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New Orleans Center Carries On After Katrina

Michael Slevin

Hurricane Katrina hit New Orleans and the Gulf Coast with a powerful force at the end of August 2005. Levees were breached, flooding large areas of New Orleans. Most residents able to evacuate the city did so.

Three months later (as *TAP* goes to press), the New Orleans Psychoanalytic Center is still disrupted. The building sustained little damage and its first floor library and administrative office are intact. But its members have been scattered. They took up temporary residence with family and friends throughout the state of Louisiana and in locations as far apart as Maine and Oregon, Wisconsin, North Carolina, Tennessee and Florida. A number migrated first to Houston, Texas. Families have placed their children in new schools and will not be returning to New Orleans until school breaks in January or May. Three displaced analysts have been hired by the psychiatry department of the University of Alabama in Birmingham Medical School.

Patients have also dispersed. The abrupt cessation of contact has been very difficult, Lee Ascherman, a Birmingham analyst affiliated with the New Orleans Institute, notes. In the initial weeks, cell phones and e-mail were down. Most analysts have been able to find most patients, he says, but it has been a long process. According to Randolph Harper, president of the center, no analysts are working full time. At best, analysts have resumed only 40 to 60 percent of their previous caseloads.

Many, New Orleans analyst Elsa Pool adds, are in places where they cannot work at all. While Harper is back in New Orleans, in October Pool was seeing analytic patients four days a week in Baton Rouge and three days a week in New Orleans. Her husband, Douglas Pool, works during the week in a hospital in Gulfport, Mississippi, and on weekends sees patients in New Orleans.

The center has suffered a loss of its recent momentum. A "self-examination and change process" begun after the last site visit about four years ago, Harper reports, resulted in the dissolution of the separate institute and society and creation of a psychoanalytic center (*TAP* 38/4). The new center was established in an attempt to create a community of clinicians, scholars, and lay people who share an interest in psychoanalysis. There was only one class of members, all of whom were equally enfranchised. This, according to Harper, expanded and revitalized membership.

The first board, comprising analysts, psychotherapists and lay people, met through the summer, right up to the week of Katrina, involving most of the full membership in various aspects of the work to come. With this "energy we didn't have before," Harper says, a rich and enticing schedule of training and outreach programs was planned.

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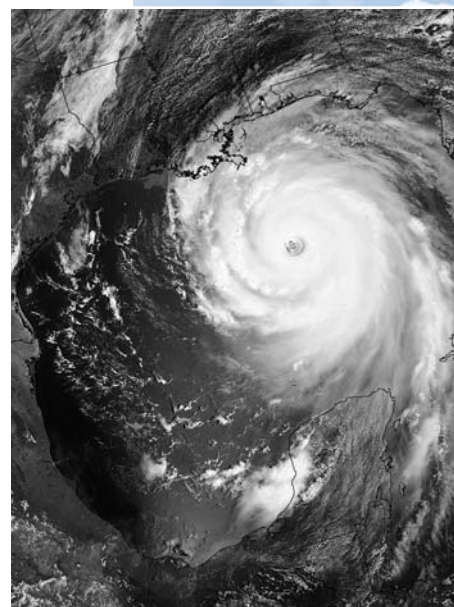


Photo: NASA/Jeff Schmatz, MODIS Land Rapid Response Team

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Keeping Our Eye on the Ball

Jon Meyer

We are almost through another political season. Having been immersed in politics for the last decade, I know the processes intimately and feel proud to be involved. However, if some feel turned off because politics is less to their taste, I would just ask them not to drop out. At the end of the season, we need to come together to deal with the psychoanalytic environment's unfavorable climate report.

We take that climate report seriously and are doing a lot to move psychoanalysis forward. In the advocacy priority, we have the Oxford agreement putting ethics into business operations; the RICO settlements making managed care answer for predatory practices; the proposed Ethics Based Medicine Act of 2005, defending privacy in the tradition of Hippocrates and asking Congress to join with us; and the HIPAA suit in the United States Court of Appeals for the Third Circuit raising constitutional issues about medical privacy.

In the education priority, we have the Ticho Memorial Lecture, the first foundation supported lecture in the Association's history; planning for a 21st century scientific program; the exploration of "no-strings" pharmaceutical support for our scientific program; and the BOPS efforts to further improve the reliability and validity of certification in the service of continuing education and career development.

As important as these efforts are, we have much more to do. For example, we have an excellent national lobbying campaign, but we need a state effort. As developments in New York, New Jersey, and Vermont demonstrate, the very definition of psychoanalysis is dependent on state coalitions, lobbying, and political action. We have had our successes—Connecticut, Pennsylvania, and California—and we are getting smarter; but we are not out of the woods. We are working at outreach, but we are always at a disadvantage because of a pervasive belief, even among those who should know better, that psychoanalysis is passé and inconsequential, if not frankly dead. We have

Jon Meyer, M.D., is president of the American Psychoanalytic Association.

yet to mount a national advertising campaign that says otherwise. There is consensus about the importance of using media outlets to say we are alive and well, but we don't have the fundraising, public relations, and business resources to mount a successful campaign.



Jon Meyer

FACING FACTS

Our situation can be summarized in three simple facts.

Fact 1: Our challenges expand like ripples from the common belief that psychoanalysis is dead.

Fact 2: To be effective, we must be smart in choosing actions and interventions.

Fact 3: Effectiveness is dependent upon having necessary skills and resources at our fingertips.

I don't think there is any doubt about those facts: Our challenges are vast, we have to be smart to meet them, and, to be smart, we need more specialized help. This is where the rubber meets the road and our two strategic initiatives come together. Stated simply and directly, being smart is strategic planning; getting more of the right kind of help is reorganization. Strategic planning has developed our priorities and brought us face to face with long-range planning, tough choices, and the critical need for help. To get that help, we need to reorganize, and not just in a token manner. As I have said before, the

changes we need have a lot more to do with organizational effectiveness than with not-for-profit corporation law. At the heart of those facilitative changes are the board of directors' functions. In modern corporate structure, the board of directors gives you the needed financial, fundraising, public relations, lobbying, legal, and business skills. If we think of our Association as a family, then it is time to welcome new, experienced, and talented members to the family.

21ST CENTURY BOARD OF DIRECTORS

We can be proud that our current governance has gotten us to this critical juncture, but our present governance only made sense when we were smaller and internally preoccupied, with no competition or challenges—scarcely the current circumstance. Now, our board of directors is the Executive Council with 58 councilors, largely chosen by and representing societies. I have been part of that body since 1993 and it has been my home within a home. I have grown up in the Council, recognize that it has carried us a long way, and speak of it with pride and respect. It is an institution that has laurels to rest on, not the least of which is that it had the wisdom to begin a reorganization process. I believe the

If we think of our Association as a family,
then it is time to welcome new, experienced,
and talented members to the family.

Council, along with our members, will have the wisdom to see it through.

There will be many debates and different views, but I don't think we can get around what might be called "fact number four": Our difficult environment requires a smaller, streamlined, and yet democratic board of directors, elected directly by the members and responsible to the membership, with minority seats for essential extra-analytic talents and experience. To put it from a slightly different perspective, we need a board of directors that can raise money as well as oversee its expenditure.

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Eye on the Ball

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These ideas move us away from the usual and familiar, but if we are to thrive and not just survive, we must think outside the box. We have come a long way but we can't go the rest of the way without help from outside of psychoanalysis.

All this is not easy for anyone. In fact, the Council is asked to have extraordinary wisdom and take the difficult step of considering its own future, looking beyond itself to the years ahead. I believe the Council is up to the task. As members, we have the final vote and I believe we are up to the task.

We all need to discuss and understand the implications of a thorough reorganization. In New York, there will be time set aside for you to meet with the Executive Committee, the Steering Committee, and me so we can talk about these far-reaching changes. We have a lot of discussion ahead of us and I look forward to seeing you.



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Call for Submissions

The Committee on Research and Special Training (CORST)

announces the

2006 CORST Essay Prize in Psychoanalysis and Culture

*for essays on psychoanalytically informed research
in the biobehavioral sciences, social sciences, arts and humanities.*

The essay should be no more than 30 pages in length
and should neither have been published nor submitted for publication.

The CORST Essay Prize is open to anyone regardless of institutional status or affiliation.

The winning essay will be presented at APsA's Winter 2007 Meeting and will be reviewed for publication by the Journal of the American Psychoanalytic Association (JAPA). The winner will receive a \$1,000 prize.

Entries are due September 1, 2006.

Please e-mail your submission to: vcamden@kent.edu and djeffries@apsa.org

For more information, contact Vera J. Camden, Ph.D., Chair, CORST Essay Prize, 216-407-7931

<http://www.apsa.org/ctf/corst/announce.htm>

Psychoanalysis in the University

Beth J. Seelig and Eric J. Nuetzel

In 1919 in "On the Teaching of Psycho-Analysis in Universities," Freud wrote:

In the investigation of mental processes and intellectual functions, psychoanalysis pursues a specific method of its own. The application of this method is by no means confined to the field of psychological disorders, but extends also to the solution of problems in art, philosophy, and religion. In this direction it has already yielded several new points of view and thrown valuable light on such subjects as the history of literature, on mythology, on the history of civilizations, and on the philosophy of religion. Thus the general psychoanalytic course should be thrown open to the students of these branches of learning as well. The fertilizing effects of psychoanalytic thought on these other disciplines would certainly contribute greatly towards forging a closer link, in the sense of a *universitas literaturum*, between medical science and the branches of learning which lie within the sphere of philosophy and the arts.

Freud's vision is essential to bear in mind as our profession evolves. We live at a pivotal moment, a time of great opportunity and great challenge. Some of our members have full practices and some struggle. Some are engaged in teaching in institutes and in other academic settings, while others worry that psychoanalysis may be dying.

There is no doubt that our profession is being challenged. Freud's notion of a *universitas literaturum* provides us with a cornucopia of potential solutions. Various fields of interdisciplinary scholarship are presently ripe

Beth J. Seelig, M.D., is secretary of the Board on Professional Standards.

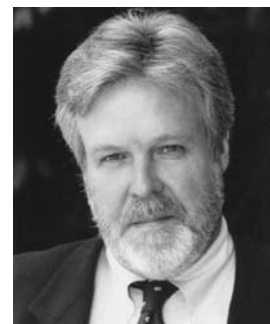
Eric J. Nuetzel, M.D., is chair of the Board on Professional Standards.

for cultivation and some are already bearing fruit. This is the time to strengthen existing partnerships with universities and form new ones. The Committee on Research and Special Training represents one such effort. Another is APsaA's 10,000 Minds Project, which is developing a coordinated set of efforts to increase the exposure of undergraduates both to psychoanalytic ideas and to the benefits of psychoanalytically informed treatment (*TAP* 39/2). Even more needs to be done to strengthen the links between our institutes and academic communities on the local level. Increasing the number of alliances between analysis and other disciplines will lead to the generation of new knowledge, as well as increase the number of those appreciative of, knowledgeable about, and interested in psychoanalysis. This will inevitably result in more people seeking out psychoanalytic treatment and psychoanalytic education.

PRECEDENTS

Such efforts have a long history in places such as the Columbia University Center; the NYU Institute at the New York University Medical Center; the Denver Psychoanalytic Institute in the University of Colorado Medical Center; the University of North Carolina-Duke University Institute, and the Emory University Institute. These psychoanalytic institutes were developed within their respective university's medical schools. The New York Psychoanalytic Institute has recently affiliated with Mount Sinai School of Medicine, to their mutual benefit. The Emory institute, in association with the Graduate School of Arts and Sciences, developed a unique psychoanalytic studies program with over 30 graduate students in the humanities currently enrolled. In St. Louis, a joint research project between the institute and Washington University's Department of Psychology is well underway. In addition, the development of academic centers that could support psychoanalytic scholarship and empirical research is being actively pursued in St. Louis and at

Emory. Perhaps many examples of such institute-university collaboration exist. The point is that we need much more institute-university collaboration to foster the growth and development of psychoanalysis in the 21st century.



Eric J. Nuetzel

There is great interest in psychoanalysis within various parts of the academic community. Well-known scholars in the humanities and the social sciences utilize psychoanalytic concepts in their work. Psychoanalytic studies programs attract numerous highly interested students. Neuropsychology, a new area bridging psychoanalysis and neuroscience, has emerged. In this atmosphere, analysts as collaborators, co-investigators, and co-teachers have been welcomed in graduate schools and schools of law and business, in addition to departments of psychiatry. To give a few specific examples, psychoanalytic researchers such as Peter Fonagy, Mark Solms, Howard Shevrin, and Drew Westen have forged alliances with the neurosciences and with academic psychological research. Distinguished neuroscientists such as Damasio, Edelman, Kandel, Sacks, and others have become increasingly appreciative of how Freud's early insights are compatible with modern knowledge of the brain and how it works. To quote Eric Kandel, co-recipient of the Nobel Prize in Medicine, in his 1999 article in the *American Journal of Psychiatry*, "Biology and the Future of Psychoanalysis: A New Intellectual Framework for Psychiatry Revisited": "...the biology of the next century is, in fact, in a good position to answer some of the questions about memory and desire, ... these answers will be all the richer and more meaningful if they are forged by a synergistic effort of biology and psychoanalysis. In turn, answers to these questions and the very effort of providing them in conjunction with biology, will provide a more scientific foundation for psychoanalysis."

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Katrina

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These inaugural year plans included child and adult programs in psychoanalysis, a psychotherapy training program, teaching of Louisiana State and Tulane University PGY III residents, outside speakers such as Ralph Roughton and Peter Rudnytsky, who would have appeal to the larger New Orleans mental health and university communities, special lectureships on the arts in collaboration with the New Orleans Museum of Art—and more.

All of this has been interrupted, and it is unclear when the center will be up and running. Because of fixed expenses, it is in the red at this time. Fundraisers, which had been planned, are not possible. One of the center's two fourth-year candidates has begun a reduced course load by phone. Two second-year psychotherapy students were hoping to soon begin classes by

video conference. The Louisiana State University psychiatry residents want to start a teleconferencing course soon. To provide video and teleconferencing equipment and to help defray fixed costs, application is being made for a grant from the APsaA psychoanalytic foundation.

