative reinforcement decreases it. Anxiety and behavior can be conditioned responses, and they can therefore be de-conditioned.

Prudy Gourguechon, M.D., is editor of TAP.

The question is not whether the principles of learning theory are true. Rather, what relevance do they have to our work? Is there any need for analysts to learn about cognitive behavior therapy—not necessarily to be able to do it, but to be able to prescribe it?

I believe that it is our job first, last, and in between to relieve suffering. Relief of suffering is likely to be a more complex process, on many occasions, than simply applying the treatment process we most love and admire, psychoanalysis. Sometimes that's enough by itself. Sometimes it's not at all appropriate. Sometimes it's most able to relieve suffering when responsibly and intelligently combined with one or more other types of treatment.

I hope this special section opens up a dialogue on the still controversial issue of combining psychoanalysis with other treatment theories and systems, both within our own profession and between us and colleagues outside psychoanalysis.

I thought over my own practice while preparing this introduction. I have a patient with severe obsessive-compulsive disorder who made tremendous strides in analysis but didn't regain a normal life until behavior therapy and medication were included in her sessions. Another patient had great success with work and relationships after a long analysis, but he retained a sense of dysphoria and disequilibrium and an obsessive fear of becoming immobilized, all of which disappeared on 225 mg of Effexor. A traumatized and depressed patient seemed to me to be "carrying" the depression for her husband as well as herself, as she had for her mother, and I referred them for couples' therapy. A fourth patient developed phobias decades before I met her. She had had much psychoanalytic psychotherapy, but neither behavior therapy nor medication had ever been

suggested for her phobias, which had become unnecessarily entrenched. The great majority of my patients, like these mentioned briefly, need psychoanalysis or psychoanalytic therapy and one or more other kinds of treatment to feel better and to get better.

I hope this special section opens up a dialogue on the still controversial issue of combining psychoanalysis with other treatment theories and systems, both within our own profession and between us and colleagues outside psychoanalysis.

I invited three analysts to write about their clinical experiences combining psychoanalysis with three other treatment modalities. Art Myerson, who has been interested for many years in cognitive behavior therapy, writes about integrating behavioral therapy with his psychoanalytic perspective. Jamie Feldman, like some psychiatrist-psychoanalysts, uses psychiatric diagnosis and pharmacotherapy as well as an analytic perspective in her practice. She discusses her theory

that many patients who present with characterological problems are really suffering from occult affective disorders and may be greatly relieved by medication. Art Nielsen is trained in family therapy and Tavistock Institute group process as well as in psychoanalysis. He practices marital and family therapy using an amalgam of systems theory and psychoanalytic theory. He keeps a social systems approach in mind while conducting individual psychoanalytic work.

Showing respect for and interest in other kinds of treatment, and keeping our patients' well-being in the forefront, may require joining the pure gold of psychoanalysis with various other useful metals. An open and eclectic, patient-centered, not theory- or technique-centered approach will also improve how other mental health professionals perceive us.

APSA

Combining Psychoanalysis and Behavioral Therapy

Arthur Meyerson

In considering, either theoretically or clinically, whether to include techniques derived from behavioral therapy into psychoanalytic therapy or psychoanalysis, one is confronted by conflicting trends in the history of psychoanalysis.

Freud and Breuer introduced the notion of unconscious thoughts, feelings, memories, etc., as the cause of psychopathology, but the technical question remained as to how best to access those repressed phenomena so as to achieve a therapeutic or “curative” result. Touching patients, hypnosis, and eventually free association were employed to assist the patient in becoming conscious of previously unconscious mental phenomena. Over time, significant modifications of psychoanalytic technique included variations in the frequency and length of sessions as well as variations in the patient’s position: lying down and blind to the analyst, or sitting opposite the therapist.

While Freud made little distinction between analysis *per se* and psychoanalytic therapy, his followers used some of these variables as crucial indicators to differentiate psychoanalysis from psychoanalytic psychotherapy. Sitting up was associated with the latter, while four or five sessions per week was seen as “psychoanalytic.” In practice, these distinctions have been blurred at the boundaries by exceptions required by reality and the real lack of clear difference in intent—and even method—within the sessions. An example of the lack of precision in definition would be the question of whether three sessions per week constitutes less than analysis or provides just sufficient intensity to be considered legitimately within that enterprise.

Once Freud became aware of the significance of the transference, psychoanalytic technique began to be organized around the

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Photo: Mervin Stewart

Arthur T. Meyerson

centrality of this notion. Anonymity, if breached, would be seen as counter-analytic because of its implications for the transference. Advice and guidance, suggestions, the inclusion of family members or significant others, and most obviously socialization between analyst and patient were clearly *verboten* because such actions might, indeed would, distort the transference, thus rendering psychoanalysis increasingly difficult, if not impossible, to conduct successfully. Some pragmatic psychoanalysts were flexible enough to make exceptions in the case of an individual patient, but the general principal remained intact until very recently. It still survives, despite such new intellectual approaches to technique as the “interpersonal” approach.

PURSUIING ANALYTIC ORTHODOXY

Thus, while Freud himself was extraordinarily flexible—conducting analysis by mail, housing one of his patients, changing frequency and length of analysis in accordance with circumstance—many of his followers began to develop a technical orthodoxy, sometimes called “the pure gold of analysis.” While analytic thinking expanded from psychoanalysis itself outward to analytic psychotherapy, literature, philosophy, education, biography, and history, the practice of analysis became increasingly parochial in its pursuit of orthodoxy.

Even the most conservative of psychoanalysts did use some suggestion in their treatment. This was particularly notable in the treatment of phobic avoidance. At some point, most analysts would report informing the patient of the benefit of entering the heretofore avoided phobic situation. Circumlocutions designed to disguise a suggestion included the following:

“You’ve reached sufficient understanding of your fear of elevators to try to ride one.”

“You seem ready to try flying.”

“We may learn a great deal if you enter the situation.”

It seems clear that many patients would have heard such an intervention as a suggestion. Most analysts were aware of this and believed that the transference manifestations would still be available and eventually analyzed. In classical analysis, the treatment of the phobia would proceed along traditional lines. Exposure to the feared situation would be perceived simply as a stimulus for further free association and understanding of the unconscious motivation for the fear and avoidance.

It is at this point that classical psychoanalysis and behavioral approaches or techniques most overtly differ, although one could argue (and many do) that the differences are more apparent than real.

SYSTEMATIC RELAXATION AND FLOODING

In behavioral therapy, there are several classical techniques used in association with exposure to the feared situation. One technique, systematic relaxation, involves training the patient in a variety of techniques designed to control and eventually eliminate the anxiety experienced in the situation. Deep breathing, muscle relaxation, bio-feedback, and autohypnosis are taught to the patient and practiced in the phobic situation (or simulations) until the anxiety is brought under control. A second technique, often combined with systematic relaxation, is flooding. A phobic or compulsive patient terrified of germs may be exposed to a situation such as cleaning a filthy bathroom.

Both techniques have been demonstrated to benefit patients with compulsions (e.g., hand washing) and simple phobias. Systematic relaxation is also an essential element in the behavioral therapy approach to sexual dysfunctions such as anorgasmia, premature ejaculation, and impotence.

I have incorporated the techniques of systematic relaxation into the psychoanalytic treatment of several patients. Two examples follow.

In the course of analysis for sexual inhibitions and avoidance of asking for a date, a twenty-two-year-old male college student revealed an adult, physically traumatic experience with consequent PTSD. The patient was sent to a colleague who specialized in behavioral therapy; during the

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Family Systems and the Psychoanalyst

Arthur Nielsen

When I began my psychiatric training at Yale in the early 1970s, my teachers really believed in the biopsychosocial model, in the irreducibility of biological, psychological, and social variables in accounting for human suffering. We sought to fit our treatments to the patient, rather than the other way around. After my residency and alongside psychoanalytic training, I learned “structural family therapy” at the Philadelphia Child Guidance Clinic, studied group dynamics in numerous “Group Relations Conferences in the Tavistock Tradition,” and devoted much of my professional life to the conjoint treatment of families and couples.

Just as medical and psychoanalytic concepts and experience shape my daily thought about pathology and treatment, so do the explanatory concepts of structure, process, culture, authority, task, and role—to name only a few social variables—facilitate my psychoanalytic work with individuals and my conjoint work with families. In this discussion, I use the two-person group of marriage to sketch some social systems concepts and interventions that, like antidepressants, can extend the therapeutic efficacy of the psychoanalyst.

SOME LIMITS OF PSYCHOANALYTIC WORK

When might a psychoanalyst recommend a marital consultation or therapy? Here are three typical scenarios.

- The patient fills the hours with complaints about the spouse and no headway is being made in either the analysis or the marriage. Transference work seems blocked by pressing external problems, and it is unclear how

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much the external impasse is due to the spouse. Spouses may also appear to be opposing beneficial characterological changes (“I want my old wife back!”).

- The patient has an important unresolved disagreement with a spouse (whether to have children, how to handle the ones they have, how to relate to in-laws, etc.) and the analysis has not moved things to resolution.



Author Nielsen and his family go white water rafting. The social and physical environments affect the family's emotional well-being: Here, the critical stabilizing and de-stabilizing environmental variables are the presence of the experienced guide and the size of the waves.

- The patient is improving and is considering divorce, which is viewed as an adaptive improvement, but analyst and patient are unclear whether the spouse—usually someone with less therapy, and possibly opposed to it—might be willing to attempt changes in order to maintain the marriage. (Analysts are advised to recall Gurman's research in the late 1970s, which documented the frequent destabilizing effect of individual therapy on marriages.)

What these scenarios have in common is the inability of analyst and patient to fully assess or ameliorate a specific marital impasse. Intervention with the absent spouse can often help.

AFTER THE REFERRAL: FAMILY “PROCESS”

So what might the analytically informed couples therapist do with such couples? As you can easily imagine, I assess individual psychological

issues (defenses, wishes, object relations, etc.) and try to create a safe forum for understanding and mediation. Beyond this, what group-level concepts inform my work? Just as analysts focus on the here and now, I focus on the process through which the couple interact.

My default format is that couples choose a topic of concern and try to work it out between them. We then get to observe directly the reason they are in my office. Almost invariably, the patterned circular process (the “dance”) they use to talk with each other not only fails to make things better; it makes things worse. Each couple employs

its own signature process, but in all variations, the initial problem is soon left behind as defensiveness escalates; empathic ability is lost; contempt, isolation, and hopelessness fill the room; and the relationship itself becomes the central concern. John Gottman, perhaps the pre-eminent marital researcher, has found that such maladaptive process in newlyweds, independent of content, is the best predictor of marital unhappiness and subsequent divorce. Consequently, the couple's maladaptive process usually becomes the focus of our work.

Since the maladaptive process generally escalates rapidly (systems theorists term this a “runaway”) marital therapists must make far more interventions per minute than in analysis—including sometimes calling “time outs” to halt the spiraling negativity. Often one must put one's own empathy and understanding between the warring partners.

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Symptoms, Meaning, and Medication: Psychopharmacology and Psychoanalysis

Jamie Feldman

If one were to interview a cross-section of analysts today, there would be a spectrum of positions taken regarding the use of psychotropic medication in psychoanalytic treatments. There still remain those who adhere to the theoretical and clinical position that any patient who requires medication is unanalyzable. However, the availability of more effective, user-friendly psychotropic agents such as SSRIs, and research showing that the combination of psychotherapy and medication is more effective than either treatment alone in treating depression has led to many patients on the couch being medicated. This change reflects the view of many analysts that the alleviation of symptomatology or treatment of biological disorders is compatible with a psychoanalytic treatment.

The decision to use medication results from different processes in different consulting rooms. These different processes are related to, but not totally predicted by, the discipline of the clinician and his or her theories regarding treatment and pathogenesis. Some treatments are split between analyst and psychopharmacologist by necessity, as when the analyst is not a medical doctor. Some treatments are split because of the theoretical stance of the analyst, whether M.D. or not, that what gets analyzed is not what gets medicated or that the activity of medicating interferes with the analytic process. Many other analytic clinicians do their own prescribing. Within each subcategory the individual practitioner's view of pathogenesis, the degree to which one believes in descriptive psychiatry, and the efficacy of psychotropic agents can affect the timing and vigor with which one approaches the use of medication.