Some center members who have returned to New Orleans met in early November at the center and were joined by other members in a conference call to plan a support group effort and treatment and referral services as part of an outreach effort for the New Orleans community post-Katrina.

There is hope that programs picking up on the inaugural year efforts could begin next September. Harper says, "We have to recover personally, we've got to kind of feel our way, get grounded" first. Ascherman says, "We're still in the event." But Harper, Ascherman, Pool, and others emphasize that the energy behind the new psychoanalytic center remains.

HELPING TRAUMATIZED CHILDREN

New Orleans Psychoanalytic Center APsaA members Joy and Howard Osofsky, in New Orleans, and Lee Ascherman, in Birmingham, are working long hours to help states provide systemic help to displaced and traumatized children.

Ascherman has been working with the Alabama State Departments of Education and Public Health. He is working to reach children in need, and, through the children, their parents. The schools are seen as the anchor point for displaced families. The school systems, he reports, have been very receptive to absorbing and not segregating these children. Yet they have provided opportunities for the children to gather together in group work and to process their experiences. The children, he points out, went home Friday before the hurricane with no awareness that that

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APsaA Pitches In To Help Colleagues Recover from Hurricane

In response to Hurricane Katrina, the American Psychoanalytic Association requested donations from members for the American Red Cross and for the Association's Psychoanalytic Assistance Fund (PAF). By mid-November, \$20,692 had been donated to the Red Cross through APsaA. The PAF had received \$52,606 in donations. As part of its relief efforts, the PAF has awarded a block grant of \$75,000 to the New Orleans Psychoanalytic Center (NOPC) for distribution.

In mid-September, International Psychoanalytical Association President Claudio Eizirik made an international appeal to all IPA members for contributions to the Red Cross and to the Psychoanalytic Assistance Fund. Contributions in solidarity and sympathy with New Orleans colleagues have been received. These are to be relief funds for both IPA and APsaA colleagues in the affected area.

An appeal for funds posted on the Association listserv of APsaA, written for the PAF and the New Orleans Psychoanalytic Center, stated in part:

In the years preceding World War II, the Psychoanalytic Assistance Fund (PAF) was established to assist the resettlement of colleagues fleeing Europe. The fund has continued to the present as a resource to aid analysts facing unanticipated financial hardship.

Hurricane Katrina, which struck New Orleans, and Hurricane Rita, which struck nearby on the Gulf Coast, have created another kind of disaster for our colleagues in these areas. While they are safe, they have become displaced without time to prepare for relocation. Many have lost or have severely damaged homes and offices. All but the few who are employed by institutions have had an abrupt loss of income. In addition, they now face expenses related to reestablishing housing while maintaining their existing financial obligations in the devastated region.

The grants and loans criteria set up by the PAF, to be implemented and funds dispersed by Lee Ascherman and Fred Griffin in Birmingham (who are New Orleans center analysts close to the scene) are as follows:

- Grants of up to \$5,000 are available to analysts or candidates in the affected area who are members of APsaA or members of IPA who have not had significant employment income outside of their practice following Hurricane Katrina. Although recipients of these grants are under no obligation for repayment, it is hoped that they may in turn contribute to the PAF as they are financially able.
- Interest free loans of up to \$3,000 are available to other members of the New Orleans Psychoanalytic Center, such as members of the psychotherapy training program, who are not members of APsaA or the IPA. Repayment of these loans may be later excused if financial circumstances so warrant.

The generosity of the members of APsaA, now and in the past, is helping our New Orleans colleagues cope with the tragedy of the aftermath of Hurricane Katrina.

(Contributions to the Psychoanalytic Assistance Fund should be made out to the American Psychoanalytic Association, with PAF-Hurricane Relief written in the memo line. The APsaA address is 309 East 49th Street, New York, NY 10017.)

(Twenty-eight members of the New Orleans Psychoanalytic Center can be reached through a Yahoo group set up by NOPC analyst Molly Rothenburg: nopc@yahoogroups.com)

would be the last time they would be together in their schools with their teachers and their peers. Now they are in new locations coping with anxiety about property and about parents' unemployment.

The Osofskys evacuated only briefly. Both Joy and Howard Osofsky had relationships with the state Office of Mental Health and the Department of Education. Joy Osofsky is coordinating the child and youth initiative for the education and training of school personnel dealing with the 189,000 displaced children in Louisiana. She has worked on intervention, supervision, and coordination with providers in local communities to "build resilience" amongst children.

Howard Osofsky, who has an extensive background in the area of disaster, terrorism, and mass violence, has been working with the state Office of Mental Health to address the crisis needs of the state. C. Ray Nagin, the mayor of New Orleans, has asked Osofsky for help concerning the mental health needs of the police and fire department personnel and the city emergency medical system. The work with first responders has been difficult and challenging. Most police officers responded heroically. But it was extremely hard for them to not be able to protect the city or rescue trapped residents. Many were on site for 15 days in the same uniforms; 80 percent suffered damage to their homes; and their families were often displaced. Osofsky has been particularly involved with the systemic issues of providing for the needs of the many children of first responders now housed on the cruise ships docked in the port. Over 400 children are now living with their parents on the ships. Day care, respite care, and transportation to good schools are being provided.

The relief work, Howard Osofsky notes, is applied psychoanalysis, drawing on Bowlby's work on attachment and loss during World War II. At that time, it was considered humane to evacuate children to the countryside away from the London Blitz, even though it meant separating them from their parents. But the children who thrived best were those who remained with their parents in London. The Osofskys are working to "help these traumatized families [in New Orleans] who are trying very hard to cope."



University

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OPPORTUNITY FOR ALLIANCES

One might ask why all institutes have not forged alliances with universities. Not all psychoanalytic institutes are geographically situated in areas with major universities, but most are. Not all universities have departments with faculty members who are interested in psychoanalytic approaches to research and/or scholarship. Yet even in areas in which there would be great potential for new alliances, there is frequently reluctance on the part of the psychoanalysts. One reason may be mistrust of academia. Historically, institutes have been connected with university departments of psychiatry. In many such departments, analysts have been marginalized, or pushed out entirely, as academic psychiatry became more centered on psychopharmacology, neuroscience, and

empirical research. The mutual resentment between analysts and biological psychiatrists has been destructive. Unfortunately, some analysts' feelings of suspicion have extended to a mistrust and devaluation of academia in general. In order to take advantage of new opportunities, we must turn our attention from past battles and work to forge new creative alliances.

The opportunity is ripe to form alliances between analysts and non-analyst scientists and scholars. Analysts can find receptive partners, if they are open to the idea of reaching out. Psychoanalysis, an effective clinical technique as well as a powerful interpretive framework, is inherently interdisciplinary. We need to forge partnerships with academics in related disciplines. If we embrace the opportunity to realize the full interdisciplinary potential of psychoanalysis, we will foster a psychoanalytic renaissance in the 21st century.



University Forum Plans Interdisciplinary Programs and Special Concert

An interview with Glen Gabbard, APSaA program chair, in *TAP* (39/2) highlighted some creative and innovative programming agendas. One "out of the box" activity is the University Forum (UF), which aims to build bridges in both directions between academia and psychoanalysis, to show academics that psychoanalysis is very much alive and relevant, to demonstrate to psychoanalysts that we have much to learn from our academic colleagues, and to recruit trainees and patients from academia. University Forums on mother/daughter relationships and on terror and torture have been presented. The University Forum for the Winter 2006 meeting, "Gender in Cultural Contexts: Psychoanalysts and Cultural Theorists," which will consider Sally Potter's film, *Yes*, features academics Peggy Phelan, Afsaneh Najmabadi, and Giuliana Bruno and will be moderated by psychoanalysts Adrienne Harris and James Hansell.

In order to ensure that the University Forum will continue to attract distinguished academics, the UF Subcommittee of the APSaA Program Committee has organized a benefit concert for the upcoming January APSaA meeting to address the problem of insufficient funding for panelists' travel and lodging. This concert will be held Friday, January 20, 8:00 p.m., at historic Steinway Hall, 109 West 57th Street. Louis Nagel, internationally renowned concert pianist and Steinway Artist, will play a recital. All proceeds go to cover expenses for academic presenters at the forum. The recital will be followed by a reception and tour of the historic pianos of Steinway Hall. Attendance is limited to 75 people. Admission is \$75/person. You may send your check now, payable to APSaA and mailed to University Forum Concert, American Psychoanalytic Association.

Stanley Coen, M.D., and Julie Jaffee Nagel, Ph.D.

January Program Features Damasio and Fonagy Plenaries

Glen O. Gabbard

The program of the Winter 2006 Meeting, Wednesday, January 18-Sunday, January 22, in New York City, will feature two plenary addresses. The popular writer and eminent University of Iowa neurologist Antonio Damasio will receive a presidential award on Friday morning and deliver an award lecture entitled "The Neurobiology of Emotion: Taking Stock." Later that same day, Peter Fonagy of The University College, London, will present the second plenary, entitled "A Genuinely Developmental Theory of Sexual Enjoyment and Its Implications for Psychoanalytic Technique."

CHILD PANEL MARKS FREUD'S ANNIVERSARY

As usual, five panels will be featured at the meeting. In recognition of the fact that the meeting is taking place during the 150th anniversary of Freud's birth, our child panel will focus on the recent release of documents about Little Hans from the Library of Congress. Harold Blum will chair the panel, which will feature Judith Chused, John Kafka, and John Munder Ross as panelists, and Peter Neubauer as discussant. Jennifer Stuart will be the reporter.

QUARTET OF DIVERSE PANELS

The four panels focusing on adult psychoanalysis are highly diverse. The Friday afternoon panel is "What Use Is Consciousness? A Clinical Neuroscience Roundtable," chaired by Edward Nersessian. Damasio will join that panel, along with several other leading thinkers from the neurosciences and psychoanalysis: Wilma Bucci, Bonnie Litowitz, Arnold Modell, and Bernard Baars. Daria Colombo will serve as reporter.

Glen O. Gabbard, M.D., is chair of the Program Committee. He is also Brown Foundation Chair of Psychoanalysis and professor of psychiatry at the Baylor College of Medicine in Houston, and joint editor-in-chief of the *International Journal of Psychoanalysis*.



Glen O. Gabbard

The Saturday morning panel will be entitled "Race, Culture, and Ethnicity in the Consulting Room." Chaired by Kimberlyn Leary, it will feature Dorothy Holmes, Donald Moss, and Henry F. Smith as panelists. Because of the popularity of last January's format of a two-hour panel followed by one-hour breakout groups, this panel will once again follow that model so the audience members can be active in small group discussions after listening to the speakers for two hours.

Many analysts have been profoundly affected by the impact of Hurricane Katrina. Hence, we will also provide a special symposium in the Friday time slot where our members and colleagues can discuss their experiences in the aftermath of the tragedy.

The Saturday afternoon panel takes up a current controversy in psychoanalytic institutes throughout the country: "Multiple Models in Clinical Practice: A Bane or Blessing?" Sydney Pulver will chair the panel, and the three panelists will be Fred Pine, Ron Britton, and Sander Abend. Clinical material will be presented by Linda Spero. Dale Panzer will serve as reporter.

The final panel on Sunday morning, "Teaching Psychoanalysis in an Era of Epistemological Anguish: Where Do We Go From Here?" will be chaired by Elizabeth Auchincloss. Panelists will include Judith Yanof, Lawrence Inderbitzin, Donnel Stern, and Justin Richardson, who will also serve as reporter.

RED, BLUE DIALOGUE

In recent meetings, the Program Committee has returned to the format of psychoanalytic

dialogue with great success. Therefore, we will once again feature a debate between Jay Greenberg and Robert Michels on the subject of "Red, Blue, and You: The Analyst in a Social Context."

ENTICING MENU OF SYMPOSIA

We will have a special presidential symposium on Saturday at noon until 1:30 p.m. to provide an overview of the new *Psychodynamic Diagnostic Manual* that has just been published [see page 12]. Jon Meyer will chair this symposium, which will feature comments by Stanley Greenspan, Robert Wallerstein, and Otto Kernberg.

In the noon slot on Friday, there will be three symposia. One is "Expressions of Feeling in Mark Rothko's Paintings" chaired by Janice Lieberman and featuring the artist's son, Christopher Rothko, as the presenter. The popular research symposium at this meeting will be "Biological Analyses of Mothering: Widening the Scope of Psychoanalytic Understanding," chaired by Robert Waldinger, co-chaired

by Stuart T. Hauser, and featuring Linda Mayes and David Reiss as presenters.

Many analysts have been profoundly affected by the impact of Hurricane Katrina. Hence, we will also provide a special symposium in the Friday time slot where our members and colleagues can discuss their experiences in the aftermath of the tragedy. More details will follow.

In addition to the Presidential Symposium, three other symposia are featured Saturday at noon. Harvey Rich will interview the respected French psychoanalyst, Marilia Aisenstein, in a symposium entitled "Lobbying Government—French Style: A Conversation with Marilia Aisenstein." Stephen Kerzner will chair a symposium, "Working with the Grieving Child: A Critical Partnership," with Bruce Sklarew as presenter. Finally, Nancy Chodorow will chair "The Woman Patient and the Woman Analyst,"

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New York and All That Jazz

Charles D. Levin

Unlike my hometown, which hosts a superb jazz festival every summer, New York City just is JAZZ, the place for it, year-round, nonstop, the best there is. If the great players don't always grow up in New York, they get there eventually, and they stay, because this is one of the few towns where you can play every night. Of course, New York has been the capital city of all the major art forms except film since the 1920s, but its jazz scene has a particularly endearing quality: no media hype or elite chic; just the music, played live by the surprisingly humble souls who somehow make their living at this intricate and passionate craft.

So, if you crave densely-packed musical experience and plan to be in New York for the APsA meeting this January, you might want to consider organizing a tour of Manhattan jazz spots—especially if budget is a factor in your travel plans.

Birdland is probably the most expensive venue at \$30 a head (sometimes more) plus \$10 cover charge. If you think that's pricey, compare it to the cost of a Broadway musical. At 315 West 44th Street, not far from Broadway, Birdland takes its name from Charlie "Yardbird" Parker, though it's no longer at the original 52nd Street address where, for example, John Coltrane's hypnotic "Live at Birdland" album was recorded.