When considering the patient's need to get well, is there really room for such variability in approach? Even while the field has moved to incorporate the legitimate use of psychotropic agents into our work, many old controversies persist regarding which symptoms get treated with medication and which get analyzed. The

Jamie Feldman, M.D., is in private practice of psychiatry in Cambridge, Mass.



Jamie Feldman

dominant role of the analyst's theory of pathogenesis and therefore of treatment plays a central role in whether, when, and how medication is used. Has this trend made psychoanalysis a more effective treatment modality?

My own clinical work has gradually come to involve a more rigorous use of psychotropic agents. What has become more apparent to me is the variability in presentation of affective symptomatology and disorders in patients and the dramatic transformation of character organization that occurs in relationship to symptom resolution resulting from the use of psychotropic medication. This occurs in treatments that take a vigorous, persistent, sometimes long-term approach to the use of medication in the context of a psychotherapeutic relationship with a practitioner who truly believes in the clinical effectiveness of medication.

The clinician must be willing to allow a theoretical paradox to exist in his or her mind and influence his or her approach to treating symptoms. The paradox is that symptoms may or may not have meaning that is usable in an analytic sense.

For example, panic anxiety is often amenable to treatment with anxiolytics and, following a positive response, is of no further source of distress or interest to the patient. One cannot permit the patient their own experience of the positive response to medication if the analyst is not willing to believe in the validity and therapeutic effectiveness of such a response, particularly if

one views symptomatology as predominately dynamically determined (the result of conflict or a breakdown product of the self, etc.).

HELPING THE PATIENT FIND MEANING

The therapist who shares the patient's wish to be symptom-free and feel better as soon as possible need not be viewed as "avoiding self understanding." Rather, this therapist makes use of a process that over time allows the patient to feel his or her best self without conceptualizing the experience of feeling badly as a by-product of their disabled character or conflict. Such an approach can allow the patient to recover from the burden of biology—whether it is syndromic in nature, as more easily recognized in Axis I disorders, or less organized states characterized by a preponderance of less severe, often chronic symptoms of anxiety and depression. The individual participates more actively in determining what is meaningful in his or her life and what needs exploring. Affective illness is notorious for disrupting a person's capacity for experiencing meaning.

Affective illnesses are often difficult to diagnose. Even when symptoms present more "classically," they are not always straightforward to treat. Depressions often require several trials of medication and involve additions of mood stabilizers, traditional anxiolytics, and anti-psychotics for some forms of disorganizing anxiety states. This is particularly true in the diagnosis of Bipolar II Disorder, which often presents as depression partially responsive to initial treatment with an anti-depressant and often requires a mood stabilizer to deal with persistent symptoms of anxiety, irritability, and impulsivity. This diagnosis is often made over time.

The therapist who shares the patient's wish to be symptom-free and feel better as soon as possible need not be viewed as "avoiding self understanding."

One of the most substantial risks we expose our patients to is the under-diagnosis or partial treatment of affective disorders, which can result in what I refer to as treatment-induced or iatrogenic character disorders. I have seen this during the course of treatment of several individuals who presented with affective symptomatology


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Behavioral Therapy

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course of his successful treatment for the avoidance component of his PTSD, the patient learned several techniques of systematic relaxation. When next he wished to call a girl for a date, the analyst suggested he use those techniques before the call and see what effect they had. The patient was almost immediately relieved of this inhibition with the use of deep breathing and muscle relaxation, but the analysis of the underlying conflict took two more years. The transference implications of the suggestion were both complicating and useful; the power of the intervention clearly stimulated and enhanced the idealized transference this patient had as a defense against his rage at his father, who was perceived as weak and submissive to the dominant mother. While this is an oversimplification, the distortions are minimal.

In the course of her analysis for social phobia and avoidance of sexual contact, a twenty-seven-year-old woman revealed she was even frightened of holding a man's hand. The patient learned systematic desensitization techniques of deep breathing and muscle relaxation by referral to written material supplied by the analyst's colleague. The analyst and the patient then devised a series of graded, imagined exercises in which the patient would hold hands, hug, kiss, caress, etc. She was not to go on to the next imagined situation until she overcame her anxiety for the first. (This prescription refers to the principle of hierarchical exposure to feared stimuli, a basic tenet of behavior therapy.) In about three months, the patient had moved to imagining intercourse. Over the next year, she met and began an affair with an appropriate man. During the course of this behavioral work, the analysis also proceeded, addressing the patient's fantasies of the analyst as the love object, the powerful advisor, etc. The analysis of her unconscious conflicts around sexuality continued productively, and the ultimate positive outcome could not be clearly affixed to either the analytic understanding or the behavioral exercise.

One would hope that traditional analytic journals will begin to publish articles about combining traditional analysis with useful techniques derived from other therapeutic disciplines. Analysis would be enriched by the process, both intellectually and as a pragmatic, therapeutic discipline. 

Family Systems

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Escalation of tension and deterioration in the process result from a combination of "mutually reinforcing transferences" (each partner's worst fears appear confirmed, as J. Zinner observed in 1989) and projective identification (each partner attempts to attribute and induce negative characteristics in the other, as noted by D. R. Catherall in 1992). These concepts powerfully link individual and group pathology. My ability to interrupt and interpret these developments has been perhaps my best predictor of success.

THE SPEAKER-LISTENER TECHNIQUE

While interrupting and interpreting pathological process often works, sometimes couples fail to alter their process, and I continue to be needed to manage their conflicts. In such cases, I have found it useful to prescribe the "speaker-listener technique" as advocated and researched by Markman, Stanley, and Blumberg at the University of Denver (published in their book *Fighting for Your Marriage*). This amounts to a prosthetic structure allowing communication to proceed more safely. When this approach is successfully employed, the analytic therapist will frequently be pleased by the new levels of psychological depth and healing empathy that follow.

Psychopharmacology


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and what could be viewed as concomitant character pathology. I have treated several patients with various depressive and bipolar disorders in which sub-therapeutic doses of medication have resulted in affective lability and cognitive difficulties, which make the diagnosis of borderline personality a very tenable diagnostic formulation. Persistence in the use of medication, with adequate doses and proper choices resulted in the emergence of a much more organized, less disturbed personality. Our patients rely on us to use our best judgment and clinical skills to help them. They want us to be respectful of the meaning their symptoms play in their ability to live as organized and comfortable a life as possible. They often fear to


COLLABORATING THERAPISTS

Many of the people I see in couples therapy are also in analysis. Our group of Chicago psychoanalyst-couples therapists carefully studied the complex systems of multiple therapists and patients that form when one or more member of a couple in marital therapy is also in analysis. When there were therapeutic impasses, we frequently found therapists working at cross-purposes, often unconsciously over-identified with their patients or the patients' spouses. Such situations usually resulted in therapeutic impasses. Communication between therapists almost invariably assisted both analysis and couples therapy.

PRIMARY PREVENTION: MARRIAGE 101

After witnessing how many people unconsciously "marry their problems" or wait hopelessly too long before seeking help, I wanted to intervene earlier. Working with couples therapists William Pinsof and Cheryl Rampage at Northwestern University's Family Institute, we designed and implemented "Marriage 101," a for-credit academic course for undergraduates at Northwestern University. This course offers many opportunities for improved self-understanding (extensive journaling, interviews with students' parents, and experiential classroom exercises) as well as the usual academic fare and aims to prepare students for intimate relationships. Marriage 101 has been extremely popular, and research on its effectiveness is under way. 

acknowledge the presence of a biological illness and have difficulty tolerating the kinds of clinical trials of medication required for effective treatment.

The use of psychotropic medication has become more prevalent for good reason. It helps particularly when prescribed in the context of treatment by analysts who feel confident in their diagnostic skills and believe in the potential efficacy of medication, and who appreciate the potential difficulties involved in achieving successful results. This holds true for patients whose lives and characters span the entire spectrum of pathology. A theoretically open mind allows treatments focused on patient recovery that are defined differently for each individual. We often need to suspend what we know, what we are looking for or what we believe in, in order to give patients a chance to become who they can be. 

Highlights of Boston Sites and Activities

TOURS AND TRAILS

Boston Common Visitor Information Center. Tremont Street at the southeast end of the Common, next to the Park Street subway station. Open Mon.–Sat. 8:30 a.m.–5:00 p.m., Sun. 9:00 a.m.–5:00 p.m.

Boston By Phone. 1-888-SEE-BOSTON, a reservation service that will connect your call directly to restaurants, museums, tour companies, theaters, etc., for free.

Beantown Whale Watch. 60 Rowes Wharf, 617-542-8000.

Black Heritage Trail. 1.6-mile walking trail covering 14 sites significant to 19th-century history of African-Americans in Boston. Call the Boston African-American National Historic Site at 617-742-5415.

Boston Duck Tours. Historic tours in authentic World War II amphibious vehicles, 617-723-DUCK.

Boston Harbor Cruises. 1 Long Wharf, White Ticket Center, 617-227-4321.

Boston Steamship Company. On-the-hour tours of Boston Harbor by steamship daily, 617-542-8000.

Boston's Tall Ships. 67 Long Wharf. Sail on 80- or 125-foot schooners in Boston Harbor, 617-742-0333.

Freedom Trail. Three-mile walking trail that takes about three hours, led by a National Park ranger or self-guided. Start at the Boston Common Visitor Information Center.

Geo Trail. Tour of the biggest construction project in American history, the Big Dig. Ask at Visitor Information Center (see above).

Literary Tour. Gray Line/Brush Hill Tours, 435 High Street, Randolph. 781-986-6100 or 617-350-0358. Bus tour to Cambridge, Lexington, and Concord, where some of America's most famous writers lived and worked.

Trolley Tours. Cityview Trolley Tours, 617-363-7899. Discover Boston Trolley Tours, 617-742-1440. Old Town Trolley Tours, 617-269-7150.

MUSEUMS

Children's Museum. 300 Congress Street, 617-426-8855. Mon.–Sun. 10:00 a.m.–5:00 p.m.; Fri. 10:00 a.m.–9:00 p.m.

Dreams of Freedom, Boston's Immigrant Museum. One Milk Street, 617-695-9990. Daily 10:00 a.m.–6:00 p.m.

Institute of Contemporary Art. 955 Boylston Street, 617-266-5152.

John F. Kennedy Library and Museum. Columbia Point, Boston. 617-929-4500. Daily.

Museum of African-American History. 8 Smith Court, Beacon Hill, 617-725-0022. Mon.–Sat. 10:00 a.m.–4:00 p.m.

Museum of Fine Arts. 465 Huntington Avenue, 617-267-9300. Mon.–Tues. 10:00 a.m.–4:45 p.m., Wed.–Fri. 10:00 a.m.–9:45 p.m. West Wing only, Thurs.– Fri. after 5:00 p.m., Sat.–Sun. 10:00 a.m.–4:45 p.m.

Museum of the National Center of Afro-American Artists. 300 Walnut Avenue, Roxbury, 617-442-8614. Tues.–Sun. 1:00 p.m.–5:00 p.m.

Museum of Science. Science Park, 617-723-2500. Sat.–Thurs. 9:00 a.m.–5:00 p.m., Fri. 9:00 a.m.–9:00 p.m.

New England Aquarium. Central Wharf, 617-923-1223. Mon., Tues., Fri. 9:00 a.m.–6:00 p.m., Wed.–Thurs. 9:00 a.m.–8:00 p.m., Sat.–Sun. 9:00 a.m.–9:00 p.m.

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“The Hub”


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Boston's finest art museums are located: the Museum of Fine Arts and the Isabella Stewart Gardner. You can catch a Boston Red Sox game at Fenway Park nearby, reachable by the “T” subway-trolley system.