Among jazz aficionados, the current location lacks the gritty intimacy of the original, but this judgment is relative, as the following anecdote illustrates. When my wife and I first visited Birdland, the Cuban pianist Gonzalo Rubalcaba was scheduled to play with his trio. We had no idea who Rubalcaba was or any inkling of his musical stature. We caught the last set that night and while we waited to get in, we chatted with a Puerto Rican woman who turned out to be the proud mother of Rubalcaba's new 21-year-old bass player. She told us all about her son's devotion to musical education and hours of practice. Then the

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young man himself joined us in the line to keep his mother company. The queuing in the street passed pleasantly in conversation with the Puerto Ricans and soon we found a table near the stage, in sight of Rubalcaba's fingers. The point of this story is that we were completely blown away—two unsuspecting analysts from Montreal—by the music. After the show, we chatted briefly with Rubalcaba himself on the sidewalk outside the club while he waited for his lift home. We then made a beeline to the 24/7 Virgin Megastore on Times Square and bought every Rubalcaba CD we could find.

That night we were inspired by an extraordinary combination of personal modesty and musical brilliance, but I would say now that although Gonzalo Rubalcaba is an exceptional individual, similar blends of unpretentious charm and sheer talent are typical of the New York jazz scene. More often than not it is possible to meet the musicians after they perform, and sometimes they will make a point of mingling with the audience as it files out into the bustling night. This is certainly true of the Iridium, 1650 Broadway, at 51st Street, (where you can hear the legendary Les Paul every Monday night), and a majority of the clubs, bars, restaurants, and cafes where jazz music is featured in New York.

Perhaps the most famous of them all is the Village Vanguard at 178 Seventh Avenue South at West 11th Street, which celebrated its 70th anniversary last February. This is a historic site (Charlie Mingus's broken light bulb is still hanging from the ceiling, unreplaced), so one expects a tourist trap, but the atmosphere, though electric, is unimposing. The \$30 admission includes a \$10 drink credit, though unfortunately the wine list is not like the Iridium's, which offers *cru classé* and lots of good California cabernets. And if you haven't had a chance to eat, there's no food at the Vanguard; but the intensity of the aesthetic experience, the quality of the musicianship, the intimate press of the 123-seat full-house, and the excellent acoustics will act on you like the hungry baby's hallucinatory gratification in Chapter 7 of *The Interpretation of Dreams*.



Greenwich Village is a natural focus for jazz crawling: Blue Note (131 West 3rd St), Fat Cat (75 Christopher St., formerly Small's), 55 Bar (55 Christopher St.), and even Zinc Bar (90 West Houston St., if you want to go international and rough it a bit). Notable on the Upper West Side is Smoke (2751 Broadway, at 106th St.), named after the popular film by novelist Paul Auster, who frequented this bar's previous incarnation, Augie's, when he was a student at Columbia. I should also mention Jazz at Lincoln Center, an interesting and controversial education/performance complex founded by Wynton Marsalis.

There is really no end to jazz in Manhattan. If you want to know who's playing where and when, with phone numbers, Google the individual clubs, or go to BigAppleJazz.com, Gothamjazz.com or www.allaboutjazz.com. In print, try Steve Dollar's *Jazz Guide New York City* (ISBN 1-892145-19-7). New York itself offers a host of jazz periodicals (many of them free) containing informative articles on the current jazz scene, with all the weekly listings.

If you want intellectual background on jazz music, consult John F. Szwed's *Jazz 101: A Complete Guide to Learning and Loving Jazz*. On the cultural history of jazz age New York, see Ann Douglas, *Terrible Honesty: Mongrel Manhattan in the 1920s*. And if you are an audiophile-connoisseur, check out the Jazz Record Center (236 West 26th Street (between Seventh and Eighth Avenues)).

APsA

Exploring New York through the World of Mark Rothko

Chris Broughton

One of the highlights of the Scientific Program for the Winter 2006 Meeting, January 18-22, in New York is a presentation about the seminal New York School painter, Mark Rothko, by his son, psychologist Christopher Rothko. You won't want to miss this exceptional program. This article introduces some background on Rothko's New York and provides another way to explore the city during the meeting.

ROTHKO'S ART

The art of Mark Rothko is powerful. To a viewer open to the experience of spending time in front of one of his large paintings, it can elicit emotions ranging from ecstatic joy to profound sadness. Through the careful calibration of color, shape, scale, and measurement, Rothko was able to create an experience of empathy through art. His colors—fiery yellows, velvety blacks, earthy reds, and a spectrum of others—seem to pulse and glow with an inner light. There are people who cry in front of his work. Rothko took pride in the fact that there were people who broke down in front of his work.

Ultimately Rothko felt that silence was the perfect response to his art. When the noise and speed of the city gets to be too much, the meditative act and intimate experience of standing in front of one of Mark Rothko's paintings can bring us back into the quiet contemplation of the human drama. If you leave your preconceptions behind and allow the light within these paintings to pulse before you, the large areas of color to envelope you, and gaze upon the human touch that Rothko has left everywhere in his paintings, the experience can be profound and powerfully moving.

Chris Broughton is APsaA's registration coordinator and a working artist. He holds an M.F.A. from Yale and has received many awards, including the Louis Comfort Tiffany Foundation Award. Broughton is represented in New York by the Senior & Shopmaker Gallery.

ROTHKO IN NEW YORK

During a painting career that spanned five decades, Mark Rothko lived and worked in many different areas of New York City. In the '30s and '40s, he lived in a number of small apartments in Manhattan and Brooklyn.



Mark Rothko in his West 53rd Street studio. Photograph by Henry Elkan. Copyright ©2005 by Kate Rothko Prizel and Christopher Rothko.

While teaching art to children in Brooklyn and for a brief period working for the WPA (a depression-era federal work program that included artists) to support and feed himself, he searched for a language in which to paint. Early paintings were in a representational expressionist vein, followed by a period of working through surrealist techniques and mythological subjects.

Later, in the late '40s and early '50s, Rothko taught at Brooklyn College, while he and his contemporaries—in their studios as well as in coffee shops and bars—helped shift the center of the art world from Paris to postwar

New York. As his reputation and canvases grew, so did his need for more workspace, and in his studio on 53rd Street (near his Sixth Avenue apartment, now the site of the Hilton Hotel), above a glass manufacturing shop, he created his early "classic" canvases of the early to mid '50s.

After a studio on West 61st Street was demolished, and replaced with Fordham University buildings, an unheated former YMCA gymnasium on the Bowery became the place where he turned to a darker palette. Here he also took on his first commission, creating his enormous—in size and number—*Seagram Murals* for the Four Seasons restaurant on Park Avenue (although the paintings were never installed).

At the age of 57, Rothko was celebrated with a retrospective at the Museum of Modern Art in New York in 1961, further solidifying his stature as a master of modern art as the exhibition traveled and was seen in six cities throughout Europe.

An Upper East Side First Avenue loft over a five-and-dime store served as a studio for a time in the early '60s. It was here that his *Harvard Murals* were conceived and created, well known paintings in the art world that, alas, are rarely seen because of their fragile condition.

His last studio was a 19th-century carriage house on East 69th Street. In this space he created his last mural commission, a group of monumental, dark paintings for what is now known as The Rothko Chapel in Houston. He also made his final paintings here, many of which were done in a somber palette of black and gray. Sadly, it was also here that Rothko ended his life in 1970.

Brooklyn, the Bowery, Midtown, Harlem, the Lower and Upper East Sides—Rothko's was the quintessential story of New York in the 20th century, a Russian immigrant child who became an artist who flourished against the textures of New York.

ROTHKO IN NEW YORK MUSEUMS

The city has changed a lot since Rothko walked the streets of New York, and many of the buildings he occupied have been razed to make way for the skyscrapers that now

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Cityscape. (Note the landmark Flatiron Building on the far left.) Artwork by Mark Rothko. Copyright ©1998 by Kate Rothko Prizel and Christopher Rothko.

dominate Midtown Manhattan. But you can still catch the pulse of Rothko in New York along the stretch of Fifth Avenue known as Museum Mile. In the museums that dot this part of New York, the great paintings of Mark Rothko can be experienced close to the places where they were created.

Please note that museums do rotate and change the work in their galleries from time to time. The paintings listed below are hanging in their respective museums as TAP goes to press.

Museum of Modern Art (MoMA)

11 West 53rd Street between Fifth Avenue and the Avenue of the Americas

In the '50s, when Rothko had a studio on 53rd Street near the Museum of Modern Art, he visited often and would spend hours in front of Henri Matisse's painting, *The Red Studio*, purchased by MoMA in 1949. You can see this painting today at MoMA on the fifth floor; and then see work Rothko was making around this time. One painting is from his mythological/surrealist period of the early 1940s, two paintings are from his early classic period of two or three floating rectangles of luminous color, and in the contemporary

galleries there is one black and gray painting from the last year of his life.

1. Second Floor: *Untitled*, 1969-70
2. Fourth Floor: *Slow Swirl at the Edge of the Sea*, 1944
3. Fourth Floor: *No. 5/No. 22*, 1950 (dated verso 1949)
4. Fourth Floor: *No. 3/No. 13*, 1949

Metropolitan Museum of Art

1000 Fifth Avenue at 82nd Street

In 1951, Rothko and 17 other artists posed for a photograph featured in *Life* magazine, which focuses on their refusal to participate in the Metropolitan's contemporary competition. The artists, and this notorious photograph, came to be known as "The Irascibles." Now the works of many of these artists are gathered at the Met in the modern art wing of the museum, including three by Rothko. The three paintings include a bright, classic painting from the 1950s, a dark single rectangle painting from the 1960s, and one of his transitional "multiform" paintings from the 1940s.

1. *No. 13 (White, Red, on Yellow)*, 1958
2. *No. 21 (Multiform/Untitled)*, 1949
3. *Untitled*, 1964

Whitney Museum of American Art

945 Madison Avenue at 75th Street

In 1998 the Whitney held a retrospective of Rothko's work. I saw the show at least eight times and was always able to find a painting that knocked me out. When I would return to the same painting to replicate a previous experience, it would offer something completely different. This is the wonder of Rothko's work. Currently at the Whitney in an exhibition called "Landscape," there is one dark Rothko painting from the 1950s.

Four Darks in Red, 1958

Solomon R. Guggenheim Museum

1071 Fifth Avenue at 89th Street

The Guggenheim, which held the first posthumous retrospective of Rothko's paintings in 1978, does not have one hanging as of this writing. However, the museum does have four excellent Rothko paintings, any of which could be hanging at the time of the Winter Meeting.

APSA

January Program

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Then and Now: A Conversation with Malkah Notman and Carol Nadelson."

A special symposium Saturday evening from 5:15-6:30 p.m. will showcase the celebrated Mexican tenor, Rolando Villazon, who will talk about his personal analysis and its effect on his performing. Julie Jaffee Nagel will chair. "Meet the Author" will focus on Stanley Coen's book, *Affect Intolerance in Patient and Analyst*, and will be chaired by Melvin Lansky. The two discussants are Salman Akhtar and Paul E. Roberts.

In addition to these events, we are very pleased that Robert Pinsky, the former U.S. poet laureate and Dante translator, will discuss his poetry in the in-depth format Friday afternoon from 2:00-4:00 p.m., with Stanley Coen chairing. There will also be the usual informative discussion groups and seminars for trainees, and we are certain that every member and attendee will find many stimulating events suited to his or her taste. We welcome suggestions for future meetings.

APSA

Greenspan Spearheads Creation of Psychodynamic Diagnostic Manual

Lynn Stormon

Reversing a decades long trend in mental health care heralded by the publication of the DSM-III, which supports a narrow focus on symptoms and behavior, may seem like an impossible task. The publication of the *Psychodynamic Diagnostic Manual (PDM)* this winter, however, may well have a far-reaching impact on the way mental health is conceptualized and mental illness is treated.

The creation of the *Psychodynamic Diagnostic Manual* took several years and the cooperation of a 40-member task force spearheaded by Chairman Stanley Greenspan. To set this monumental work in motion, the heads of the major psychoanalytic organizations agreed to form a steering committee with an international purview, which included Barbara Berger, National Membership Committee on Psychoanalysis in Clinical Social Work; Jaïne L. Darwin, Division of Psychoanalysis (39), American Psychological Association; Ruth S. Fischer and Jon Meyer, American Psychoanalytic Association; Stuart G. Shanker, York University; Ronald Turco, American Academy of Psychoanalysis; and Daniel Widlöcher, International Psychoanalytical Association.

Nancy McWilliams and Robert Wallerstein volunteered to serve as associate chairs and, together with Greenspan, worked with the ongoing efforts of five work groups and numerous consultants. In the following phone interview, Greenspan described what inspired this effort and what was involved in bringing psychodynamic practitioners together to form a common cause around creating a complementary system to the DSM and ICD series—one that focuses on the full range, depth, and complexity of mental functioning.

Lynn Stormon, Ph.D., is a postdoctoral research fellow in the Department of Psychiatry at Upstate Medical University and an adjunct psychologist at Colgate University's Counseling Center. Stormon participated on the PDM steering committee as an APsA Public Service Psychology Intern.

LS: *What inspired you to undertake the daunting task of spearheading the creation of a psychodynamic diagnostic manual?*

SG: There is a growing trend in the United States, and around the world, to view human functioning in progressively more reductionistic ways. For example, along with the very helpful discovery of the value of medication for certain mental health disorders many years ago, there has been a tendency to try to explain many mental health disorders in strictly biological terms. Advances in neuroscience and cognitive neuroscience



Stanley Greenspan

approaches, we would have little understanding of the deeper levels of relationships, feelings, thoughts and fantasies, conflicts, coping, and defensive operations. And yet, in recent years, with the advances in neurobiology and neuroscience, there has been a de-emphasis on these insights. It seemed timely for the major organizations representing depth psychology to work together to systematize current knowledge and emerging advances to rebalance our understanding of human functioning with an appropriate focus on all dimensions of the human mind. We were very fortunate to have many of the leading clinicians and researchers who have made seminal contributions to this knowledge base agree to participate in this collaborative effort and bring it to fruition.