UNIVERSITIES AND MUSEUMS

A trip across the Charles River will take you to the city of Cambridge with its diverse population—students from more than 100 countries attend Harvard and MIT—and striking university campuses. Stroll around Harvard Square or sit in one of the sidewalk cafes to watch and hear the street performers, who perform day or night. Cambridge also houses the American Repertory Theater, which in June will be offering Shakespeare's *Pericles*, directed by Andrei Serban, and *The Sound of a Voice*, with music by Philip Glass and text by David Henry Hwang. Harvard offers three well-known art museums: the Fogg Museum, whose works illustrate the history of Western art; the Busch-Reisinger Museum, devoted to the art of the German-speaking countries; and the Arthur M. Sackler Museum, which houses superb collections of Asian, Islamic, and later Indian art. MIT offers the List Visual Arts Center, with galleries of photography, sculpture, video, and other arts.

Boston is a fine place for children. It has a Museum of Science that allows hands-on experiences, a Children's Museum, an Aquarium with an outdoor show, and those amazing amphibious Duck Tours. Older children would enjoy many of the guided or self-guided trail walks and the Boston Harbor cruises, whale watching cruises, or a sail on an eighteenth-century schooner. The youngest would especially like the statues of the mother duck and her ducklings marching through the Public Garden, just as they do in the beloved book *Make Way for the Ducklings*, and the swan boat ride where you can see the very island that mother duck chose to raise her children on.

A good city map and a map of the subway system can be a great help. These can be picked up at the Boston Common Visitor Information Center, located on the Tremont Street side of Boston Common. Material on Cambridge can be obtained at the Cambridge Office for Tourism at 4 Brattle Street, Harvard Square. 

Our Complex Association Considers Its Future

Ronald Benson



Ronald Benson

Necessity has presented our Association with a unique opportunity. Consultation with a lawyer who is expert in not-for-profit state laws has confirmed that we are not in compliance with New York's laws. A letter was sent to each of our members by our president and president-elect summarizing the areas that required revisions in our governance:

us to achieve our goals with less conflict and strife. Several of these ad hoc bodies have suggested that we need a more effective structure for our board of directors. Almost every group studying our governance has tried to define the relationship between the Board on Professional Standards and the Executive Council as board of directors. The most recent attempt to accomplish this was the education and membership initiative that defined a consultative relationship between the two bodies and reaffirmed a portion of BOPS's responsibilities as semi-autonomous. Our recent by-laws revisions implemented some of the recommendations of the education and membership task force.

Many of our members and most of our leaders have realized for years that we operate pretty well despite our structure and not because of it.

- Our Executive Council (our board of directors) is not organized according to our certificate of incorporation.
- The Executive Committee is not constituted according to the law's requirements.
- Our committees, and especially our finance committee, are not in compliance with the law's definitions and requirements.
- The Board on Professional Standards' place in the Association is not easily defined under the law.
- Finally, our business meeting of members is conceived differently from the law's expectations.

Of these problems, the place of BOPS may be the most complicated to change structurally.

APsaA has been considering its structure for many years. Committees and task forces dating back at least to 1992 have been appointed to try to improve our system of governance and help

Ronald Benson, M.D., is *chair of BOPS*.

- We determine the requirements for eligibility for membership in our Association.
- We try to define the range of practices that our Association endorses as psychoanalysis.
- We provide a national forum for our societies and institutes.
- We advocate for and try to improve funding for research.
- We try to be inclusive of like-minded professionals and those friendly to psychoanalysis.

This list is not exhaustive; nor would all agree that every item is fundamental to our Association.

A NEED FOR SELF-ASSESSMENT

I advocate an extensive and intensive self-assessment by our organization. We need to define what kind of organization we want to be as we go forward and what functions and constituencies we want to include. Accomplishing such a review and achieving a consensus about the form and structure of our Association needed to accomplish these functions will require much good will. We must respect all of the diverse viewpoints within APsaA. This will not be an easy task, but it is a worthwhile one at this crossroads in our history.

To help accomplish this task, I have appointed a BOPS Task Force on Reorganization. I have asked Eric Nuetzel and Leon Hoffman to serve as co-chairs. The members of the task force are all either past BOPS chairs or current councilors-at-large. I have asked the task force to do the following:

1. Consider the functions of the Board on Professional Standards and its committees and to advise me and the Board about the optimal structure of our Association that will facilitate those functions in compliance with state laws.
2. Educate the APsaA membership about the functions of the Board on Professional Standards and the about the optimal structure of our Association that will facilitate those functions in compliance with state laws.
3. Inform the Executive Council, in accordance with the mutual consultative role mandated by the education and membership agreement, about the functions of the Board on Professional Standards and about

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Requiem for an Institute: Farewell to Topeka

Irwin C. Rosen

[On June 15, 2001, Irwin Rosen presented some personal remarks at the Menninger Graduation-Reunion Farewell Weekend in Topeka, Kan., just a few weeks after the announcement of the closing of the Topeka Institute and the Menninger Clinic. His remarks are excerpted here with permission from the Bulletin of the Menninger Clinic, Vol. 66, No. 4, Fall 2002, where Rosen's address was published in its entirety.]

These remarks are both the hardest thing I have ever had to write and one of the most healing. So many emotions and thoughts swept over me so swiftly these past weeks that it was hard to sustain any one affect for very long without it being elbowed aside by some other equally intense feeling or memory. Pride, sadness, gratitude, anger, love, loss, hope, and accomplishment all shifted rapidly within me into different shapes and patterns like the bits of glass in a turning kaleidoscopic lens.

The kaleidoscope experience, though, gradually gave way to something more like a Polaroid photograph, as one group of memories emerged and their image sharpened of what all of us—this treasured group of teachers, students, and colleagues—have created and accomplished in our years together: A single very recent memory captures and contains an array of past and current feelings.

I wish that you all could have been with me at about 11:00 a.m. in New Orleans on May 2, 2001, at the meeting of the Board on Professional Standards of the American Psychoanalytic Association, where I was representing our Institute (the Topeka Institute for Psychoanalysis). Dr. Ronald Benson, now chairman of the Board,

Irwin Rosen, Ph.D., was approaching his fiftieth year at Menninger's when the Topeka Institute closed. He was a training and supervising analyst at the Topeka Institute and directed the outpatient department and the department of psychotherapy at the Menninger Clinic. He is currently a training and supervising analyst at the Greater Kansas City Psychoanalytic Institute.

told the members about our closing, recalling Topeka's outstanding gifts of service, of scholarship, of research, of leadership, of innovative and exemplary training. Then he stopped. For a moment there was the sad silence of the sinking in of reality, and then this usually reserved, undemonstrative group of men and women leaped to their feet and erupted into a long, sustained, thunderous ovation for us all.

I accepted the laudatory certificate that had been prepared for our institute and could only say that grateful as I was on behalf of all of us, I would have given anything for that event not to have had to happen. Later, once my composure had been regained, I could acknowledge to myself how very much we had given over six decades for that group to cheer about, and how well deserved their ovation for us had been.

Our institute is fifty-nine years old, the sixth oldest in the country. We were the first institute west of the Mississippi, and we pioneered psychoanalytic training in the entire western half of the country. We sponsored the beginnings of analysis in California, which makes us the parent or grandparent or great-grandparent of a brood of training centers that has continued to grow and thrive. From Topeka, either as institute or KMSP [Karl Menninger School of Psychiatry] alumni, have come six presidents of the American Psychoanalytic Association—Drs. Karl and Will [Menninger], Robert Knight, Robert Wallerstein, Richard Simons, and George Allison. Bob Wallerstein and Otto Kernberg served, as well, as presidents of the International [Psychoanalytical Association]. In 1966, the Association for Child Psychoanalysis held its first meeting here in Topeka, with Anna Freud as its keynote speaker. A decade later, our institute director, Ishak Ramzy, served as president of that organization.

So much good, so much enduring good came from so small a place. Just as Dr. Karl's *The Human Mind* first introduced modern psychiatric ideas to a wide American audience, Dr. Will's "Guide to the Order Sheet" in the late 1930s first brought a psychoanalytic rationale to psychiatric hospital treatment. The work of David

Rapaport and his colleagues Roy Schafer, Merton Gill, and Martin Mayman changed the practice of psychodiagnostic testing forever. From Topeka in the late 1960s came Otto Kernberg's groundbreaking work on borderline conditions.



Photo: Mervin Stewart

Irving Rosen in New Orleans, May 2001, after the Board paid tribute to the Topeka Institute.

From Topeka also came the landmark writings of Herb Schlesinger and Phil Holzman on perceptual and cognitive ego styles, and of Howard Shevrin on brain wave correlates of unconscious mental processes. Later on came the decades-long Psychotherapy Research Project, directed first by Bob Wallerstein and then by Otto Kernberg, which produced more than seventy publications, including five books. In the 1980s, Len Horwitz and a group of institute colleagues extended the work into a study of the treatment of patients with borderline disorders. . . .

The Mary S. Sigourney Award for Outstanding Contributions to Psychoanalysis has gone to [seven of] our alumni. . . . Sigourney awards are also given to organizations, and in 1998 the Menninger Clinic itself was awarded that prestigious honor. The award recognized Menninger's generous support of its institute, one that created a synergistic arrangement in which, in turn, the institute helped provide and prepare generations of clinical, educational, and research leadership at Menninger. Adapting Winnicott's observation that mother and baby cannot be separated from their psychological unity, so too our institute could not, did not, survive without Menninger. It is equally difficult to imagine that Menninger would have attained its matchless historic, international preeminence absent its institute.

Most important, though, Menninger was the birthplace and home of a vision, the passionately shared conviction that the suffering of our patients bore meaningful internal links to hidden and continuous patterns within the events of their lives; and that in multidisciplinary teams we could bring compassion and understanding to help our patients regain mastery of the dark

Continued on page 19

Catching Them Early: Teaching Psychoanalysis to High School Students

Leon Hoffman

I was invited to lead a discussion on psychoanalysis with a group of eleventh- and twelfth-graders at a private school in New York City. The students who attended were in an advanced-placement history class (studying nineteenth-century European history and its impact on modern times) and an AP psychology class. There were about thirty-five students present.

The class prepared by reading an article I had written on Dora (and the lesson from Freud on the centrality of listening) that was published on Medscape (<http://www.medscape.com>). My comments to the class focused on the relevance of Freud's discoveries and his place in our world similar to those of Einstein and Darwin. I compared Freud's ideas to Copernicus's revolutionary proposal that the earth is not the center of the universe; both men attacked humans' egocentricism.

I led off, in my ten- to fifteen-minute opening (the class was forty minutes altogether), with a summary of central psychoanalytic ideas: the unconscious, how the past influences the present, and the centrality of the individual. I briefly presented contrasting views of the centrality of sexuality in mental life over the decades. I explained that people continue to be frightened of the idea that all of us have passions of which we are aware and not necessarily in control. I explained a broadened concept of sexuality that includes a variety of passions beyond genital sex.

I then went into a discussion of the *Interpretation of Dreams*. I gave some historical background, describing Freud's self-analysis following his father's death and his activity as a neurologist (working with children and writing the aphasia book). I explained that Freud eventually gave up his attempts to reconcile psychology with neurology because of the primitive state of neurology at the time, in contrast to where we are now a century later.

Leon Hoffman, M.D. is co-director of the Pacella Parent Child Center of the New York Psychoanalytic Society.



Photo: Mervin Stewart

Leon Hoffman

It was striking to me how intently everyone was listening, although I was not sure what was being absorbed. I then opened things up for questions.

After less than a minute of silence, one student asked the first question. Many more questions followed. The rest of the period was Q&A, with the teacher eventually saying we had to stop.

DEFENSE ANALYSIS IN PLAIN LANGUAGE

One question was asked many times in various permutations: "How do you know that the psychologist, therapist, analyst is not putting ideas into the kid's head? If so many people have criticized Freud, why should we believe in him?"