LS: *As you note, psychoanalysis has arguably been the most organized of the depth psychologies. At the same time, the history of the psychoanalytic movement has been marked by divisiveness. Can you tell me about the process of bringing together the various professional groups to form the steering committee and various work groups?*

The publication of the *Psychodynamic Diagnostic Manual (PDM)* this winter, however, may well have a far-reaching impact on the way mental health is conceptualized and mental illness is treated.

have provided valuable insights into how the central nervous system functions, but have led to views of the mind and brain as an organ made up of many modules with insufficient emphasis on the way in which the different components of the brain and mind work together to create the psychological processes that constitute a full human being.

The field of depth psychology, of which psychoanalysis has been the most systematic and organized investigative approach, has contributed enormously to our understanding of both the surface and the deeper levels of the human mind. Depth psychology has had an enormous impact, not only on therapeutic practice but also on how we define the very nature of human functioning. Without depth psychological

SG: Rather than get caught up in the particular language of one or another school of thought, we came at it from the point of view that each theoretical orientation or school of thought was like a microscope where the focus is on a different facet of the phenomena in greater detail. Most theoretical orientations have offered very valuable insights. Problems have arisen when a theory becomes the all-encompassing theory. If we can look at different theories as lenses or microscopes, each one having a relative advantage in looking at one facet of experience, then we can, as we did, use phenomenologically-based descriptions to capture the best insights, even though some of us tend to follow one or another theory.

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Views from the Steering Committee

The completed *PDM* is a compilation of international contributions from psychodynamically informed clinicians, educators, and researchers in psychiatry, psychology, and clinical social work working in concert. This unique collaboration has resulted in a volume that offers a fuller context for understanding and explanation of diagnostic issues, underpinned by outcome research. The special meaning for clinical social work is that the *PDM* provides an excellent resource for the inclusion of a biopsychosocial perspective in diagnosis, a core value of this discipline. The opportunity to include not only symptoms but also social and emotional issues, personality patterns, and neurobiological information makes available an evaluative process that enriches the more categorical approach of the past.

—Barbara Berger

Past President, National Membership Committee on Psychoanalysis in Clinical Social Work

The *Psychodynamic Diagnostic Manual* is a major accomplishment, which impacts the analytic community in several ways. The process of producing this manual has brought together members from many analytic homes nationally and internationally to collaborate on something that transcends any political differences. The solid outcome research which is included in and underlies the *PDM* provides us all with the data needed to maintain our support of the right kind of evidence-based practice, an issue non-psychodynamic groups use to take pot shots at analytic thinking. The idea of a publication which makes it possible for us to train the next generation of clinicians to consider the whole person, one who has an inner life that motivates a list of symptoms, guarantees a continued interest in and support of psychoanalytic thinking.

—Jaine Darwin

Past President, Division of Psychoanalysis (39), American Psychological Association

The *Psychodynamic Diagnostic Manual* is of critical importance because the DSM series has become a textbook of clinical understanding and treatment selection in addition to simply a guidebook of nomenclature. We believe that a rational and comprehensive statement of the psychodynamic approach to nomenclature, which also implies an integrated approach to diagnosis and clinical understanding, is needed to complement the current, strictly descriptive, approach. We are involved in education and reaching out to the minds of clinicians from all professional backgrounds and the *PDM* is a major step in that outreach.

—Jon Meyer

President, American Psychoanalytic Association

We are at a critical juncture in the treatment of mental illness and developmental disorders. There are considerable pressures, not simply economic and political, but also emanating from a highly influential body of academics whose thinking is grounded in genetic determinism, to embrace a biomedical model of mental functioning. Clearly what was needed was someone who combined a mastery of our current knowledge of mental and neurobiological processes with exceptional vigor, clarity, and determination to lead an international effort to reverse these worrying reductionistic trends. Thanks to Stanley Greenspan and the extraordinary group of psychologists, psychiatrists, cognitive scientists, social workers, and other mental health professionals who came together under his leadership, we have a work that marks a new dawn in the treatment of mental health disorders. In the years to come, we will look back on the publication of the *PDM* as a turning point in our efforts to understand the full range of social, emotional, cognitive, and communicative capacities that constitute healthy mental functioning.

—Stuart G. Shanker

Director, The Milton and Ethel Harris Research Initiative

I was very happy to work with Greenspan and the steering committee to write a document about psychoanalytic clinical classification. With a group of French-speaking people, I have prepared a document about suitability for psychoanalytical treatment. As past president of the International Psychoanalytical Association, I am very happy to see that several members of our association are strongly involved in this project.

—Daniel Widlöcher

Past President, International Psychoanalytical Association

The Psychodynamic Diagnostic Manual: An Overview

Nancy McWilliams, Robert S. Wallerstein,
and Stanley I. Greenspan



Nancy McWilliams

The *Psychodynamic Diagnostic Manual (PDM)* is a diagnostic framework that describes the whole person—both the deeper and surface levels of an individual's personality and emotional and social functioning. It emphasizes individual variations as well as commonalities. This framework opens the door to improvements in diagnosis and treatment of mental health disorders and to a fuller understanding of the functioning and development of the mind and brain. The goal of the *PDM* is to complement the DSM and ICD efforts in cataloguing symptoms and behaviors.

The *PDM* is based on current neuroscience and treatment outcome studies (discussed in the research section) that demonstrate the importance of focusing on the full range and depth of emotional and social functioning. For example, research on the mind and brain and their development shows that the patterns of emotional, social, and behavioral functioning involve many interconnected areas working together, rather than in isolation. Treatment outcome studies point to the importance of dealing with the full complexity of emotional and social patterns and show

that the therapeutic relationship is the major predictor of outcomes. They further show that treatments that focus on isolated symptoms or behaviors are not effective in sustaining gains or addressing complex personality patterns.

Created through a collaborative effort of the major psychoanalytic organizations (the American Psychoanalytic Association, the International Psychoanalytical Association, the Division of Psychoanalysis (39) of the American Psychological Association, the American Academy of Psychoanalysis, and the National Membership Committee on Psychoanalysis in Clinical Social Work), the *PDM* diagnostic framework systematically describes:

- The continuum from healthy to disordered personality functioning
- Individual profiles of mental functioning, including patterns of relating, comprehending, and expressing feelings; coping with stress and anxiety; observing one's own emotions and behaviors; and forming moral judgments
- Symptom patterns, including differences in each individual's personal or subjective experience of his or her symptoms

The *PDM* was developed on the premise that a clinically useful classification of mental health disorders must begin with an understanding of healthy mental functioning. Mental health involves more than simply the absence of symptoms. It involves a person's overall

mental functioning, including relationships, emotional regulation, coping capacities, and self-observing abilities. Just as healthy cardiac functioning cannot be defined



Robert S. Wallerstein

simply as an absence of chest pain, healthy mental functioning is more than the absence of observable symptoms of psychopathology. It involves the full range of human cognitive, emotional, and behavioral capacities.

That a full conceptualization of health is the foundation for describing disorders may seem self-evident, and yet the mental health field has not developed its diagnostic procedures accordingly. In the last two decades, there has been an increasing tendency to define mental problems more and more on the basis of presenting symptoms and their patterns, with overall personality functioning and levels of adaptation playing a minor role. The whole person has been less visible than the various disorder constructs on which researchers attempt to find agreement.

Recent reviews of this effort raise the possibility that such a strategy was misguided. Ironically, emerging evidence suggests that oversimplifying mental health phenomena in the service of attaining consistency of description (reliability) and capacity to evaluate treatment empirically (validity) may have compromised the laudable goal of a more scientifically sound understanding of mental health and psychopathology. Most problematically, reliability and validity data for many disorders are not as strong as the mental health community had hoped they would be. Allen Frances, chair of the DSM-IV American Psychiatric Association Task Force, commented in *The New Yorker* magazine that the reliability hoped for has not been realized and that, in fact, the reliability among practicing clinicians is very poor. Consequently, in moving towards DSM-V, the APA Task Force is reported to be shifting towards a more dimensional, rather than purely categorical, approach.

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Nancy McWilliams, Ph.D., is visiting professor of clinical psychology at the Graduate School of Applied & Professional Psychology, Rutgers University; senior psychoanalyst at the Institute for Psychoanalysis and Psychotherapy of New Jersey; president-elect of the Division of Psychoanalysis (39), American Psychological Association.

Robert S. Wallerstein, M.D., is emeritus professor and former chair of the Department of Psychiatry, University of California, San Francisco; emeritus training and supervising analyst at the San Francisco Psychoanalytic Institute; former president of the American Psychoanalytic Association and the International Psychoanalytical Association.

Stanley I. Greenspan, M.D., is clinical professor of psychiatry and pediatrics, George Washington University Medical Center; chair of the Interdisciplinary Council on Developmental and Learning Disorders; and supervising child psychoanalyst at the Washington Psychoanalytic Institute.

Contributions of Psychodynamic Concepts in Identifying Mutative Factors in Intensive Treatment

Sidney J. Blatt

(Editor's Note: Sidney J. Blatt was invited to prepare this article as part of this special section to exemplify the thorough empirical investigations behind the Psychodynamic Diagnostic Manual)

Results from empirical investigations of therapeutic process and outcome in intensive psychodynamic treatment of both outpatients and of seriously disturbed, treatment-resistant inpatients, as well as from investigations of brief outpatient treatment of major depression, demonstrate that therapeutic process variables and patient characteristics are major contributors to therapeutic outcome. These important process and patient dimensions are best conceptualized from a psychoanalytic perspective, and lead to several conclusions including the need for a psychodynamic diagnostic framework.

First, evaluation of therapeutic progress must go beyond assessment of symptom reduction as the primary measure of outcome and include assessments of decreased vulnerability to stress and the development of enhanced adaptive capacities (Blatt and Zuroff, 2005), including the development of more mature and adaptive representations (i.e., cognitive-affective interpersonal schemas) of self and others (e.g., Blatt, 1992; Blatt and Auerbach, 2001; Blatt and Ford, 1994; Blatt and Shahar, 2004; Blatt, Stayner et al., 1996; Fertuck et al., 2004; Vermote, 2005), especially changes in the content and structural organization of these representations (see also Mayman, 1967; Urist, 1977; Westen, 1991).

Second, extensive further analyses (see the summary in Blatt and Zuroff, 2005) of

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Sidney J. Blatt

Photo: Braxton McKee

16 weeks of two forms of brief, manual-directed psychotherapy (CBT and IPT) with medication (Imipramine) and a double-blind placebo, indicate that primary among the determinants of therapeutic outcome is the quality of the therapeutic relationship that patient and therapist establish very early in the treatment process (at the end of the

data from the NIMH-sponsored Treatment for Depression Collaborative Research Program (TDCRP; e.g., Elkin, 1994), a landmark randomized clinical trial comparing

resilience (Blatt and Zuroff, 2005). Pretreatment levels of perfectionism interfered with therapeutic progress, particularly in the latter half of the treatment, because these patients disengaged from the therapeutic process (Zuroff et al., 2000) and from their social relationships external to the treatment process (Shahar et al., 2004) as they approached the pre-established termination date (after 16 weeks of treatment).

The quality of the therapeutic relationship in these brief treatments, as assessed at the end of the second treatment session, however, moderated significantly the negative impact of pretreatment personality characteristics (i.e., perfectionism) on treatment outcome, especially at midlevels of perfectionism (Blatt, Zuroff et al., 1996). These findings, consistent with the recent emphasis on the importance of the therapeutic relationship in the treatment process (e.g., Krupnick et al., 1996; Norcross, 2002; Wampold, 2001), suggest that efforts to identify empirically based treatments (EBTs) require a much more complex view of the treatment process beyond evaluating the effects of particular treatments in reducing focal symptoms.

Results from empirical investigations of therapeutic process and outcome in intensive psychodynamic treatment of both outpatients and of seriously disturbed, treatment-resistant inpatients, as well as from investigations of brief outpatient treatment of major depression, demonstrate that therapeutic process variables and patient characteristics are major contributors to therapeutic outcome.

second treatment session) and the patients' pretreatment personality characteristics (Blatt et al., 1995; Blatt, Zuroff et al., 1996; Zuroff et al., 2000), especially their pretreatment level of perfectionism. Specifically, the extent to which the patient perceived the therapist as concerned and empathic and lower pretreatment levels of perfectionism both independently predicted significantly greater reduction of symptoms and of vulnerability to depression, as well as a significantly greater increase in adaptive capacities and stress

Rather, these findings indicate that the investigation of the factors that contribute to therapeutic change in brief and long-term, intensive psychodynamic therapy requires a differentiated view of patients, therapists, and the treatment process in order to address complex questions like what kinds of treatment are most effective with what kinds of patients, in what kinds of ways, and through what types of therapeutic mechanisms (Blatt, Shahar and Zuroff, 2002).

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Intensive Treatment

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ROLE OF PERSONALITY CHARACTERISTICS

In further investigations of processes that contribute to therapeutic change, we have been especially interested in the role of patient personality characteristics, informed by psychodynamic formulations. In particular, we found that distinction between anaclitic and introjective forms of psychopathology (e.g., Blatt and Shichman, 1983) have enabled investigators to systematically introduce distinctions between types of patients into the investigation of therapeutic process and outcome (e.g., Blatt and Felsen, 1993; Cronbach, 1953). The validity of the anaclitic-introjective diagnostic distinction has been demonstrated by extensive recent research on depression (see summary in Blatt, 2004) and personality disorders (e.g., Levy et al., 1995; Morse, Robins and Gittes-Fox, 2002; Ouimette et al., 1994). In contrast to increasing criticism of the DSM in terms of its lack of a cohesive unifying theory, the forced demarcation between normal and pathological through arbitrarily defined threshold values, excessive concerns with manifest symptoms and signs, a high degree of overlap or "comorbidity" among presumed distinct disorders, failure to consider possible relations among various disorders and their links with variations in normal personality development as well as to considerations of etiology and therapeutic intervention (Blatt and Levy, 1998), various forms of psychopathology in the anaclitic and introjective configurations are viewed as interrelated forms of maladaptation that occur in response to serious disruptions of the normal integrative, dialectic development of interpersonal relatedness and self-definition (Blatt, in press; Blatt and Blass, 1996).