Responding to this allowed me to discuss the importance of the analyst undergoing his or her own analysis to understand his or her own blind spots. I told the students about all of the discussions analysts have about the validity of their hypotheses and how analysts are trying to study how psychoanalysis works.

On the topic of sex, as in "Didn't Freud only talk about sex?" I said that at first Freud's idea was that if you simply identify symbols in dreams or other things, the patient would be cured. This is what many people still think psychoanalysis is all about, I said, but Freud and other analysts discovered that this doesn't work all of the time (or even most of time). Therefore, psychoanalysts have learned that what we have to do is understand how a person's blind spots affect his or her thinking and action.

I realized that for the first time I had found a way to explain in non-technical language what defense analysis is: the analysis of blind spots. I gave as an example the task of showing a patient his difficulties in talking about anger at the therapist

by pointing out how the a patient shifted the topic away from expressing anger at the therapist to expressing anger at Saddam Hussein.

In response to some questions about false memory syndromes, I was able to talk about perception and memory and compare analytic ideas with the theories of "bottom-up" and "top-down" brain activity, which the eleventh-graders in the psychology class knew about. They understood very well that perceptions depend on one's past experience (top-down) and not on the exact nature of the stimulus (bottom-up).

I also discussed the concept of transference using the example of Mayor Giuliani on September 11, 2001—how New Yorkers trusted him and regarded him as a parent-like figure during a time of stress. I also gave the example of coming home from the office and unconsciously taking out your anger with your boss on your spouse.

Finally, there were several questions about hypnotism and self-analysis. One student asked, if Freud performed self-analysis after his father died, couldn't we all do self analysis? I said that since we are all not Freuds or Einsteins, we need to have someone else point out our blind spots.

The teacher asked the final question: What was the future of psychoanalysis, given all the use of medications today? I quoted the *New York Times* from 1996. On the hundredth anniversary of the Sunday magazine, the *Times* said that both immunology and psychoanalysis would be around 100 years hence. I told the students that our goal as psychoanalysts is to achieve a better integration of how the mind works and how the brain works. I mentioned the journal *Neuro-Psychoanalysis* as a venue for this kind of integrative work.

I ended my class session with the idea that psychoanalysis stresses the importance of the individual. I had earlier said that in the 1930s both Stalin and Hitler banned psychoanalysis because the psychoanalytic emphasis on the individual is a threat to the totalitarian state. We are learning that medication is not enough and that talking and understanding are important.

This was a marvelous opportunity to sharpen my skills in communicating complex ideas in simple language. Talking with these bright youngsters was an energizing moment.

APSA

Beyond the Fifty-Minute Hour: Encouraging Interest in Psychoanalysis

Judith Logue

Those who remember Robert Lindner's 1954 best selling "book of thirty-three psychoanalytical tales," *The Fifty Minute Hour*, or Lucy Freeman's 1969 *Fight Against Fears*, or Karl Men-



Judith Logue

ninger's 1963 work *The Vital Balance*, know that a psychoanalyst or analyst can inform and enliven the general public about psychoanalytic ideas. Such significant influences in my early life were pivotal in my becoming an analyst. They also kindled my enthusiasm and love for psychoanalysis and inspired me to bring analytic concepts and thinking to others.

Today we are too often told psychoanalysis is dead—to such an extent that I was recently informed by a graduate student in Missouri that "real analysts no longer practice in the U.S." Yet I have found people of all ages, and in diverse settings, to be interested in and receptive to psychoanalytic ideas. People continue to seek psychoanalytic understanding. The aspects of psychoanalysis that compelled our own attention can still be riveting to people outside our professional worlds; the discovery of the unconscious is never a ho-hum experience.

TEACHING, INTERVIEWING, COACHING

There is, of course, a significant difference between the practice of psychoanalysis in our offices and the explication and teaching of psychoanalytic ideas for the public and the media. The discipline and the process in each case are quite different, but the knowledge is transferable. In the 1980s, I taught "Dreams and Unconscious

Judith Logue, Ph.D., practices analysis in Princeton, N.J. She also consults with various media outlets including the National Enquirer and coaches individuals in the professions, business, and academia.

Processes" to high-school seniors at Princeton Day School in New Jersey. I used the seminar style I had experienced in my advanced dream seminar in my psychoanalytic training in 1969. My students loved bringing in their dreams (or those of their friends and mothers) and then, as a group, free-associating to them, an approach that came from Geza Roheim. We had a very good time in that class, and the students learned a great deal about themselves and psychoanalytic concepts.

Another challenge outside the office was to provide comments for newspaper reporters who found me by happenstance or word-of-mouth. Communicating psychoanalytic ideas in ordinary language is not easy, but I have had a sense of accomplishment in trying—and in knowing that not just a cognitive-behavioral or solution-focused voice is being heard.

In an effort to adapt to the era of managed medicine, I learned the skills of "coaching." Coaching has become a defined field of professional assistance. It is goal-oriented and directive, and psychoanalytic experience is in no way expected or requested. However, my psychoanalytic background has added inestimable depth and value to the directive activity in coaching. I have also had to integrate traditional psychoanalytic thinking and methodology with the language and culture of the business world.

The skills needed to coach a political candidate, a financial fund owner, a homemaker, a computer specialist, a dentist, and a number of professors and clinicians are deepened by understanding unconscious forces. These motivated individuals' goals have included winning a campaign, finding balance in life, attaining physical fitness, pursuing professional growth, and increasing income. (And now because of coaching some women jet pilots, I restarted my flying lessons.)

It is no surprise that I have felt, and continue to feel, reluctance and resistance in moving beyond my comfort zone. The idea of action and goals without depth and understanding are not just beyond the 50 minute hour. Such an idea is beyond common sense, intelligence, and freedom,

Talking Points About Psychoanalysis

A card was sent to all members in April, with a letter from Kerry Sulkowicz, chair of the Committee on Public Information. The committee, Sulkowicz wrote, intended the card's talking points as a helpful tool for members in "preparing for interviews with the media, community presentations, and for other conversations with non-mental health professionals."

The card was developed by committee co-chair Gail Saltz. On the front is the following text:

A psychoanalyst can help you...

1. Get relief from painful emotional symptoms.
2. Feel understood as a unique individual
3. Achieve emotional freedom
4. Improve your personal relationships
5. Become more productive at work.
6. Take more pleasure from life.
7. Change lifelong ways of coping that just aren't working.
8. Understand feelings and behaviors that just don't make sense.
9. Gain greater control over your life.
10. Stop self-destructive patterns of behavior.
11. Understand yourself.
12. Prevent the past from interfering in the present
13. Talk things over in a safe and private environment.
14. Unlock your creative potential.

The back of the card carries additional information about psychoanalysis and psychoanalysts, including "Facts about The American Psychoanalytic Association" and "The Contributions of Psychoanalytic Theory."

Copies of the card can be ordered by sending a check made out to APsA to the National Office. Minimum order is \$5.00 for ten copies or \$10.00 for twenty-five copies.

to me. Teaching and encouraging psychoanalytic interest outside our offices is important in these difficult times.



Analysts Reach Out to Educators

Stephen Kerzner

For the first time, educators and analysts came together officially at the Winter Meeting of the American Psychoanalytic Association in New York City. This was the result of the launch of a new category of APsaA affiliation for educators: educator associates. The new category, coordinated by the APsaA Liaison to Schools Committee, was formed to meet the needs of educators who are interested in the application of psychoanalytic principles in the classrooms.

On Saturday, January 21, under the auspices of the Liaison to Schools Committee, the first Semiannual Educator/Analyst Symposium was held. Henri Parens spoke on the topic "Aggression: What Is It? What Causes It? How to Deal With It Constructively: A Dialogue Between Educators and Analysts." Stuart Twemlow served as the discussant. There was also extensive audience participation, moderated by Phyllis Cath, co-chair of the Liaison to Schools Committee.

A THEORY OF AGGRESSION

Parens geared his talk to educators and analysts who deal with aggression on a daily basis. He presented a model of aggression, the Multi-Trends Theory of Aggression, that derived from his group's research on infants. Parens proposed that aggression is a biologically generated need (an inner pressure) to act upon, control, and master self and environment. He outlined three trends:

1. Non-affective destructiveness such as feeding activity.
2. Non-destructive aggression such as pressured sensory-motor activity.
3. Hostile destructiveness, including unpleasure-related destructiveness such as the rage reaction of infancy and pleasure-related destructiveness such as teasing and taunting.

Stephen D. Kerzner, M.D., is a graduate of the Psychoanalytic Institute of New England, East, and an advanced candidate in child analysis. He is also a clinical instructor of psychiatry at Harvard Medical School (Cambridge Hospital) and has a private practice in Brookline and Duxbury, Mass.

Parens contrasted hostile destructiveness and non-destructive aggression. Non-destructive aggression is inborn and necessary for constructive adaptation. It promotes self-assertion, achievement, and mastery of self and environment. On the other hand, hostile destructiveness is not inborn nor spontaneously activated, even though the mechanism for its generation is inborn. Hostile destructiveness can always be traced to an experience of excessive unpleasure, such as hurt, shame, or helplessness.

Parens noted that it is important to recognize that hostile destructiveness can be either heightened or lessened by environmental intervention. He urged educators and analysts to search for the sources of excessive unpleasure in their students and patients respectively. He concluded: "The great facilitator of reducing internalized or freshly generated hostile destructiveness is its experiencing and verbalizing in meaningful relationships."

SOCIAL CONDITIONING TO VIOLENCE

Twemlow talked about his research on bullying and how critical it is to intervene early and often to confront the bully's acting out of hostile destructiveness toward the victim. He noted that we need to identify the qualities of a school environment that promote a culture of safety and mutual respect.

Twemlow presented data from a study of 10,131 children and adolescents from grades 3–11 in a west coast city as part of a violence audit of the school system. In this mid-size community of public schools, the children were predominately from lower-income families; 73 percent of the school community was non-white. Four broad areas were measured: victimization of self, aggression toward others, perceived responses to victimizations, and attitudes towards aggression. The findings showed that somewhere between 10 percent and 20 percent of all children in all grades received a vicarious thrill and were not hesitant to express pleasure at seeing other children bullied. The middle grades (7, 8, and 9) were lowest in empathy for the victim and highest in aggression toward others.

In the whole sample there was worrying evidence of a slow social conditioning toward seeing violence as positive, feeling less distress for victims, and increasingly avoiding any involvement with victims of aggression. However, schools varied in the severity of measured areas of aggression. Twemlow proposed examining the differences in these schools to identify ways to reverse the trend of social conditioning to violence.

EDUCATORS AT THE BOSTON MEETING

The next Semiannual Educator/Analyst Symposium will be held at the APsaA Annual Meeting in Boston on Saturday, June 21. The topic will be "Coping with Disruptive Aggression in Schools: Educators and Analysts Learn from Each Other." A panel is planned with two psychoanalysts, Stuart Twemlow and Maurice Vanderpol, and two educators, Matthew King, Superintendent of Wellesley (Mass.) public schools, and Liz Arney, a program associate at Facing History and Ourselves (FHAO) and a former classroom teacher. FHAO is a national organization based in Boston that works with classroom teachers in school systems around the country to promote active classroom discussion about personal and social issues relating to tolerance and conflict resolution. The panelists will consider some of the major stressors facing school communities, including violence, intolerance, and bullying, and discuss how educators and analysts can work together to enhance the learning environment. Audience interaction will be encouraged.

The Liaison to Schools Committee urges all APsaA members to spread the word about the educator associate category of affiliation. Teachers and administrators at all levels of education, pre-school through college, are eligible to join. Prospective educator associates must be sponsored by an active member of APsaA. Please feel free to contact Phyllis Cath or Jonathan Cohen, co-chairs of the Liaison to Schools Committee, for further information about the program. Educators who may be interested in applying should be encouraged to contact Debra Steinke, APsaA's membership services coordinator, for details. She can be reached at 212-752-0450 X26 or membership@apsa.org.



Farewell to Topeka

Continued from page 15

and fearsome inner forces that had temporarily overwhelmed them. We built a hospital, a clinic, a school, a psychoanalytic institute, a research department that all working in synchrony would strive to teach and learn, discover and refine, apply, use, and disseminate what grew in the exciting intellectual ferment that was Topeka.

As psychiatry broadened, a "Menninger model of treatment" emerged that although psychodynamically based included biological, family, cognitive, and psychoeducational approaches in its clinical services. From such a uniquely productive relationship among clinic, institute, school, and research activity came a cascade of thrilling ideas and programs over a sixty-year time span in which all of us participated together during our time here.

Together, then, we built a remarkable place here, one that we never thought would close its doors in our lifetime.

Such was the vision. The British philosopher Isaiah Berlin once asked, "Out of the crooked timber of humanity, who can build anything straight?" We all know that our mutual efforts were not unmarred by intermittent, memorably sharp conflict and disagreement. We were, after all, a community of professionals, not a congregation of saints. But far and away, for the most part Menninger and its institute made the vision work to the lasting benefit of our patients, of our students, and of a wider professional audience that read of and learned from the work that had been pioneered in Topeka. For that, we cannot let this important historical moment pass without expressing our heartfelt and respectful gratitude to Roy and Walt Menninger for standing steadfastly with us, especially during those lean and difficult years when psychodynamically based treatment programs declined in popularity and in financial support throughout the country. . . .

Together, then, we built a remarkable place here, one that we never thought would close its doors in our lifetime.

Tonight and this weekend, with barely tolerable sadness, we say goodbye to each other and with almost indecent pride we celebrate having

shared a place that allowed each of us, together, to be and to do far more than any of us could have been and done alone.

We are scattering to Houston, Kansas City, Portland, Atlanta, St. Louis, San Francisco, and possibly other places. As we have been approaching our closing, we have exchanged images to capture the spirit of our departure. The prevailing metaphors (among Jewish and Christian colleagues alike) are those of Diaspora and of Anatevka. My earlier ancestors participated in one, and my father was born in a village much like the latter, and I have learned a little about the process. Diasporas, it turns out, are not for the faint of heart or of purpose, nor especially for the shaky of identity.

Tonight I have recalled (I hope for all of us) many of those fine and enduring memories that secure our proud and honored historical identity as we prepare to accept the loss of this beloved

and inimitable place. But ours is a psychoanalytic perspective rich in understanding the inner reverberations of loss and of the importance of that process in human life.

Even before the words "object relations" were ever used, Freud told us in "The Ego and the Id" and "Mourning and Melancholia" that through internalization and identification we become what we have lost. . . .

Tonight I have briefly tried to remind us of the unique and wonderful place and history and tradition that we have built and shared. The loss is painful, the mourning difficult. The way now to perpetuate what we built together is to carry with us internally the place, the people, and what we did here, to re-create what we have learned here and keep it alive, and to practice and teach it afresh in our consulting rooms, our classrooms, and our writings.

On that premise, our institute and its parent, the Menninger Clinic, will live in our lives and in the lives of all those patients and students whom we will ever touch.

In that way, to paraphrase training analyst Humphrey Bogart of the Casablanca Institute for Psychoanalysis, "We'll always have Topeka."

APSA

American Psychoanalytic Foundation

The American Psychoanalytic Foundation supports projects that develop and expand the impact of psychoanalysis in the community through educational programs, clinical services, and research.

To apply for a grant from the American Psychoanalytic Foundation, please visit our Web site: <http://www.cyberpsych.org/apf>. You can also find the application form on this site. Proposals must be submitted by October 15 for consideration at the January board meeting and by March 15 for consideration at the June board meeting.

Donations may be given to the American Psychoanalytic Foundation by mailing the American Psychoanalytic Foundation, c/o Nadine A. Levinson, Treasurer, 9 Breakers Isle, Dana Point, CA 92629.

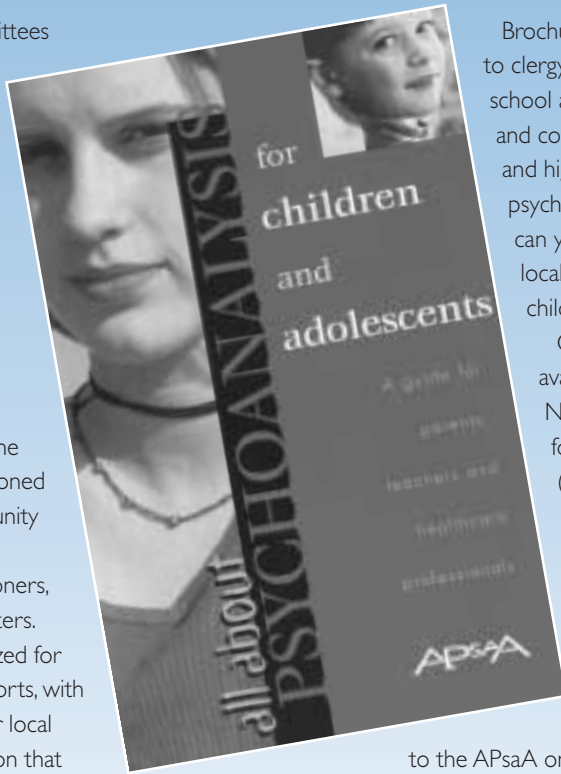
Donations may given to honor an individual's or organization's special occasion or in memory of a death. An appropriate card will be sent notifying the person, organization, or family of your contribution.

Inquiries about the American Psychoanalytic Foundation's insurance program for the benefit of APsA members can be directed to Richard K. Matzker of Abrams, Gavin, & Vogel Inc. at 800-968-1401.

The American Psychoanalytic Foundation offers free Web sites to members of the psychoanalytic community. For more information, see <http://www.cyberpsych.org/apf/apfhost.htm>.

All About Psychoanalysis for Children and Adolescents

APsaA's committees on child and adolescent psychoanalysis, COCAP and COCAA, have jointly produced a new public information brochure, "All About Child and Adolescent Psychoanalysis." The brochure is envisioned for use by community clinics, institutes, individual practitioners, societies, and centers. It can be customized for local outreach efforts, with space available for local contact information that can be added in the form of a label or rubber stamp.



Brochures mailed to clergy, pediatricians, school administrators and counselors, and high school psychology teachers can yield increased local interest in child analysis.

Copies are available from the National Office for \$2.00 each (1-50 copies; discounts are available for larger quantities). Call 212-752-0450, or log on

to the APsaA online store at <http://store.yahoo.com/americanpsych/index.html>.

BOPS

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the optimal structure of our Association that will facilitate those functions in compliance with state laws.

I assume and hope that other groups within APsaA, as well as local institutes and societies, will address these matters from their own perspectives. The broadest and deepest understanding of the many issues, and the most informed debate with the widest possible participation of stakeholders, will be the most conducive atmosphere for redefining ourselves.

At this juncture, we should attempt to identify and define the major issues comprehensively. Some of them will surely conflict with one another and require balancing worthwhile objectives against one another rather than a pure and ideal resolution. Piecemeal solutions are apt to create more difficulty and are unlikely to lead to consensus or an overall improvement in our structure or governance.

Inevitably, power issues, turf guarding, and narrow vision will be part of the ongoing process. I hope that in the end, mutual respect and collegiality will result in consensus. If so, we can reinvent our Association to be prepared to meet the challenges of the future.

Even while this important attention to our governance is taking place, the work of the Association must continue. In that spirit, I have appointed two other task forces. The Task Force on Training Analysis, chaired by Myrna Weiss, will review our appointment standards and procedures for TAs and suggest beneficial revisions consistent with BOPS' responsibility to ensure that every candidate have an analysis of depth and high quality. This group will specifically address the problem of potential candidates in analysis with non-TAs.

The Task Force on Recruitment will be chaired by Philip Herschenfeld. Many of our institutes note a trend toward applicants who seek training later in their careers and later in life. While we welcome such applicants, beginning psychoanalytic training earlier has many advantages. The recruitment task force will consider this matter.

I believe that all three task forces are forward-looking and will help to ensure the ongoing health of our Association.

Legal Work

Continued from page 7

SHRAGER FIGHTS MAGELLAN'S DEMANDS FOR RECORDS

Daniel Shrager is a psychiatrist in practice in Pittsburgh. He is on the panel of providers of Magellan, a large managed care company. Magellan demanded to see entire patient records, citing that Shrager was a "high volume provider" and that this triggered a "quality review." Shrager refused to turn over records in the absence of patient authorization and advised Magellan that he would comply if the company supplied him with a signed consent. Magellan responded by removing him from its panel and informing his patients of its action. Shrager obtained an injunction preventing his removal from the panel.

The fundamental principle being heard in court is whether an insurance company can use a blanket consent signed at the time of enrollment to

obtain unlimited access to patient records without specific authorization. Both Jim and Bob Pyles testified extensively as legal and clinical experts in this case. The case resulted in a resounding and precedent-setting victory for Shrager and the mental health profession.

LOWELL, MASS., RAPE CASE

In this case a young woman accused a man of raping her; she then received counseling at a rape counseling center. His lawyers attempted to subpoena her records from the mental health center, which refused. The judge, contrary to legal precedent, ordered the records to be turned over. The center has appealed directly to the Massachusetts Supreme Court, bypassing the Court of Appeals. The attorney in the case, Wendy Murphy, is a well-known women's rights activist and is in contact with Jim Pyles concerning whether an *amicus* brief might be helpful.

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Candidate Recruitment

Continued from page 1

The success of the Seattle Psychoanalytic Society and Institute (SPSI) in candidate recruitment has been fueled by hard work, energy, and a general belief in the efficacy of psychoanalysis. The institute has consistently been able to enlist between seven and nine new candidates in alternate years. A combination of factors seems to keep analysis exciting and relevant in this mid-size metropolitan community.

Establishing a community presence is one important factor. In 1989, SPSI became more democratically organized into a faculty-run entity with a board of directors at its head. The board now consists of analysts and community members. This gives the community greater exposure to the utility of psychoanalytically based treatment and understanding.

Underscoring this involvement are the volunteer efforts emanating from the institute.

Members and candidates regularly teach and consult with hospitals, internists, pediatricians, schools, churches, parent groups, and post-graduate professional

training programs. SPSI members are active in the Northwest Alliance for Psychoanalytic Study, a general analytic membership group in the Seattle area. Mental health practitioners from many specialties attend monthly meetings and a yearly conference where members of the local professional community present and discuss papers. The alliance also sponsors visiting lecturers, eminent in their field. Participating in this venue allows SPSI members to share their expertise and points of view and give them an opportunity to interact with the greater analytic community.

There is a less tangible factor. In SPSI there is optimism about the efficacy of analysis and its place as a preferred form of treatment and body of knowledge. This spirit seems to encourage potential candidates to see psychoanalysis as a necessary professional tool in treating emotional disorders. Candidates at SPSI have the cases they

need for graduation and immersion. Dynamic outreach efforts certainly contribute to case finding, but senior faculty members generate many cases for the institute and for the candidates in particular. Cases make analysis come alive; candidates see the positive result of analytic work with their own patients and those of their colleagues. They develop an analytic identity that is communicated to other professionals in the community.

In terms of actual recruitment, SPSI has relied on personal contact. In 1995, the director himself returned phone calls, inviting upwards of forty-five prospective candidates a year to learn more about the institute. The current director still returns many calls and meets with prospective applicants. Last year, the director and the Admissions Committee chair met with local psychiatry residents. Other faculty spread the enthusiasm for SPSI through their teaching and supervision work with psychiatry and psychology residents. These efforts set the tone for SPSI being approachable, interested, and accessible.

The success of the Seattle Psychoanalytic Society and Institute (SPSI) in candidate recruitment has been fueled by hard work, energy, and a general belief in the efficacy of psychoanalysis.