Psychopathology emerges as individuals, at different developmental levels, become preoccupied with a distorted one-sided effort to establish and maintain satisfying interpersonal relations at the expense of the development of self-definition or of a sense of self-definition at the expense of interpersonal relatedness. The anaclitic-introjective distinction derives from psychodynamic considerations including differences in instinctual focus (libidinal versus

aggressive), types of defensive organization (avoidant versus counteractive), and predominant character style (e.g., emphasis on an object versus a self orientation, and on affects versus cognition). In these formulations, continuity is maintained among normal psychological development, variations in normal character or personality organization, and different forms of psychological disturbance. Even further, continuity is maintained within the two primary clusters or configurations of disorders so pathways of potential regression and progression as well as the nature of therapeutic change can be more fully understood and appreciated.

The psychodynamic distinction between anaclitic and introjective forms of psychopathology, between patients preoccupied with issues of interpersonal relatedness or with issues of self-definition (e.g., issues of self-worth and control), has enabled investigators to identify two groups of patients that are differentially responsive, possibly through different mechanisms, to different types of therapy. Though, as noted above, introjective patients (those with elevated scores on perfectionism) did relatively poorly in brief treatments for depression, introjective patients were particularly responsive to long-term intensive psychodynamic treatment (Blatt, 1992; Blatt and Ford, 1994; Blatt and Shahar, 2004; Fertuck et al., 2004; Vermote, 2005). These research studies also indicated that anaclitic patients were responsive primarily to supportive interpersonal or relational dimensions while introjective patients were responsive primarily to the interpretative or explorative aspects of the treatment process. Also, anaclitic and introjective patients appear to change in different ways, in aspects most relevant to their personality organization. Anaclitic patients change primarily in the quality of their interpersonal relationships and in their representation of self and other, while introjective patients change primarily in the frequency and intensity of clinical symptoms and in their cognitive efficacy (Blatt and Ford, 1994).

In summary, our findings about the importance of patient characteristics, such as the anaclitic and introjective personality configurations, and their interaction with aspects of the treatment process, underscore the importance of establishing a systematic psychodynamic diagnostic framework for conducting clinically

relevant evaluations and for the investigation of aspects of the treatment process. A systematic psychodynamic diagnostic framework informed by current research, such as the anaclitic-introjective distinction, has the potential to contribute to a new generation of research that will further clarify, refine, and hopefully improve our therapeutic efforts.

[Editor's Note: The reference list for this article as well as a more comprehensive bibliography can be obtained by contacting the author via email at Sidney.Blatt@Yale.edu or by visiting his Web page at <http://info.med.yale.edu/psych/faculty/blatt.html>]

APSA

Greenspan Interview

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This effort has been in progress over the last few years through the energy and creativity of the leaders of the major psychoanalytic organizations and a number of their outstanding members. Nancy McWilliams and Bob Wallerstein, associate chairs, have been instrumental in nurturing it along. The presidents of all the main psychoanalytic organizations as the steering committee, and in consultation with their organizations, suggested members for work groups on adult and child disorders, including infancy and early childhood, personality patterns and disorders, profile of mental functioning, and symptom patterns with an emphasis on subjective levels of symptoms. We also formed a work group on research to systematize the empirical basis of the psychodynamic approach. This process has led to the *Psychodynamic Diagnostic Manual*, also known as the PDM. The expected date of publication is Winter 2005-2006 and people can preorder copies online now (<http://www.pdm1.org>).

LS: *What particular groups do you hope to reach?*

SG: The PDM is intended to be of help to all professionals and students who practice psychotherapy and psychoanalysis and other mental health professionals and students who are interested in understanding the full range and depth of human functioning. The audience is the entire mental health community.

APSA



Introduction

I believe it is fair to say that, in spite of the enthusiastic efforts of the International Psychoanalytical Association to consistently increase information to our entire membership about what is going on in psychoanalysis all over the world, important gaps remain in this information. This has been even truer regarding the efforts of the American Psychoanalytic Association to communicate our views and developments to the international psychoanalytic community. Under these circumstances, I think the present initiative from the American Psychoanalytic Association, under the leadership of Jon Meyer, to increase two-way communications between the International Psychoanalytical Association and the American Psychoanalytic Association is a most welcome step to strengthen our collegial relations.

The objective of this "International TAP" column is to provide information to the American psychoanalytic community about developments in international psychoanalysis, to further open the doors to the IPA's efforts to reach the American membership. This initiative also will help the international psychoanalytic community to become better acquainted with new initiatives and developments in North America. I strongly urge our friends and colleagues in all the three regions to include the "International TAP" in your regular sources of information about what is new in American psychoanalysis. I hope that it will presently foster mutual understanding and involvement of all of us.

—Otto F. Kernberg, M.D.

President, International Psychoanalytical Association, 1997-2001

APsA News

Hurricane Katrina

Hurricane Katrina forced members of the New Orleans Psychoanalytic Center to evacuate the city. Although the institute building was not damaged, the members scattered to the four corners of the United States. By November, analysts at best had resumed 40 to 60 percent of their previous caseloads; some were located where they could not work at all.

Christine Ury, D.Ps., is associate editor and international editor of TAP. She is a faculty member at the Canadian Institute of Psychoanalysis and has a private practice in Montreal.

The American Psychoanalytic Association collected money for the American Red Cross and for its own Psychoanalytic Assistance Fund. The PAF, established before World War II to help colleagues fleeing Europe resettle, continues to aid analysts facing unanticipated financial hardship. In mid-September, International Psychoanalytical Association President Claudio Eizirik made an international appeal to all IPA members for contributions to the Red Cross and the PAF.

It is unclear when the New Orleans center will be back on its feet. Center president Randolph Harper hopes programming can begin next September.

Liaison Group

A joint liaison group of representatives of the American Psychoanalytic Association and the Confederation of Independent Psychoanalytic Societies (CIPS) has been formed. Both groups have very similar standards of psychoanalytic education and practice, and are participants in the North American Psychoanalytic Confederation (NAPsAC). Among other issues, the group is concerned about the threat of the low standard psychoanalytic licensing being promoted state by state by the National Association for the Advancement of Psychoanalysis (NAAP). A new liaison group has also been formed between APsA and the free-standing IPA institute, the New York Freudian Society.

International News

Latin American Virtual Library of Psychoanalysis

The Federation of Psychoanalytic Societies of Latin America (FEPAL) is in the process of creating a virtual library of psychoanalysis. The goal is to digitalize all psychoanalytic literature from the FEPAL associations so that it is available, at no cost, for online users. The literature will comprise not only journals, but also presentations, workshops, symposiums, debates, congresses, research projects, and monographs from all the psychoanalytic societies and institutes in Latin America.

Different online operations will be possible: data base searches, access to plain texts, links

with the Web sites of the component institutions and authors, participation in forums on specific subjects and in shared research, requests for specialist advice, and access to distance learning material.

The virtual library is intended to strengthen the intra- and inter-institutional links between members who feel isolated in their own psychoanalytic institutes. What is also hoped for is that the virtual library will provide a tool to promote a much needed dialogue between psychoanalysts, other mental health professionals, and the public at large.

There will be no charge for use of the virtual library.

An interdisciplinary group of psychoanalysts, library specialists, and computer technicians in Argentina has been working for the past two years on the virtual library. The Pan-American Health Organization provided technical expertise, computer software technology, and free training of personnel.

The Ambulatorium: Vienna Outpatient Clinic

The Viennese psychoanalytic clinic is putting together a project that will establish contact with several groups of professionals to interest them in psychoanalysis as a successful treatment of patients with personality disorders, and as a conceptual tool for understanding complex mental states. Many of the targeted professional groups, such as teachers, journalists, politicians, and sociologists are interested in what psychoanalysis has to offer to the public. The project will promote psychoanalysis from different points of view through conferences, clinical workshops, a lecture series, and increased contact with the media. It is hoped that it can be up and running in time for the 150th anniversary of Freud's birth next spring.

The Viennese outpatient clinic, founded in 1991, was modeled after the former Ambulatorium of the Viennese Psychoanalytic Society that operated successfully from 1926 until its liquidation by the Nazis in 1936. The earlier clinic, with full support from Freud, provided free and low-fee treatment.

The clinic now sees mostly patients with borderline and narcissistic personality disorders and can treat these patients without fee because of a contract with the national health insurance companies.

Consideration and Mortality

Ellen Pinsky

When my therapist, S. Joseph Nemetz, suddenly died at the end of May in 1994, I felt lonelier than ever in my life. I turned for comfort to the same places I've turned all my life: to people and to books. The first were wholly satisfactory, the second only partly so.

The safety net provided by friends and family was strong, flexible, and reliable. So too was the professional net: Nemetz's colleagues and friends offered themselves immediately and generously, and at every point they proceeded wisely, all in the face of their own confusion and grief.

I can't say the same for the comfort I got from reading. In turning to books, I also had two accustomed directions to take: First, I could go to literature, which has cushioned and buoyed me since I was small; second, I could go to psychoanalytic theory, an interest only nine years old, though an avid one.

In literature I found what I needed. In psychoanalytic theory, not only did I not find what I needed, but what I did find outraged and discomfited me. In the body of papers on the illness and death of the therapist, instead of comfort or insight, I found avoidance, confusion, condescension, self-delusion, and dissimulation. The subject of the therapist's mortality itself seemed to inspire avoidance and disarray. But perhaps most remarkably, nowhere did I find the voice or perspective of the patient.

Joseph Nemetz's professional conduct, in retrospect, serves as an implicit critique of the inadequate professional literature regarding the central matter of the therapist's mortality. When he suddenly died, I had been working with him in an intensive psychotherapy for almost four years. I had asked several weeks earlier, in April, if we could talk about my beginning analysis.

Nemetz was surprised by my request, and I, by his surprise; I thought I had made many less-than-subtle hints about analysis. I told him I thought I had been reasonably clear; he replied

that he had not understood me. Possibly, both of us were right. I came to wonder later whether I had in fact been quite clear, but that his usually exquisite capacity to hear me had in this particular matter broken down: Conceivably, he wished not to hear me. I have wondered whether his deafness to my hints came from his intuitive understanding that, if I were to ask, he would have to say, "No"—the answer he would be compelled, as I now understand, to give. With the refusal, I would, if I wanted analysis enough, move to another therapist. I believe that he cared very much about me, enjoyed his work with me, and preferred that I not leave him.

In the body of papers on the illness and death of the therapist, instead of comfort or insight, I found avoidance, confusion, condescension, self-delusion, and dissimulation.

He did not answer my request right away. He told me that, because of his age, he was cautious about beginning new analyses. When I asked if our nearly four years of work together made no difference, he answered that of course it did, and that he would need some time to think about it. Over the next 10 days I argued my case, growing more excited and hopeful as the days passed and he did not refuse.

Several minutes into our fifth meeting after I had first asked to begin analysis, I was speaking with an animation every minute moving closer to pleased assumption: I would have my wish. I remember that he lifted his hand lightly, several inches off his knee, in a gesture that stopped me dead—a "Whoa!" to a racing horse. The very long silence lasted perhaps five seconds, and then he spoke quietly: "*There's more than one person in this room to be considered.*"

I was speechless. At that moment and in that pause, I caught a clear glimpse of him, perhaps for the first time in 10 days, so hard had I been working to obliterate him in order to have what I wanted. I saw something then about what he might feel, what he might wish, and what this decision might mean for him.

I was able then to say, calmly and with tremendous sadness, "This must be hard for you, too." He nodded very slightly and said, "In many ways."

Although he didn't give me his answer until the next time we met, I knew then what he would likely say and began to prepare myself for it. I think I had really known the answer from the beginning, maybe even before he did, and my wish not to hear what I already knew explained my impetuous rush to fill with words any space for an honest exchange with him. My unconscious hope was to keep both of us from reflecting; but he didn't give up that responsibility.

Near the start of our next meeting, he said that given the nature of my own losses and the power of analysis, and given the good possibility that he might die before the work was done, analysis with him was not a good idea. He said, if I wanted analysis, he would help me arrange it.

I knew that given his love for the work, and especially for that work from behind the couch, his decision was not easy. But I also knew in a hazy way that it was his commitment to the work, and to me, that led to the decision.

I asked him if he had ever changed his mind about anything, and he replied, quickly and very gently, "I once decided not to be a cowboy." As was often true in my time with him, my laughter was part of the power of the moment: Few people have ever looked less like a cowboy. My tears and rage followed.

But I didn't fully understand his words for a long time. Many months after his death, I did understand that Nemetz was telling me far more than, "No, I can't be your analyst." He was telling me that, however much he might wish to give me what I wanted, he could not change his mind because any other decision would be wild and incautious. His refusal was clearly dictated from the start—although it was not easy for him to accept it—by his understanding of and respect for the power of the analytic process, for his own human limitations, and for me. With that decision he looked squarely at the ending of his

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Ellen Pinsky, Psy.D., is a candidate at the Boston Psychoanalytic Society and Institute and is in private practice in Cambridge, Massachusetts.

lifework, and of his life. Holding to the highest ideals of his profession, he was guarding my safety. He had the capacity to bear the responsibility of "No," and with it, to bear responsibility for the pain he caused me and, I believe, caused himself. At the moment he spoke, it was to remind me that there are always two individual, mortal people in the consulting room, and in that quiet reminder is located the most essential principle guarding the patient's safety.

A few weeks later, on a Wednesday in mid-May, the hour came to a close. I remained angry at him. He was going away for the weekend to a conference in Philadelphia. He often ended an hour with something intended

to leave me thinking. This time it was a question; his last words to me were, "What have I done to make you think I don't understand how disappointed you are?"

I paused and said, "I'll think about it, and I'll let you know Monday morning." I stood up and left him with my usual tagline when he went away to meetings: "Have a good time, learn something, and cross the street very carefully." He collapsed without warning on Sunday in the airport in Philadelphia, and he died six days later, apparently never regaining consciousness.

(This article originally appeared in the Winter 2004 issue of Threepenny Review.) 


PDM: An Overview

Continued from page 14

The psychoanalytic tradition has a long history of examining overall human functioning in a searching and comprehensive way, with an emphasis on both dimensionality and context of mental problems. Nevertheless, the diagnostic precision and usefulness of psychoanalytic approaches have been compromised by at least two problems. First, until fairly recently, in an attempt to capture the full range and subtlety of human experience, psychodynamic accounts of mental processes have been expressed in competing theories and metaphors that have, at times, inspired more disagreement and controversy than consensus. Second, there has been difficulty distinguishing between speculative constructs on the one hand, and phenomena that can be observed or reasonably inferred on the other.

In recent years, however, having developed empirical methods to quantify and analyze complex mental phenomena, depth psychology

has been able to offer clear operational criteria for a more comprehensive range of human social and emotional functioning, as described by Westen, Shevrin, Shedler, Blatt, Dahlbender, and others in the PDM research section. The challenge has been to systematize these advances with a growing body of rich clinical experience in order to provide a widely usable framework for understanding and specifying complex and subtle mental phenomena.

The PDM uses a multidimensional approach to describe the intricacies of the patient's functioning and ways of engaging in the therapeutic process. It begins with a classification of the spectrum of personality patterns and disorders found in individuals. It then describes a "profile of mental functioning" that permits a clinician to look in more detail at each of the patient's capacities. This is followed by a description of the patient's symptoms, but with a focus on the patient's internal experiences as well as surface behaviors. The PDM covers adults, as well as infants, children, and adolescents. 

To order a copy of the *Psychodynamic Diagnostic Manual (PDM)*

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Supporting the Bylaw Amendment on Certification

Jonathan House

Under our current bylaws, the certification requirement for appointment as training analyst and supervising analyst cannot be waived for any reason. The “local option” amendment will allow institutes, if they wish, to appoint as TAs and SAs colleagues who meet all other requirements, local and national, but have not been certified.

The potential benefits are important.

Jonathan House, M.D., is a training and supervising analyst at the Columbia University Center for Psychoanalytic Training and Research where he serves on the Curriculum and the Progression Committees and is co-chair of the Freud course.

For our institutes, added flexibility will permit acceptance of some well qualified candidates in treatment with uncertified colleagues. Throughout the country, there are respected colleagues who meet all other criteria for TA/SA appointment but have not been certified. Their analysts who want training often go to non-APsaA institutes rather than switch analysts. This has been an issue at institutes across the country. Even institutes with no difficulty recruiting classes could benefit from a bigger applicant pool.

For our national organization, it will help recruitment of individuals and facilitate affiliation of IPA institutes.

For our local institutes, it will increase available resources. (Here space limitation requires

allusive brevity.) We encourage graduates of IPA institutes in the U.S. (institutes not part of APsaA) to join our Association. None of these IPA institutes has certification as a requirement for appointment as a TA or SA. So, even colleagues who have been TAs for decades, who themselves are members of APsaA, who have analyzed those we seek to recruit as members, cannot serve on BOPS. Nor can they enrich our institutes by becoming supervisors or analysts of our candidates unless they go through our certification process. Our local institutes cannot take advantage of what these colleagues, our fellow members, have to offer.

Within the wider analytic communities—local, national, and international—disagreements can be generative or destructive, or both. It is revealing to contrast our experience of theoretical disagreements with our disagreement about certification. Theoretical orientation is, wisely, not prescribed by our bylaws.

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Opposing the Bylaw Amendment on Certification

Beth J. Seelig

This winter, the membership of the American Psychoanalytic Association is being asked to consider and vote on a bylaw amendment, often misleadingly described as the “local option” amendment, which would forbid the Board on Professional Standards (BOPS) from requiring *any form of certification* for service as training and supervising psychoanalyst (TA/SA). Altering our bylaws to explicitly prohibit BOPS from nationally requiring certification for TA/SA service attacks a core mission of our national

Beth J. Seelig, M.D., is professor of psychiatry and behavioral sciences and director of the Psychoanalytic Institute, Emory University. She is secretary of the Board on Professional Standards and councilor-at-large of the Executive Council of APsaA.

organization, the educational mission, and is neither “local” nor merely an “option.”

Why is the “local option” bylaw dangerous to our national educational mission? BOPS currently already effectively utilizes its existing option of waiving certain requirements in individual circumstances. This proposed bylaw would permit individual institutes, but not our national organization, to either require certification or waive it, so that non-certified analysts could become TAs. This argument and its corollary, that analysts of such non-certified analysts might become candidates, is attractive but extremely misleading. In actuality, under the guise of providing needed flexibility, the bylaw would impose a new rigidity. Far from being merely an “option,” to be exercised locally, the bylaw would remove an option nationally. APsaA would no longer retain the option of

employing its only national evaluation tool, the certification examination, as part of its national evaluation of potential TAs through its BOPS.

As a national organization with a major educational mission, APsaA has an obligation to perform due diligence in evaluating local educational programs on the national level. Candidates are required to be analyzed as part of their psychoanalytic education. Therefore, APsaA has an obligation to assess potential TAs nationally, just as curricula and other aspects of candidate education are nationally reviewed. These tasks are assigned to a body—BOPS—consisting of institute representatives, each institute autonomously selecting two representatives, called fellows. The decisions of BOPS are our institutes’ group decisions, arrived at and voted on democratically. Institutes, collectively, want certification as a national standard for TA appointment.

BOPS is presently actively studying and improving both the TA system and certification examination, including the possibility of recommending periodic re-certification.

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Supporting the Bylaw Amendment

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The curriculum of each institute inevitably has a theoretical orientation, which tends to change over time as a result of generative differences. Differences about certification have been, on balance, more destructive than generative. The amendment does not eliminate certification but, by making it optional, will diminish the destructive effects of our differences. Locally, choice about certification will be analogous to choice about theoretical emphases in the curriculum. Ideally, local option will transform certification from a source of destructive divisiveness into a source of generative difference. A more modest but more certain hope is that it will diminish national bitterness and allow some institutes to open things up a little bit.

WHAT THE AMENDMENT DOES AND DOES NOT DO

Local option does three things:

1. Prohibits BOPS from including certification as a prerequisite for TA/SA


appointment in every institute, while permitting each institute to maintain that standard if it wishes.

2. Permits institutes to elect non-certified TA/SAs to serve as fellows of BOPS.
3. Permits the chair of BOPS to appoint non-certified members to BOPS committees.

That's it! Three modest, circumscribed changes.

To prevent possible misunderstanding, here is what the amendment, for better or worse, does not do:

1. Does not eliminate the TA system.
2. Does not change the certification process.
3. Does not eliminate BOPS's authority to set national standards for appointment as a TA.
4. Does not alter any other of the seven criteria used by BOPS to evaluate applicants proposed for TA/SA status.
5. Does not eliminate an individual institute's power to require certification as a prerequisite for TA/SA appointment.
6. Does not eliminate the requirement that every candidate be analyzed by a TA.


I hope you vote "yes" on local option. 

Opposing the Bylaw Amendment

Continued from page 20

The reliability of the certification procedure is being researched. Substantial and extremely well received changes have recently been made in both certification and the national standards for TA appointment. Work continues to increase flexibility while maintaining reasonable assurance of TA experience and qualifications. Although there has been ongoing controversy regarding certification, when polled, the majority of our members support national certification with improvements. This proposed amendment opposes this expressed wish of our membership by attempting to preemptively prevent our BOPS from employing any form of national certification. Taking this step is also contrary to the accepted practice of other healing professions, which

recognize the need for national standards and a national certification for their individual practitioners that has meaning for the profession and which should be expectably required for those entrusted with educating future colleagues.

There is another quite different but also essential problem with the "local option" amendment. APsaA is in the middle of a major reorganization. The bylaws of our organization are being reviewed and rewritten. All administrative structures within the organization are subject to revision. The proposed new administrative structure and bylaws will be voted on by our membership. This bylaw would have the effect of making a radical (and realistically irrevocable) change in the nature of our organization at a time when the big picture is being re-considered in a holistic way. Please consider carefully before casting your vote. The nature of our organization is at stake. 

How to Participate in APsaA's Scientific Program

Scientific papers for oral presentation must be no longer than 22 pages, double-spaced; longer papers (40 pages maximum) are considered for pre-circulation and small group discussion. Include an abstract and submit eight copies. JAPA has first claim on any paper accepted for presentation or pre-circulation.

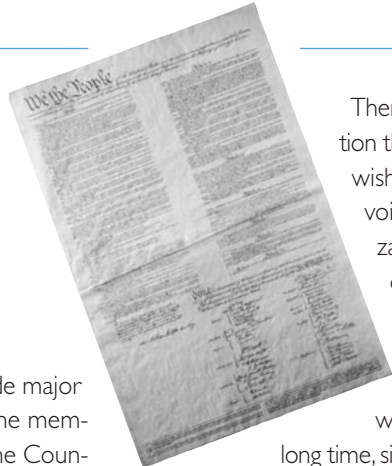
Panel proposals must be submitted in writing (two pages maximum, two copies). Each proposal should contain a description of the format, the objective of the panel, and names of possible participants (chair; panelists, discussant, if any). The Program Committee usually chooses panels one year in advance.

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

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

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

Address correspondence to Glen Gabbard, Chair, Program Committee, c/o The American Psychoanalytic Association, 309 East 49th Street, New York, New York, 10017.



The Task Force on Reorganization Makes a Proposal

Now It's Up to You

Robert M. Galatzer-Levy

APsaA is your organization. The Task Force on Reorganization worked mightily to create a proposal for a new APsaA governance. Every APsaA member has received a copy of the report and it is available online. We hope that you will help ensure that APsaA works well and represents you well.

The task force tried to design a governance that is both effective and representative of APsaA's members. We hope members will read our report thoughtfully and come to their own conclusions based on its merits.

The Board of Directors will include major representation elected directly by the members, several members elected by the Council of Societies, the officers of APsaA, a representative of the Council of Institutes and (optionally) three outside directors with special expertise needed by APsaA. It would include several directors, elected by the membership, whose jobs would be to oversee APsaA's major divisions. The Council of Societies, in addition to electing several members of the board, would coordinate societies'

There is no reorganization that would meet the wishes of all the strong voices in our organization. This diversity of opinion was represented on the task force. Even after struggling with the issues for a long time, significant differences of opinion remained among task force members. Our report reflects the majority opinion of the best way to proceed in the best interest of APsaA and psychoanalysis. It also describes concerns about and disadvantages of our ultimate recommendations as well as considerations of alternative proposals. Its goal is to lay out our thinking so that members can come to an informed decision when it comes time to vote.

We are not trying to “re-invent the Association,” to determine its future course, or to empower a particular point of view. Our proposal attempts to create an arrangement in which, if the membership so chooses, changes of many kinds are possible. We want APsaA's energies to focus on its tasks, not its governance.

The task force report addresses some of APsaA's most controversial issues. If adopted, it would create a small, representative Board of Directors with great authority. It would dramatically alter the roles of the Council, BOPS, and the officers. (The successor of the Council would be named the Council of Societies and BOPS's successor, the Council of Institutes.)

interests and receive reports from APsaA's committees. The Council of Institutes will oversee psychoanalytic education in APsaA institutes but play little direct role in APsaA's governance (i.e., it will contribute a single member to APsaA's Board of Directors). The Council of Institutes, as a subsidiary corporation, will have significant autonomy from APsaA, while at the same time it will include strong representation from APsaA in the form of APsaA representation on its board, eligibility of all APsaA members to serve on its board of directors and committees, and the capacity of APsaA's Board to discharge the board of the Council of Institutes.

WHAT THE REPORT TRIES TO DO AND WHAT IT DOES NOT TRY TO DO

The task force was charged to design a governance for APsaA. Governance specifies how to do the organization's work, not what that work is. Governance should help get things done and reflect the members' wishes. It should not dictate what is to be done. APsaA is a changing organization with changing goals and projects. Governance should facilitate and certainly not impede these changes. At the same time, governance must address the particular tasks APsaA is likely to encounter.

Practically, this means that it should be clear who makes what decisions and decision making should be appropriate for the situation. There should be checks and balances to ensure that decisions are made fairly and well, but these should not make it unduly difficult to take action. For example, we recognized that APsaA will likely want to change its membership criteria from time to time, but we also recognized that such changes could change the entire character of the Association, so we designed a procedure in which the criteria could be changed by a majority vote of the Board of Directors and the membership because major changes need to be undertaken with caution.

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Robert M. Galatzer-Levy, M.D., *chairs the APsaA Task Force on Reorganization. He is a training and supervising analyst at the Chicago Institute for Psychoanalysis.*

Los Angeles and Southern California Societies and Institutes Merge

R. James Perkins

A new entity, the New Center for Psychoanalysis, will replace the two venerable members of APsA that have co-existed in Los Angeles for more than 50 years. The "crosstown rivals" had recruited and trained their own candidates and put on scientific and social programs with little shared activities or membership. For years, the idea of

organization, revitalized by the synergy of a merger. A vote in principle by both memberships to combine led to an implementation committee charged with recommending a model for the new organization. A final, binding vote was held in May 2005, expressing overwhelming support for the merger and creating the New Center for Psychoanalysis.

There is now considerable excitement about the opportunity to build a psychoanalytic organization that better reflects the needs of its members, its candidates, and the community.

combining these two rather similar organizations had been mentioned, but each was functioning well and cherished organizational identifications made the idea seem unnecessary and unappealing.

Over time, however, new institutes appeared on the scene, reflecting theoretical niches and the medical exclusivity of the past. In some cases, these new entities were formed by groups that had split off, taking members and their candidates with them. So while interest in psychoanalysis has remained strong in Los Angeles, the market share of the two original organizations gradually became smaller. Recruiting became more competitive and membership rolls began to decrease due to aging and attrition. The result for both groups was shrinking coffers and decreasing vitality as the financial and human resources to run their various and often parallel programs were stretched thin.

By the late '90s, the idea of merger was finally being taken seriously. A joint committee explored the feasibility of combining to create a larger, financially robust psychoanalytic

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The process was not always a smooth one. At various points, there was understandable resistance to change, with apprehension in each group about the "other," and infighting within each group about the advisability of making such a sweeping

The Task Force on Reorganization Makes a Proposal

Continued from page 22

We are not trying to "re-invent the Association," to determine its future course, or to empower a particular point of view. Our proposal attempts to create an arrangement in which, if the membership so chooses, changes of many kinds are possible. We want APsA's energies to focus on its tasks, not its governance.

Our current bylaws include great detail about a variety of matters not ordinarily included in bylaws and apparently designed to set APsA policies. We believe bylaws should be simple, clear statements about how to run the Association, not means to cement policies in place or to address every possible contingency that might face the Association. Our goal is to write bylaws that everyone can understand and use to accomplish APsA's missions.

change. Alongside the excitement of starting something new was always the awareness that our psychoanalytic homes would cease to exist, places where we had learned our craft and found lasting professional and personal relationships.