SPSI's excellent child psychoanalytic program brings many candidates to the institute; currently there are twelve child analytic candidates. At least thirteen child cases were being treated as of early this year. This is a stimulating and enthusiastic environment for fostering the development of a child analytic identity. Outreach on the part of both faculty and candidates helps to generate cases. Faculty referrals to clinical associates contribute greatly to candidate morale. Candidates seem to feel that good supervision has been the most crucial factor helping them keep cases in analysis. Grants from the Edith Buxbaum Foundation are available both to child and adult candidates and others in the community to support treatment of low-fee child analytic cases. Several SPSI child candidates have received these grants.

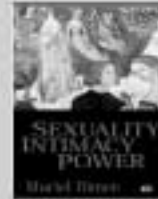
Continued on page 22

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SEPTEMBER 11

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Jane L. Rosenthal

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Candidate Recruitment

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SLIDING FEES AND REGIONAL CENTERS

Two pioneering measures to enhance candidate involvement made by the Washington, D.C., and Cincinnati institutes are noteworthy: the sliding fee scale for training analysis, and the establishment of regional centers as hubs for candidate recruitment.

The Washington Psychoanalytic Institute, a vital organization with a deep reach into the community, had reported a decrease over the past six years in the number of candidates applying for training. The most frequently heard problem among those attending the institute's recruitment open houses, especially among younger potential applicants who were just beginning to establish their practices, was the cost of

training. The Washington institute did not want these qualified younger applicants to forego psychoanalytic training because they couldn't afford the training analysis. After much discussion within the institute, the fee structure for training analysis was changed to make the total cost of analytic training more affordable. A sliding fee scale was established called the Adjusted Fee Procedure (AFP).

For the candidate, the AFP works like this. All applicants are informed of the AFP when they apply to the institute. Upon request, they are given the adjusted training analysis fee based on a formula that considers their financial circumstances, which has led to meaningful fee reductions. For the training analyst, the AFP is critical. The retention of TA status is mandated by the analyst's availability to take on one AFP analysis.

However, within the AFP arrangement, there is flexibility. Candidates choose their analyst from a list of TAs available, and TAs form their own evaluations whether to take on a particular patient. TAs can have more than one analysis within this AFP structure.


The implementation of the AFP has resulted in a significant increase in applicants. Without this change, it is unclear if the Washington institute would have had a class in 2001. Four admitted applicants applied for sliding fee scale payment. For 2003, three accepted applicants thus far have required the sliding fee scale for psychoanalysis.

While the new fee scale represents a significant financial sacrifice by the training analysts, the institute's education committee felt it to be a wise and necessary intervention.

Some time ago, the Cincinnati Psychoanalytic Institute established the innovative idea of becoming a regional psychoanalytic training center for five outlying cities (Louisville, Indianapolis, Dayton, Columbus, and Lexington) in which there was no organized psychoanalytic presence. Thus, potential candidates were drawn from a wide geographical circumference.

The institute has recently contemplated having the commuter candidates develop and implement outreach efforts in their own communities. This arrangement will not drain the energies of the main geographic center of Cincinnati; in fact, the idea of mini-hubs for recruitment might stimulate more interest in each of these participating communities. This innovative program can easily be replicated by institutes that draw candidates from their sprawling suburbs.

Some of these ideas are portable to other institutes. Some are not. All of them are stimulating and have the potential to open up new ways of looking at candidate recruitment. Each institute does not have to go it alone or reinvent the proverbial wheel. The COI is in a unique position to facilitate awareness of our common problems and of our constituent institutes' best practices and innovations in grappling with these challenges. For further information about these programs and ideas, please contact John Hall at johnhallmd@earthlink.net.

Future articles in TAP from the COI will address the topics of endowments, faculty development, and institute/society reorganization. 

Berkshires New Training Facility Open for Candidates

The Berkshire Psychoanalytic Institute (a new training facility of the American Psychoanalytic Association) is accepting applications from those wishing to begin psychoanalytic training this summer. Centered in Stockbridge, Mass., and holding its classes at the Austen Riggs Center, the new institute offers a full psychoanalytic curriculum, clinical supervision, and training analyses, approved by the Board on Professional Standards of APsaA. An academic scholars program is available. The institute has access to the center's extensive library and meeting facilities.

Brochures and applications for candidacy may be obtained by writing Rona Knight, Ph.D., Director of Admissions, P.O. Box 877, Stockbridge, MA 01262. Telephone inquiries may be directed to our executive secretary, Kathy Arment, at 413-298-5455. If you are unable to visit us in person, please visit our Web site at www.berkshire-psychoanalytic.org.

Analysts associated with the Austen Riggs Center have included a number of influential contributors, among them Erik Erikson, Robert P. Knight, Otto Will, Margaret Brenman-Gibson, Leslie Farber, David Rappaport, Merton Gill, and Roy Schaefer.

The Berkshire Psychoanalytic Institute is not the first psychoanalytic training facility to be established in relation to the Austen Riggs Center. In 1951, the Western New England Psychoanalytic Institute was established both in Stockbridge and in New Haven. The Western New England Psychoanalytic Institute eventually withdrew to New Haven, leaving the Berkshires without an institute of its own.

Today, the large and growing number of analytic clinicians is one of the resources of our geographic area, an area rich in natural beauty, New England charm, calming solitude, and first-class secondary and post-secondary educational institutions.

—Richard Gottlieb

Highlights of Boston Sites and Activities

Continued from page 13

PERFORMING ARTS

Search the local papers for concert listings and new plays.

BosTix. Booths at Faneuil Hall Marketplace and Copley Square. Half-price day-of-show tickets to arts and entertainment. Regular Ticketmaster as well. Tues.–Sat. 10:00 a.m.–6:00 p.m., Sun. 11:00 a.m.–4:00 p.m.

American Repertory Theater. Loeb Drama Center, 64 Brattle Street, Cambridge, 617-547-8300. *Shakespeare's Pericles*, directed by Andre Serban. *The Sound of a Voice*, music by Philip Glass, text by David Henry Hwang.

Boston Pops Orchestra. Symphony Hall, 301 Massachusetts Avenue, 617-266-2378.

Colonial Theatre. 106 Boyston Avenue, 617-426-9366. *The Producers*.

Regattabar. Charles Hotel, One Bennett Street, Cambridge, 617-864-1200. Jazz, Tues.–Sat.

Ryles Jazz Club. 212 Hampshire Street, Cambridge, 617-876-9330.

RESTAURANTS

Back Bay (just north of the Theater District where Boston Park Plaza is located)

- Biba—272 Boylston Street. 617-426-7878. Chef-owned. \$\$\$\$
- Pho Pasteur—123 Stuart Street (Tremont Street). 617-742-2436. Nourishing Vietnamese food. \$
- Tapeo—266 Newbury Street. 617-267-4799. Spanish Tapas and entrees. \$\$

Beacon Hill

- Beacon Hill Bistro—25 Charles Street, 617-723-1133. Neighborhood bistro with French cuisine. \$\$
- Lala Rokh—97 Mt. Vernon Street, 617-720-5511. Persian cuisine in a sophisticated setting. \$\$\$
- No. 9 Park—9 Park Street, 617-742-9991. Chef-owned with low-key elegance and New American cuisine. \$\$\$\$

Faneuil Hall Marketplace (in the center of the market district, near City Hall)

- The Bay Tower—60 State Street, 33rd floor. 617-723-1666. Spectacular views of the marketplace and waterfront with New American cuisine. \$\$\$\$
- Durgin Park Restaurant—340 Faneuil Hall Marketplace. 617-227-0150. Century old market restaurant with Old New England food served family style. \$\$
- Union Oyster House—41 Union Street, 617-227-2750. Oysters and beer, classic New England fare since 1826. \$\$

Waterfront

- Intrigue Cafe—Boston Harbor Hotel, 70 Rowes Wharf. Beautiful view with New American cuisine. \$\$
- No Name—15 Fish Pier, 617-338-7539. Waterfront seafood shack with fresh, mostly fried, fish. \$
- Rowes Wharf Restaurant—617-439-3995. Innovative contemporary cuisine with panoramic view. \$\$\$\$

North End

- Assagio—29 Prince Street, 617-227-7380. Cozy Italian restaurant with well-prepared fare. \$\$
- Bricco—241 Hanover Street, 617-248-6800. Regional Italian with imaginative menu. \$\$\$
- Sage's—69 Prince Street, 617-248-8814. Tiny charming restaurant with Northern Italian–New American cuisine. \$\$\$

Chinatown

- East Ocean City—25 Beach Street, 617-542-504. Good Hong Kong–style cooking with fresh fish. \$\$
- Grand Chau Chow—41-45 Beach Street, 617-292-5166. A Chinatown classic with fresh seafood. \$
- New Shanghai—21 Hudson Street, 617-338-6688. White tablecloths and classic Chinese food in chef-owned place. \$\$

New Award for Research Paper

The Joint Committee on Scientific Activities has approved a new award, to be given annually, for the best published psychoanalytic research paper. The award will consist of a citation and a \$500 cash prize.

All papers by North American authors (whether or not they are members of the American Psychoanalytic Association)

that were published or accepted for publication by a peer-reviewed journal after January 1, 2001, are eligible for consideration. The judges will review the major psychoanalytic journals to identify papers for consideration, but applicants are invited to submit any paper accepted for publication or published elsewhere.

The deadline for submissions is October 1, 2003. Five copies of the paper and a cover letter should be sent to

Robert Michels, M.D.

Chair, Subcommittee on

Science Paper Prizes

418 East 71st Street, Suite 41

New York, NY 10021

Calendar

Upcoming Meetings

APSAA 92ND ANNUAL MEETING

Boston, Mass., June 18–22, 2003

For information:

Telephone 212-752-0450

E-mail deder@apsa.org

SEVENTH ANNUAL MEETING

Aspen Child and Adolescent Institute

Aspen, Colo., June 27–29, 2003

For information:

Telephone 970-923-0600

E-mail jkarasic@attbi.com

WORKING AT THE FRONTIERS

Annual Congress, International
Psychoanalytical Association

Toronto, Canada, July 29–August 2, 2003

Web site <http://www.ipa.org.uk>

RECONCILIATION, REFORM AND RECOVERY: CREATING A FUTURE FOR PSYCHOLOGICAL TREATMENTS IN PSYCHOSIS

14th International Symposium for the
Psychological Treatment of Schizophrenia
and Other Psychoses

Melbourne, Australia,
September 22–25, 2003

For information:

Telephone +61 3 9521 8881

E-mail isps@conferencestrategy.com.au

Web site

<http://www.conferencestrategy.com.au>

PSYCHOANALYSIS AND THE HUMAN BODY: BEYOND THE MIND-BODY DUALISM

6th Delphi International
Psychoanalytic Symposium

Delphi, Greece,

October 27–31, 2004

For information:

E-mail Delphi@med.upatras.gr

APSAA

m e m b e r s h i p

Mid-Career Analysts

Zoe Grusky and Leon Hoffman

Why do some analysts drop out of the American Psychoanalytic Association in the first year after graduation? Is there a lack of opportunity for recent graduates to find a voice of their own at the meetings? The Membership Committee has decided to try to provide a better niche for recent graduates through the development of a "Special Program for Mid-Career Analysts."

The committee is addressing the common perception that the overall process of becoming an analyst, though it never ceases to be interesting, can also sometimes feel overly infantilizing. The average age of graduation is forty-nine, but most recent graduates are seasoned clinicians, simply by virtue of their many decades of practice. Nevertheless, the concept of being a "recent grad" stirs up feelings of being perceived as "green," memories of prom night, and the beginning—not the middle—of the life cycle. The committee therefore proposes the term "mid-career analysts" to address the substantial but often untapped cumulative knowledge of the newly graduated analyst in the middle of his or her clinical career.

This column, describing the benefits of membership in APsAA, will appear from time to time. For a full list of benefits, see <http://www.apsa.org> and click on "Member Benefits." Zoe Grusky is chair of APsAA's Committee on Membership.