Following the vote in principle to combine, there was a *de facto* merging of important functions, establishing joint institute and psychotherapy classes and their associated committees, which have been running quite smoothly for the past three years. The experience of working together successfully was crucial in building trust and confidence in the process and in one another.

There is now considerable excitement about the opportunity to build a psychoanalytic organization that better reflects the needs of its members, its candidates, and the community. To this end, the New Center for Psychoanalysis, while continuing the tradition of analytic training of the highest caliber, will also sponsor a broader application of psychoanalytic thinking. With a strong foundation, we hope to tap into the academic and cultural passions of our diverse membership, sponsoring programs that will both foster more active participation within and further widen the scope of psychoanalysis in the community.

APsA

WHERE FROM HERE?

We very much hope that each member will read and think about our proposals. Before the proposals are transformed into bylaws language, we may refine them based on further feedback of members. After the January Meeting our proposals will be drafted by our attorneys into specific bylaws proposals for the members' vote.

We hope that discussion will focus on the merits of the proposals. We believe that APsA will be best served if members calmly step back and consider the proposals. We hope they will ask not only whether the proposals satisfy their particular concerns, but rather whether they are "good enough" so that APsA will work more fairly and effectively if they are adopted.

APsA

Complex Mental Health Issues Lead More College Students to Seek Counseling

Lorraine D. Siggins

College students and the lives they lead are a source of much interest and curiosity. Usually this is directed toward their social and sex lives, their academic achievements and career choices, their initiation rites, and their athletic achievements. More recently, this interest has been directed towards their mental health concerns. Frequently, these issues have been front-page news. Many newspapers and magazines in the last several years have featured articles about the increasing number of students coming to college mental health services, about student drinking patterns, and student suicide. Some of the statistics cited are:

- The 2004 National Survey of College Counseling Directors states that 85 percent of the directors of counseling services have reported an increase in severe psychopathology in the students they are seeing.
- Most of these directors have seen a 50 percent increase in the number of students coming to their services, and in many instances, the numbers have doubled over the last five years.
- 92 percent of counseling center directors saw an increase in the number of students coming to college already on psychiatric medications.
- The American College Health Association survey of students in 2003 indicated that 40 percent of students at least once during the year had felt so depressed that it was difficult to function.
- There have also been prominent accounts of suicides that have occurred among students on the campuses of prestigious

universities. Though the suicide rate on college campuses is roughly half the suicide rate in the population at large for the 19 to 25 age group, many colleges are addressing these tragic events by increasing access to counseling and mental health services to try to reduce the number further.

These points raise many questions. Why, for example, would there be an increase in the number of students coming to college counseling and mental health services? How are we to account for the increase in severity of illness?

There are no definitive answers to these questions, though several are frequently mentioned. One is that there has been a decrease in the stigma associated with obtaining mental health care. Thus, students feel free to go to campus services for help. A second reason mentioned is that there has been improved treatment of depressed students in high school. These students are now completing high school and going on to college, which they would not have been able to do before. Another reason offered is the effect of the change in family structure, often with inadequate childcare available. This may adversely affect genetically vulnerable children.

MIND AND BRAIN IN TRANSITION

The growth of these problems means that we, as analytic clinicians, will increasingly be seeing troubled college students. When we are consulted in such situations, there are important considerations we should attend to during the assessment, and in recommending an ongoing treatment. We need to keep in mind the psychological vulnerability of students during these years. The transition from home to college to an independent adult life, and the necessity to negotiate many complicated developmental issues, are phenomena psychoanalysts are familiar with. Along with these crucially important psychological developmental tasks, however, it is also important to keep in mind some of the

genetic, anatomical, and physiological changes that are still taking place during this period.

For instance, recent studies at the National Institute of Mental Health (NIMH)



Lorraine D. Siggins

using imaging techniques have shown that the brain continues to develop until the mid-twenties. During this time, there is a consolidation of neural pathways, which is necessary for the optimal adult functioning of the higher level abilities of judgment, mature decision making, and the ability to integrate paradoxical and contradictory material. This continuing development contributes to the difficulty we have in making definitive adult diagnoses in this late adolescent age group.

The difficulty of diagnosis is compounded by the genetic unfolding of major mental illness, which, as we know, first occurs during the years 17 to 25. Thus, when we see a sophomore who seems "confused" and has loose associations, we may be seeing the developmental regression and uncertainty of an ordinary sophomore who next year will seem well put together; or one might be seeing what, a year later, will turn out to be a major mental illness. Also, what may seem like a college prank one year, turns out to be a mania the next. It is extremely important to keep an open mind about diagnostic issues as development unfolds, both psychologically and physically. This is also an important consideration in prescribing medications.

In clinically assessing a patient in this college age group and, particularly, in undertaking any intensive therapy, we, as analysts, should be cautious in assessing the material as it emerges, and in coming to an understanding of the students. This is a very exciting time in students' lives, and it is a privilege to be working with them during these important transitional years. At the same time, we do need to be alert to the genetic, physiological, and psychological complexities of this period if we are to facilitate the students' development and understanding.

APSA

Lorraine D. Siggins, M.D., is *psychiatrist-in-chief at Yale University Health Service, clinical professor of psychiatry at the Yale School of Medicine, and training and supervising analyst at the Western New England Institute.*

Bringing Basic Freud to the Whole Student Body

Sheila Fisk

Several years ago as a candidate, I grew tired of being asked because of my training: "Do people *really still* practice psychoanalysis?"

I decided to do something about this question and approached Stanford University's Continuing Studies Department to propose a survey course about psychoanalysis. Several of my analytic colleagues helped me design and also taught in the course, which had a waiting list the first year it was offered. As I watched these students, who had no previous knowledge about psychoanalysis, crowd around the instructors during the breaks and after the course, I was convinced that this was a good means of introducing psychoanalysis to others and also dispelling the myth of the cold, aloof analyst.

Sam Chase, an experienced and enthusiastic teacher in the first course, helped redesign the course before its second year so that it had a more coherent form. The revised course was entitled "Freud's Models of the Mind: the Mysteries of the Unconscious." Aimed at teaching basic psychoanalytic concepts to the lay public, it starts with an overview of Freud's life and his culture and then goes on to review his basic theories, using his writings as well as recent writings to explain the concepts covered. The lecturers (who now include Wendy Stern, Jonathan Dunn, Barbara McSwain, Chase, and me) cover Freud's structural model, dreams, trauma, memory, neurosis and psychosis, and a contemporary application of the theories to the clinical situation. The readings extend from some of Freud's papers to fairy

tales. We also use contemporary movies to illustrate trauma and psychosis.

The course, now in its third year, continues to be popular. The online catalog and hard copy catalog combined reach over 4500 people in the San Francisco Bay Area. There are now three additional psychoanalytic courses being taught through Stanford's Continuing Studies during the year, which generates much needed publicity for psychoanalysis.

Our course has led to requests for consultation, speaking in other Stanford courses, and an appeal from some undergraduates to have the course available to them. Most of the students in the course already have graduate

More importantly, we envision that some of these students will become intrigued with the mind and analysis and thus will pursue careers as analysts.

degrees. Many of them have been scientists, engineers, and others who were initially very skeptical about the "science of the mind." Since many of the instructors use current neurophysiology to explain some of Freud's original hypotheses and others use clinical examples that everyone has some experience with, these skeptical scientists are at least more open to the idea, if not persuaded, that these theories are more than just conjecture. This in turn stimulates many more questions that keep all of the teachers thinking and reading more extensively in order to accurately address these difficult questions.

Chase and I have been invited to lecture in a course that was a part of the students' living situation. It was a cultural survey course that briefly covered Freud's works and his clinical thinking. We had dinner with the students, each of us at a different table with about 10 students each. These eager students kept us talking nonstop until their faculty intervened and announced that it was time for the lecture.

ACCEPTED IN MED SCHOOL

It was this experience, plus the appeal from the undergraduate students, that led us to redesign the course once again and approach Stanford Medical School with the offer to teach the course there. It was recently accepted as a preclinical elective for January 2006. The chairman of the Stanford Curriculum Committee, an internist, said in his reply to me: "I want to take this course myself." As a preclinical elective, the course will be open to any Stanford University Medical student, undergraduate, graduate, resident, or fellow.

The course, which is supported by a grant from the American Psychoanalytic Foundation, has the same basic design and teachers as the Continuing Studies course, but will in addition cover psychosomatic symptom formation, the role of dreams in medical illness, and trauma that results in physiological symptoms.

Our goal is to inform physicians about the relationship between the mind and psychosomatic conditions so that they may make referrals with a sense of hope rather than exasperation. More importantly, we envision that some of these students will become intrigued with the mind and analysis and thus will pursue careers as analysts.

All the instructors in this course have been very generous with their time and their commitment to its development. The writing of this article reflects our combined efforts even though it is in the first person. The courses followed the same path. They began with my vision, but without the help of other colleagues, particularly Sam Chase, they would not have developed and expanded as they have.

Wendy Stern, one of the teachers, states, "It was an undergraduate course such as this one that inspired me to become an analyst." We hope some of our students will one day say the same.

APSA

Sheila Fisk, Ph.D., is a clinical psychologist and psychoanalyst in private practice in Palo Alto, California.

J. Samuel Chase, M.D., a psychiatrist and psychoanalyst in private practice in San Francisco, contributed significantly to the conceptualization and writing of this article. Both are members of the San Francisco Psychoanalytic Institute and Society.

Wisconsin's Forum on Psychology of Racism Creates Dialogue with Minority Community

Jan Van Schaik

A few years ago, a West African resident in my advanced psychotherapy course told me how fascinated she was by the psychoanalytic material that we were reading. I asked if she had considered analytic training. She retorted, "As a black woman from Africa, who in Milwaukee would ever come to see me for analysis?" Sadly, I realized that she had a point.

Shortly thereafter, I read that the NAACP had scheduled its national convention to be in Milwaukee July 2005. I thought a public forum on the psychology of racism timed to coincide with the NAACP convention could provide an opportunity for useful dialogue between psychoanalysts and the minority community. After considering many ideas about what could be accomplished with such a forum, I distilled my thoughts down to five talking points as I sounded out leaders in the black community about their ideas on a public dialogue. The talking points were as follows:

- As experts in understanding the psychology of human behavior and feelings, psychoanalysts have much to contribute to studying the psychology of racism.
- Minority populations are underserved by psychotherapists and psychoanalysts.
- Minorities are underrepresented in our profession. APsaA is committed to increasing diversity among trainees.
- As an organization, APsaA is seeking to redress the institutional racism that has pervaded the mental health profession.
- Milwaukee is one of the most segregated urban areas in the country. We want to do our part to improve this unfortunate situation.

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Jan Van Schaik

After exploring various contacts over the next year, I partnered with G. Communications, a marketing firm involved in event planning for the NAACP convention. With the help of G. Communications' CEO, Brandon Adams, a vision began to take shape. We planned a three-hour "Forum on the Psychology of Racism" for July 8, 2005, at the Milwaukee Art Museum. I was able to obtain

funding from the American Psychoanalytic Foundation, the Wisconsin Psychoanalytic Foundation, the Wisconsin Psychoanalytic Society, and G. Communications. Three APsaA members, Paula Kliger from Detroit, Mark Smaller from Chicago, and Sandra Walker from Seattle, as well as a local psychotherapist on our foundation board, Quincy Tharps, agreed to be the forum panelists.

At the forum, Tharps set the stage by discussing sociocultural aspects of racism that affect all members of society, focusing on the unique racial picture of Milwaukee. In a presentation entitled "Race from the Inside Out," Walker discussed the internalization of racism. Kliger focused on how racist attitudes are conveyed and passed on through mutual reciprocal exchanges between individuals in her paper, "Racism: It Takes Two—The View from Within." Smaller provided an analytic perspective on the Truth and Reconciliation Commission in South Africa and its relevance for our culture in

his talk, "Reconciling the Truth about Racism in the U.S.: What Can We Learn from South Africa's Truth and Reconciliation Commission?"

The presentations were followed by a spirited dialogue with the audience in a town hall meeting facilitated by Keith Murphy, a nationally syndicated radio talk show host. The event was broadcast live on WMCS, a popular local urban radio station and was filmed by public TV. Over 150 people attended the forum. The audience was an ethnically and racially diverse cross-section of the community, including NAACP members, religious leaders, politicians, analysts, psychotherapists, educators, and other local residents interested in the topic. Audience members were enthusiastic, viewing the dialogue as a positive step in healing Milwaukee's racial divide.

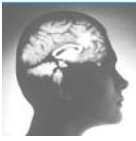
Following the forum, there was a gallery walk through an exhibit on "Artists Interrogate Race and Identity," with each panelist choosing a work of art to discuss in depth. The gallery walk offered an opportunity for a more intimate discussion on the psychology of racism.

As an organization, APsaA is seeking to redress the institutional racism that has pervaded the mental health profession.

The next day, at a special scientific meeting of the Wisconsin Psychoanalytic Society, Kliger, Tharps, and I facilitated a discussion of racial issues in the therapeutic setting using a film, *The Color of Fear*, as a catalyst. This film is a powerful exploration of racial attitudes among seven ethnically diverse men. The 30 people who attended the meeting found the discussion helpful in furthering their work with patients from different ethnic or racial backgrounds.

We are exploring ways to keep the momentum going. Local public TV plans to broadcast an edited version of the forum. Additionally, talks are underway for a possible national broadcast. We are also considering offering psychoanalytically informed diversity training and psychoanalytic discussions of movies and plays that have racial themes. Meanwhile, Tharps is networking with local religious leaders to continue this important dialogue. Next year, we plan to have another society meeting devoted to racial issues.

APsaA



Vive la Différence

Robert Michels



Robert Michels

Psychoanalysis has long been interested in the differences between men and women—the mental differences—and has been a major participant in the dialogue and controversy that

have surrounded this subject from before Freud until the current president of Harvard. Freud's most well-known formulation was clear—the essential psychological differences between the sexes could be traced to their reactions to the discovery of genital differences. Anatomy was destiny—the anatomy of the genitalia and the psychological responses to it. Men and women had the same brains, but different developmental experiences.