The Membership Committee wonders if perhaps many people in this position are not sure that they really "belong to the club." Given the human tendency to question if we are wanted, if we are smart enough, if we belong, if we are in the elite, it may be that many mid-career analysts view APsAA meetings as if they are on the outside rather than on the inside. Many analysts at this phase of their career may need a preliminary place to discuss their views and their questions. In fact, many analysts may feel that they don't "know the secrets" that lead to appointments to committees, invitations to discuss papers or be on panels, the road to certification and training analyst appointment, and all the many concrete steps that lead to active membership.

The Special Program for Mid-Career Analysts hopes to address these gaps, starting this spring in Boston. We will continue to meet twice a year in order to discuss the nuts and bolts of joining committees, presenting papers, and so forth. Analysts will be encouraged to present papers that are still works in progress so as to have an opportunity to practice sharing new ideas and joining in on contemporary psychoanalytic debates. Multiple theoretical perspectives and innovative ideas will be encouraged. See your meeting program for dates and times.



Finding Practice Bulletins on the Web

Because of the difficulty some members have had in locating the practice bulletins at <http://www.apsa.org>, the bulletins now have their own button on the menu bar on the left hand side of the following page: <http://www.apsa-co.org/ctf/pubinfo/>.

The practice bulletins are a series that began in the mid-1990s. They provide practitioners with the Association's official position on such topics as informed consent, records, and interacting with third parties. (See TAP 36/4 for a description of the existing bulletins.)

They can also be accessed at their own page via http://www.apsa-co.org/ctf/pubinfo/practice_bulletins.html.

Psychoanalysis and APsaA at the AAAS

Dottie Jeffries

Nature and nurture and the reliabilities and limitations of memory were the subjects of the symposia developed by APsaA's two liaisons to the American Association for the Advancement of Science (AAAS), Regina Pally and Philip S. Holzman, as part of the scientific program of the AAAS's annual meeting held in Denver this past February. Pally is liaison to the Neuroscience Section of the AAAS, and Holzman has served as liaison to the AAAS's Psychology Section. He is currently director of the Psychology Research Laboratory at the Mailman Research Center, McLean Hospital, Harvard University.

the world's largest general scientific society and publisher of the renowned magazine *Science*.

"The presence of psychoanalysts and the psychoanalytic perspective at a meeting of the AAAS lends credibility to the entire field. Our participation is a major step in the direction of avoiding the current trend within science to marginalize psychoanalysis," remarked APsaA member Glen Gabbard, who was a presenter at Regina Pally's symposium, "How 'Nature and Nurture' Impact Child Development."

This symposium presented research showing that genes and environment interact in a synergistic way to influence how a child develops psy-

chologically and biologically. Two of the presenters, A. Champagne of McGill University and Stephen Suomi of NIH, focused on animal and human studies that indicate genetic factors predispose offspring to develop such "psychological" traits as shyness, fearfulness, aggressiveness, and impulsiveness. The presenters illustrated how specific neurobiologic substrates (e.g. receptors and mRNA levels) correlate with these traits.

Pally's goal in developing this symposium was to present a more balanced approach to the "nature-nurture" controversy. How a child is raised may ameliorate genetic vulnerabilities or exacerbate them. Psychotherapy may also help ameliorate genetically derived psychological vulnerabilities.

The presentations moved from nurturing in rats (Champagne, doctoral fellow at McGill's Douglas Hospital Research Center: "Good vs. Bad Maternal Care: How Mothering Can Influence Gene Expression") to rhesus monkeys (Suomi, chief, Laboratory of Comparative Ethology, National Institute of Child Health Development: "How Gene-Environment Interactions Shape Social and Emotional Functioning in Rhesus Monkeys") and then on to human babies (D. Jeffrey



A rhesus monkey mother holds her week-old infant in a display of normal mother-infant bonds (or attachment).

Newport, assistant professor of psychiatry and behavioral sciences, Emory University School of Medicine: "Maternal Depression: A Child's First Adverse Life Event") and concluded with the adult human (Glen Gabbard, professor of psychiatry, Baylor College of Medicine, Training and Supervising Analyst, Houston/Galveston Psychoanalytic Institute: "The Impact of Psychotherapy on the Brain").

ASPECTS OF MEMORY

Holzman, along with Stephanie Bird, special assistant to the vice president for research at the Massachusetts Institute of Technology, organized a symposium focused on aspects of memory, "Remembering Traumatic Experiences in Childhood: Reliability and Limitations of Memory." Recent research findings in neuroscience and psychology provide experimental evidence that memory is more fluid and malleable than was once thought and offer explanations for how memories, emotions, and motivation play roles in everyday encounters.

Using behavioral, imaging, and psychophysical methods, researchers have shown that adults can be influenced to remember events falsely and are susceptible to memory illusions, thus calling into question the reliability of eyewitness testimony.

Continued on page 26



Photo: Harlow Primate Laboratory, University of Wisconsin-Madison

From Stephen Suomi's presentation: In the absence of a mother, peer-reared infants (like these three-month-old rhesus monkeys) form intense attachment bonds with one another that inhibit subsequent socioemotional and biobehavioral development.

The AAAS symposia provide an exciting opportunity to see psychoanalysts in dialogue with researchers and academics outside their immediate field. The AAAS annual meeting attracts a diverse audience from all scientific disciplines and from the industrial, academic, non-profit, and policy communities. More than 300 journalists cover the meeting. Since 1948, APsaA has been an affiliate of the AAAS ("Triple A-S").

Dottie Jeffries is public affairs director for the American Psychoanalytic Association and can be reached at djeffries@apsa.org. She thanks the Denver Psychoanalytic Society's administrator, Linda Borden, for contacting members of the society about the AAAS meeting.



Upcoming Symposia

On Psychoanalysis

Discussion of Case Presentation..... June 16 - July 11, 2003

On Marriage and Family Therapy

How Do We Decide Whom to Include in Family Therapy..... June 2 - 30, 2003

Upcoming Seminars

How to Get Referrals: Strategic Marketing May 12 - June 20, 2003

Legal and Ethical Issues June 16 - July 7, 2003

Introduction to Dialectical Behavior Therapy..... Dates to be announced

Upcoming Conferences

Affect Regulation, Mentalization and the Development of the Self

Based on the book by Peter Fonagy, et al..... Dates to be announced

Relational Child Therapy

Based on the book by Neil Altman, et al..... Dates to be announced

To be notified about registration to these conferences, please send an email to psybc@psybc.com

Library of Accredited Papers

For more information,
and to register go to

**www.
PsyBC
.com**

*APsaA is proud to
recommend PsyBC to our
members for quality online
distance education*

APsaA at the AAAS


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The use of young children as witnesses within the court system is especially problematic not only because, like adults, their memories are vulnerable to emotional influences, but also because the anatomical substrates of memory are still developing, their powers of visualization and imagination are robust, and their sense of logic and causality are still immature.

The memory symposium discussed recent findings from the cellular to the systems level and described the current state of memory research. The discussion covered a survey of the many natural errors of memory, brain imaging studies of recall processes, the developmental changes between early childhood (before the age of three) and adulthood that result in the capacity to encode long-term memories, the role of trauma and conflict in recall, and the extent to which individual human memory can be used as an objective measure of events. This symposium also considered the courtroom experiences of expert witnesses in trials that involve recall of events that occurred many years ago.

The presenters included Daniel Schacter, Michelle Leichtman, and Richard McNally, all of Harvard's Department of Psychology. Schacter, a former APsaA fellow, discussed "Neuroscience Research Findings Regarding Memory". Leichtman's presentation was on "Memory in Children," and McNally's on "Remembering Trauma." Joel Weinberger of Adelphi University's Derner Institute, presented on "Conscious and Unconscious Elements in Remembering", and Elizabeth Loftus of the University of New Hampshire's Department of Psychology on "Eyewitness Testimony of Childhood Trauma." The symposium's discussants were Holzman and Melanie L. Leitner, an AAAS congressional scholar.

Working with and within the AAAS meeting led to valuable exposure for APsaA and for psychoanalysis. Stories on the analytically oriented symposia were reported in *CNN Headline News* and the *Denver Post*. APsaA established new press relationships at AAAS with reporters at the *Los Angeles Times* and *Business Week*, among others.

"It was very exciting to be a part of such a large collection of thoughtful and informed scientists," commented Denver APsaA member Rhoda Singer, who attended both AAAS symposia. 

David Beres, M.D., 1903–2003

David Beres died at the age of ninety-nine in February 2003. He would have been 100 on April 1, 2003. He was president of the American Psychoanalytic Association in 1963. He also served as secretary of the Association from 1959 to 1960. As teacher, author, and clinician, he was an outstanding figure in the field of psychoanalysis from the time of his graduation from the New York Psychoanalytic Institute in 1946 till his retirement in 1980.

During that time he wrote more than thirty psychoanalytic articles, all of them significant contributions to the field. The two that are best remembered and most often cited today are one on structure and function in psychoanalytic theory, which was published in the *International Journal of Psycho-Analysis* in 1965, and one on empathy that appeared in *Psychoanalytic Quarterly* in 1974, which he co-authored with J.A. Arlow.

Beres was a training and supervising analyst at the New York Psychoanalytic Institute during most of his professional career and a highly regarded teacher in its curriculum. He served a term as president of the New York Psychoanalytic Society and gave both the Brill and Freud lectures there.



David Beres

He came late to the field of psychoanalysis, having been a pediatrician in Westchester for ten years before beginning his psychiatric and, later, his analytic education. He brought to the latter a mature, cultivated, and brilliant mind, both scholarly and independent in its judgments. It was always a pleasure to listen to him and to learn from him. He was fortunate in being well-rounded as well as devoted to the profession he had chosen. He loved the out-of-doors: He hiked, fished, sailed, cycled, and skied well into his eighties. He was a lover of books and of reading, an interest that sparked a number of his psychoanalytic articles. His knowledge of Coleridge's life and works was outstanding, though he wrote also about Proust, Melville, and others.

Shakespeare wrote of Brutus that the elements were so mixed in him that Nature might stand and say to all the world, "This was a man!" David Beres was such a man—a staunch friend and an admirable human being. It is a privilege to have known him and to have been his friend for nearly sixty years. He is survived by his son, Paul Beres. His wife and other son died before his own long and fruitful life came to an end.

—Charles Brenner

T E C H n o t e s

Open Office

Paul Mosher


In the last "Tech Notes" I described the open source software movement and explained how open source software offers an alternative to the costly proprietary products we would otherwise all have to use to maximize the value of our computers.

For those of us who write, an essential piece of software is a word processor: a program for entering and formatting text. Although many of us

"TechNotes" runs in each issue of TAP, with the aim of educating us about aspects of technology and communications relevant to our work.

still use WordPerfect, most computer users now have become accustomed to using Microsoft Word, which is a component of the costly Microsoft Office package. As Microsoft has been updating that package, it has gradually been building in restrictions on its use. Some of these restrictions tie the latest versions to specific versions of Windows, forcing those who want to be able to open files from recent versions to upgrade not only their Office package but also their version of Windows and possibly even to buy a whole new computer. In addition, Microsoft has begun to require registration of each installation of the operating system and Office package.

This means that use on multiple computers now (or soon will) require the purchase of multiple version of the software.

Partly in response to these changes in the marketing of Word, the open source community has created a monumental software package that can replace Microsoft Office called Open Office. Open Office, which is completely free, contains replacements for Word, Excel, PowerPoint, and Paint. Open Office has most of the useful features of Microsoft Office and reads and writes Word-compatible files. You can download and try the entire Open Office package at no charge at <http://openoffice.org>. 

Editors Convene at the Waldorf

Joseph Reppen

The sixth annual meeting of the Council of Editors of Psychoanalytic Journals took place during the 2003 Winter Meeting of the American Psychoanalytic Association. The council, which has been thriving and growing since its inception, is an important venue for discussing matters relevant to the editing of psychoanalytic journals. Founded and chaired by Joseph Reppen, the council now numbers seventy-one members who edit the major psychoanalytic journals worldwide.



Joseph Reppen

Joseph Reppen, Ph.D., is the editor of *Psychoanalytic Psychology: The Journal of the Division of Psychoanalysis*, American Psychological Association, and a member of APsA's Public Information Committee. He wrote the biographies of prominent analysts that appear in the *Psychoanalytic Timeline* on APsA's public information Web page.

Members' publications include journals from the United States, Canada, Great Britain, France, Germany, Italy, Spain, Russia, Denmark, Sweden, Norway, Israel, South Africa, India, Japan, Argentina, Brazil, Chile, and Uruguay. A broad ideological spectrum is in evidence, with contemporary Freudian, Kleinian, Adlerian, Horneyan, and Jungian journals represented. There are journals whose primary emphasis is infant, child, and adolescent psychoanalysis; gender issues; relational, intersubjective, and interpersonal psychoanalysis; group analysis; psychohistory and the history of psychoanalysis; and the application of psychoanalysis

to literature and the arts. The newest member is Moshe Halevi Spero, editor of *Israel Psychoanalytic Journal*.

Discussions over the past few meetings have included the important subject of privacy and confidentiality. Additionally, the editors have discussed electronic publishing, subscription and mailing lists, Web sites, rejection rates, the PEP CD-ROM, exchange advertising, and the problems of the peer review process. At the most recent meeting, members noted the relative absence of psychoanalysis in introductory psychology texts, acknowledging that often information for college students about psychoanalysis comes from English departments rather than psychology departments.


Plans are under way for a meeting in Toronto during the International Psychoanalytical Association congress. This would make it easier for editors from overseas to attend the council meeting since they will be there for the IPA congress. Questions about the Council of Editors of Psychoanalytic Journals should be addressed to Joseph Reppen, 211 East 70th Street, New York, NY 10021 or jreppen@datagram.com. 



Photo: Mervin Stewart

The Committee on Foundations held its eleventh annual meeting in Pittsburgh in April. Attendees heard about successful fundraising efforts on behalf of psychoanalysis. Back row, from left: Mel Bornstein, John Head, Sandy Kryder, Betsy Horton, Sandy Schaaf, Dottie Jeffries. Middle: Audrey Bornstein, Lynne Moritz, Linda Dann, Bob Berry, Stuart Hirsch, Colleen Carney, Susan Harte. Front: Sandy Walker, Ellen Fertig, Selma Duckler, Mark Smaller, Betsey Kamm.

a guide

for the

PERPLEXED READER

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

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

APsaA, The American Psychoanalytic Association. A national psychoanalytic organization of more than 3,300 analyst members, founded in 1911. Its component organizations are forty-two psychoanalytic societies, three study groups, and twenty-nine psychoanalytic training institutes.

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

CGRI, the Committee on Government Relations and Insurance. A committee of the Council which deals with political issues on both national and local levels and analytic malpractice insurance.

Committees. Council committees are created by and report to the Executive Council. Board committees are created by and report to the Board. In addition, there are joint committees of Board and Council. These committees are created by and report to both Board and Council to deal with overlapping responsibilities of the two bodies. Ad Hoc committees serve at the pleasure of the president, chair of the Board, or both.

COPE, the Committee on Psychoanalytic Education. A committee of BOPS that serves as a think tank on issues of psychoanalytic education.

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

Divisions. The approximately 55 Council and Joint Council-Board Committees have been organized into six divisions: governance, psychoanalytic science, societal issues, communications, professional outreach and psychoanalytic practice. Each Division is headed by a Division Coordinator who assists chairs of committees with budgeting, program planning, manpower needs, and communication. Division Chairs report to the President and meet with the Executive Committee as part of the Steering Committee.

Executive Committee. The leadership of the APsaA that oversees the many activities of the organization as specified by the by-laws. The committee comprises the president, the president-elect, the secretary, the treasurer, the chair of the Board, and the secretary of the Board. The Science Advisor to the Council serves as a nonvoting member.

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

JAPA, the Journal, Journal of the American Psychoanalytic Association. The official scientific journal of the APsaA, published quarterly.

Members' List, Openline, Brainstorming Line. Three internet listerves that members use to share views and information.

Midwinter Meeting, January Meeting; Annual Meeting, Spring Meeting, June Meeting. The APsaA holds national meetings twice a year. In addition to the extensive scientific program, the Council, the Board, and the Affiliate Council meet. The Midwinter Meeting, also sometimes called the January meeting, is usually held in New York City. The Annual Meeting, also called the spring meeting or the June meeting, is held in various locations, usually in conjunction with the meeting of the American Psychiatric Association. An official meeting of members occurs at each of the two meetings.

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

www.apsa.org. url for the webpage of the American Psychoanalytic Association.

OTHER ORGANIZATIONS AND TERMS

APA, either the American Psychiatric Association or the American Psychological Association. These are major national organizations of psychiatrists and psychologists, respectively.

CPR, the Coalition for Patient Rights. A political advocacy group allied with the APsaA to preserve and improve conditions necessary for the practice of psychoanalysis.

Credentialing, accrediting, certifying. The two types of credentialing are accreditation of psychoanalytic institutes and certification of graduates of psychoanalytic institutes.

Division 39, Section I. The Division of Psychoanalysis (39) is a component of the American Psychological Association. It consists of more than 3,000 members who have an interest in psychoanalysis. Section I is a component of Division 39 whose members have had training in psychoanalysis.

IPA, International Psychoanalytical Association, the International. A worldwide psychoanalytic organization founded by Freud in 1910. The APsaA is the only regional association of the IPA.

IPS, the Confederation of Independent Psychoanalytic Societies. An organization of three U.S. psychoanalytic institutes that are component societies of the IPA: the Institute for Psychoanalytic Training and Research (IPTAR), the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS), and the Psychoanalytic Center of California.

NMCOP, The National Membership Committee on Psychoanalysis in Clinical Social Work. A national organization representing 500 clinical social workers who are psychoanalysts or psychoanalytic psychotherapists.

The Consortium, the Psychoanalytic Consortium. An organization comprising the American Psychoanalytic Association, the Division of Psychoanalysis (39) of the American Psychological Association, the National Membership Committee on Psychoanalysis in Clinical Social Work, and the American Academy of Psychoanalysis. The Consortium was formed in 1991 and works on political and ethical issues and creating an external accrediting body.

S H R I N K w a t c h

The Analyst, Dead or Alive

I found a paperback novel called *The Analyst* by Jonathan Katzenbach on the table in the front of my local Border's book store, where they put the mass market novels people buy for pure escape reading on the beach or on an airplane. Surprise, it's actually about an analyst. It's a horrific thriller in which a Manhattan analyst named Ricky Starks is threatened by an anonymous psychopath who calls himself Rumplestilskin. Rumplestilskin is apparently seeking the cruelest sort of revenge he can devise against the analyst, for a transgression Ricky can't guess. The evil psychopath has set up a complex mind game the analyst has to pursue to save himself. The "game" consumes Ricky's regular August vacation (and ultimately life as he knows it), alienates his colleagues, and devastates and estranges his patients.

Ricky's an authentic, APsaA-trained (one assumes) Manhattan analyst, a member of the "New York Psychoanalytic Society, an organization that he was a longtime member of, but had had precious little to do with over the years." He owns a vacation home in Wellfleet, and his office borders Central Park. Obviously it's no accident he's called Dr. Starks. A widower, he lives alone in a tiny apartment behind his office on the upper east side of Manhattan. He has little involvement with his colleagues, no friends, no family connections. His life is gray, predictable, and tedious. In the opening of the book he describes his day's work as listening to his patients rail about every variety



Photo: Random House

Novelist John Katzenbach, author of the thriller *The Analyst*.

of "grist for the mill," all are portrayed clearly. Yet overall the portrayal is deadly—who would ever want to enter into such a world, either as patient or practitioner?

For a while I wasn't sure I could finish the

book, even for the lofty purpose of this bit of TAP entertainment. The protagonist was just too depressing. But gradually he, as well as the interesting psychopath that is his nemesis, engaged me.

Mercifully, this book does not try to portray analytic work *per se*. The analyst has had his last session by the time we enter the story. So as analyst readers we don't get that cranky pleasure of thinking "I would never have said that." Rather, the book is a psychological thriller about the mental world of the analyst himself. To survive, and possibly to defeat his psychopathic antagonist, he has to grapple with such professional/personal dilemmas as engagement vs. disengagement, participating vs. observing, passivity vs. activity, mentality vs. physicality. It is not too common an experience to see our traits and predilections turned into a thriller.

It's a horrific thriller in which a Manhattan analyst named Ricky Starks is threatened by an anonymous psychopath who calls himself Rumplestilskin.

of horrible mother. He finds himself waiting for the inevitable moment when they discover it is themselves they loathe and a cure can begin.

The portrayal of analysis in the novel is often detailed and accurate—the intensity and privacy of the relationship, the centrality of transference, the importance of understanding, the depiction of the "talking cure". Analytic neutrality, the concept

The author is clearly no stranger to the world of psychoanalysis, and not just from a patient's perspective, or he did his homework well. The relationship between an analyst and his society, ethical charges, the training analyst relationship, the populations able to receive analytic care—all are seriously taken up by the book in ways that are intrinsic to the plot. This author seems to know us intimately.

How do we come off in this particular public view of our profession? It's a rather complex picture. On the one hand, the analyst (anti)hero is a dreary guy with a gray life and a limited view of the human world, at least at first. On the other hand, he shows a tremendous capacity for growth, mental depth, and flexibility, and a comfort with human complexities not easily come by. In the end, one admires him, and I'm not sorry to call him a colleague. If he were real that is.

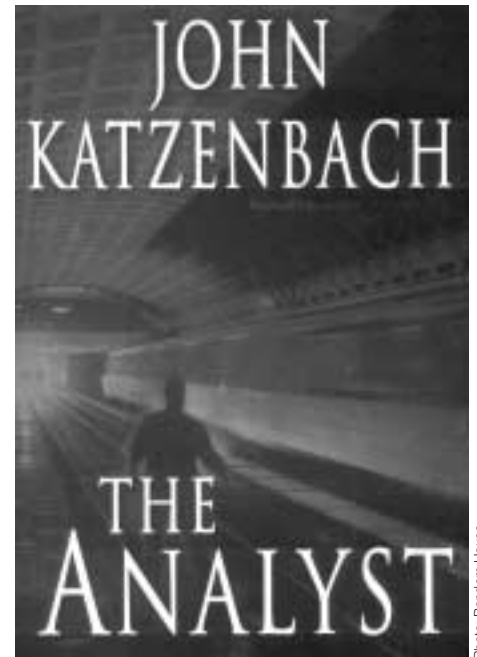


Photo: Random House

The jacket of John Katzenbach's novel *The Analyst*.

Toward the end, the transformed hero thinks this:

One of the tenets of psychoanalysis is that even though the sessions draw to a close, and the daily therapy finally finishes, the process never is completed. What the therapy brings, at its best, is a new way of looking at who one is, and allowing that new definition of one's life to influence the decisions and choices that come with the future. At best, then, those moments are not crippled by the events of the past, and the selections made are oddly relieved of the debts everyone owes to their upbringing.

Not bad.

—Prudy Gourguechon



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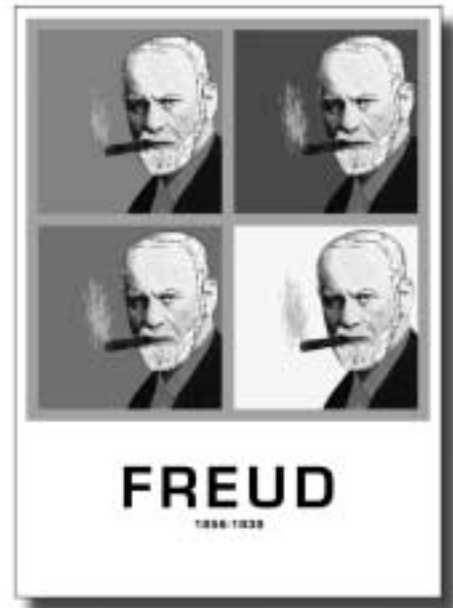
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