One modification of this model added a social or relational theme, a theme that became widespread in psychoanalytic thinking. The critical experiences that differentiated boys from girls were not only their own psychological responses to the discovery of their genitalia, but also, and more important, their parents' response. Mothers and fathers behave differently with sons and daughters, and the response to those differences led to gender differences in psychology, differences that were not closely tied to mating behavior.

A second modification came from biologic research. Sex hormones were found to affect the hypothalamus and thereby organize

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divergent reproductive behavior. This provided a biologic basis for gender specific behavior in mating.

Now new research has added yet another perspective. The brains of men and women are different; these differences are present from birth. They involve areas of the brain that are not associated with reproductive behavior and they seem to be associated with behavioral differences that have little to do with mating. In this model anatomy may still be destiny, but it is neuroanatomy rather than genital anatomy and it affects non-conflictual capacities as well as mating behavior and associated fantasies.

Psychoanalysis has long been interested in the differences between men and women—the mental differences—and has been a major participant in the dialogue and controversy that have surrounded this subject from before Freud until the current president of Harvard.

The new findings are largely based on new methods of studying brains, positron-emission tomography (PET) and functional magnetic resonance imaging (fMRI) as well as more traditional neuroscientific and psychologic tools. They have demonstrated differences between men and women in both gross and microscopic brain anatomy, differences that correlate with areas of the brain that contain the highest concentration of sex hormone receptors during development.

There are also studies of behavioral differences that seem to point to constitutional rather than acquired differences that are linked to gender. For example, baby monkeys mimic humans in their preference for "gender appropriate" toys, and in monkeys it seems unlikely that what is gender appropriate has been learned from social attitudes.

Further, human infants show gender-linked preferences in the direction of attention (human faces vs. mechanical toys) when they are only one day old!

There are more complex gender differences in responses to separation, responses to stress, and in the impact of drugs on memory. At this point, the data do not lead to a new comprehensive formulation so much as shake the old one.

One example of these differences: The memory of emotionally distressing stimuli correlates with activation of the amygdala. However, in men it is the right amygdala; in women the left amygdala. Furthermore, if this activation is dampened by drugs, memory is affected. However, the effect is different in men and women; in men the central theme of the memory is impaired (right brain), in women the memory of the peripheral details (left brain). This has implications for the response to trauma, the nature of traumatic memories, and the way in which one might approach their treatment.

Males and females are different, and that includes psychological differences. These differences may stem from early developmental experiences with their bodies, from social learning in response to their parents, from the effects of hormones on gender specific behavior, and now we can add from differences in their brains and behavioral repertoires that antedate all of these others. The implications of these findings for developmental psychology, psychopathology, the process of psychoanalysis, and the limits of psychoanalysis are yet to be explored.

The new neurobiologic findings are reviewed by Larry Cahill of the Department of Neurobiology and Behavior and the Center for Neurobiology of Learning and Memory of the University of California, Irvine, in the *Scientific American*, May 2005.



A Conversation about Candidate Recruitment

How Enticing Ethnic Cuisine Can Change Your Institute

Dottie Jeffries

Preface: In many ways, New York University (NYU) Psychoanalytic Institute's current recruitment strategies are very much in keeping with the spirit in which the psychoanalytic institute came to be at the NYU School of Medicine.

Chairman emeritus of the NYU School of Medicine and professor of psychiatry Robert Cancro was instrumental in getting a psychoanalytic institute to the school. "I had trained in my residency with many of the analysts who were at the psychoanalytic institute at SUNY Downstate in Brooklyn and appreciated very much the contributions of analytic thinking to my education. Around 1977, these analysts were thinking of relocating their institute to Long Island Jewish Medical Center in Queens. But I was thinking otherwise," Cancro said.

Already on faculty at the NYU School of Medicine, Cancro felt that having a psychoanalytic institute at the school was paramount to a comprehensive curriculum for the Department of Psychiatry. "I thought it very important in a biologically oriented department of psychiatry to get an understanding of the dynamic mental functioning beyond the synapse. I wanted our residents well prepared for their practices by giving them knowledge that went beyond the chemistry of the human being. The presence of a psychoanalytic institute would facilitate exactly that," Cancro recently remarked in an interview with TAP.

"So over dinner at a Chinese restaurant I courted the institute and convinced them that a home in Manhattan at the NYU School of Medicine would provide a mutually beneficial location."

Today, the NYU Psychoanalytic Institute is vibrant with change. And we're not just talking about NYU's well-designed course catalog. We're talking about candidate recruitment. The number of applicants has risen significantly,

Dottie Jeffries is director of public affairs for the American Psychoanalytic Association.



Sylvia Welsh, chair of the Admissions Committee of the NYU Psychoanalytic Institute

candidate morale is healthy, and open houses are well attended.

INTERVIEW WITH INSTITUTE ADMISSION CHAIR

We recently interviewed Sylvia Welsh, chair of NYU's Admissions Committee. The institute now has 20 applicants. Since Welsh took over as chair of admissions three years ago, NYU has had somewhere around the same number of applicants (about 20) each year and from that pool of applicants NYU now has 10 candidates in the second year class and 12 in the third. Most likely, there will be about 13-15 in the new first year class for the fall of 2005.

DJ: *How did it happen that you became admissions chair?*

SW: I'm a big proponent of psychoanalytic training and psychoanalytic practice as a career path. Knowing this, a recent director of the institute (Bob Fischel) asked me what I wanted to do at the institute. I said I would be interested in chairing the Admissions Committee

and he gave me the chance to do it. I came to the position with several things in mind: One, I would be proactive; two, I would address the lengthy interview process, which I believe hindered more than helped; and three, I would market the career opportunity at hand.

DJ: *Where did you begin with your new recruitment endeavors?*

SW: As you may know, the NYU Psychoanalytic Institute has a close relationship with the Department of Psychiatry at the NYU Medical Center. We were aware, however, that many of the residents thought the institute was filled with cold, stodgy people. The residents were actually scared of some of the analysts. Sensing an opportunity to alter this perception, I met with the director of residency training, Carol Bernstein, and told her I had an idea of doing monthly dinners at my home for residents where we might discuss any topic of their choice.

I thought these events would be more successful if we held them in a loose environment in which the residents would feel free to talk about clinical or other issues they felt were important to their experience as psychiatric residents. These dinners, at which the director of the institute and two or three other faculty members would also be present, would be open to all residents. Furthermore, I made it clear to the residents from the

The number of applicants has risen significantly, candidate morale is healthy, and open houses are well attended.

very first dinner that I did not want them to feel obligated to come every month. They could come to as few or as many as they wished and would always be welcome.

As it turned out, there were few opportunities for the residents to gather informally, so these dinners held great appeal to them.

Continued on page 33

A Call for Proposals

Selma Duckler

The American Psychoanalytic Foundation (APF) in its 11th year has completed a dramatic change and, with a unanimous vote of both the APF board and the APsaA Executive Council, became a Committee of the American Psychoanalytic Association in 2005.

Before Dean K. Stein began his position as APsaA executive director, the APF board invited him to do a critical analysis of how well APF was realizing its mission and goals. These included raising funds and awarding grants to promote a better understanding of psychoanalysis and encouraging effective and innovative dissemination of psychoanalytic ideas and services to the public.

After substantive research on APF financial records, goals, and abilities, consulting individually with each member of the board, and immersing himself in APF's past history, Dean Stein suggested that APF become a committee of the APsaA corporation. Stein realized that fundraising and administrative tasks could be done more efficiently by APsaA staff. Thus, the APF Committee could devote itself to making grant awards in service of its mission.

After a year's efforts, APF gifted the Association more than \$500,000 and started to think about our new direction.

The new APF Committee plans to take a proactive role in funding proposals. We want to encourage groups and individuals to apply for support for many varied programs and needs. And we want to educate ourselves about what is going on all over the country in psychoanalytic outreach.

At our committee meetings, we are inviting various groups involved in active outreach programs to make short presentations about their work. These are not requests for funding, but are intended to help APF become knowledgeable about what is actually going on in outreach, how it is funded, and how it is received.

We invite and encourage all of you who meet our guidelines to explore what APF can do for you and to apply for APF grants.

Selma Duckler is acting chair of the American Psychoanalytic Foundation.

We anticipate a larger working budget this year, and want your involvement and your financial support through contributions to APsaA. We are your foundation, and we hope that you will think of us as a resource for programs that may not fit with other funding sources.

When considering making a funding request to APF you might ask these questions about your program:

Community Outreach: Does your program broaden the community's knowledge of psychoanalytic ideas as well as provide a valuable service?

National Focus: Will your program develop and contribute to knowledge and service beyond its local community?

Replication: Can the program be a model for other programs at other psychoanalytic institutes, societies, and foundations?

Fundraising: Will this program and APF funding lead to new funding sources for this and other programs?

Creative and Original: Is the program innovative? Does it show promise of findings or services that could be utilized in psychoanalytic fields or other disciplines?

Continuing Education Credit: Will your program give CE credit to other mental health professionals and to other groups?

We have a Web site at www.cyberpsych.org/apf/. However, proposals to APF should be e-mailed to Dean Stein at deankstein@apsa.org. He will let you know if your proposal fulfills the conditions we require for consideration.

We hope to receive your project submission in the near future.



When a Family Member is Gay: The Third Generation

Six years ago, with the support of Ralph Roughton, a discussion group was begun by three analysts who were parents of gay and lesbian children. Our original purpose was to identify and examine the special challenges analyst parents faced in learning to accept their children's sexual identities. We were already aware that the pathologizing of homosexuality in our analytic training had made it more difficult for us to accept our children's being gay and to help them as they came out to the world. Many members worried about how we would be viewed by our colleagues, and how public knowledge that we had gay children would affect our professional reputations. Many of the senior members of the group had kept their children's sexual identities secret from their colleagues for decades. In discussing our family lives together, we analysts were "coming out."

Beginning at our first meeting, a candid and intimate dialogue evolved among analyst parents and our gay and lesbian colleagues. Over the years we have learned a great deal from each other and learned new ways of thinking about ourselves and our children. We have also gained new appreciation of the complexity of child development for all sexual orientations. The membership of the group has remained open and spouses and adult children have attended. Other analysts interested in these subjects have often participated.

Several years ago, Sydney Phillips and Susan Vaughan described the particular challenges they faced in becoming parents and in parenting. This year they will again present and we will focus on the third generation of the gay families, the grandparents. Our discussions include personal and clinical vignettes as well as a more theoretical exchange of ideas. We invite you to join us. If you have any questions or want to contribute to the group, please call me (215-878-2191) or Susan Rosbrow-Reich (617-489-3363).

—John Frank

APsaA's Excellent New Fellows for 2005-2006

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

Brenda Bauer, M.S., is a clinical fellow at the Karen Horney Clinic (KHC) in New York. She is a doctoral candidate in clinical psychology at the Wisconsin School of Professional Psychology in Milwaukee (WSPPP).



Brenda Bauer

Her dissertation concerns defining and quantifying the degree to which psychodynamic/psychoanalytic interventions are present in cognitive behavioral process. Meaningful psychoanalytic outreach to the next generation of clinicians and scholars is a particular professional interest. Her outreach efforts have included speaking to college-bound AP high school students in Milwaukee public schools, teaching first-year medical students about human development, and providing Marquette University undergraduates with a psychoanalytic perspective on development, learning, and behavior. As a graduate student, she was instrumental in developing APsaA's Associate Program for Students and Residents and was appointed to the Steering Committee, representing Associate Programs.

Anthony Charuvastra, M.D., is currently a fourth-year psychiatry resident at UCLA. He hopes to start a child psychiatry fellowship in 2006. At Brown University as an undergraduate, he worked with Anne



Anthony Charuvastra

Fausto-Sterling on the study of intersexuality, and obtained a B.A. in the history of biology.

After attending medical school at Brown, he has continued his historical work, currently looking at the history of schizophrenia and

psychopharmacology with Joel Braslow, a psychiatrist and historian at UCLA. He is very interested in comparative studies of psychotherapy and what they reveal about generic and specific curative factors. His other research interests include the neurobiology of early attachment, anxiety, and fear conditioning; preventive efforts in psychiatry; psychosomatics; and biomedical ethics, in particular ethical issues raised by human clinical trials.

Lois W. Choi-Kain, M.D., M.Ed., is a fourth-year resident at the Massachusetts General Hospital-McLean Adult Psychiatry Residency. Born in South Korea, she immigrated to the U.S. with her family at an



Lois W. Choi-Kain

early age. She completed her B.A. at Harvard College. With a focus on psychoanalytic, feminist, and postmodern theory, she wrote a thesis on anorexia nervosa. At the Harvard Graduate School of Education, she studied the influence of culture on identity formation. She went on to earn her M.D. at Thomas Jefferson University. Currently, as an American Psychiatric Association/Substance Abuse Mental Health Services Administration Fellow, she is working on a cultural curriculum that promotes understanding of cultural/racial identity formation and the impact of discrimination, marginalization, and immigration. She plans to pursue a career in academic psychiatry and hopes to continue to integrate analytic ideas into her research work.

Mark Dávila, M.S.W., is a clinical social work fellow at the Cambridge Hospital in the Program for Psychotherapy in Cambridge, Massachusetts. Dávila attended Occidental College

in Los Angeles and studied psychology and religious studies before graduating from Boston University with a B.S. in psychology. He recently earned his M.S.W. from Smith College School for Social Work.



Mark Dávila

Dávila's clinical interests are in gender development and sexual orientation. His thesis examining the role of attachment in the safer sex practices of gay men won the Joan Laird Thesis Prize for Excellence in Lesbian, Gay, Bisexual or Transgender Studies and was nominated for the Eleanor Clark Thesis Prize at Smith College. Prior to his clinical training, he worked as an administrator and researcher at the Harvard-MIT Division of Health Science and Technology. His publications are in biomedical engineering education.

Anne Duroe, M.A., M.S.W., is in her second year of a post-M.S.W. fellowship at the University of Michigan's Psychological Clinic, where she supervises social work students and leads case conferences in a



Anne Duroe

psychodynamic training program. She graduated from Smith College with a bachelor's degree in history, and earned a master's degree in the history of art and a master's in social work from the University of Michigan. Anne's art historical research on early 20th century artists' examinations of modern subjectivity contributed to her interest in psychoanalysis. Her clinical interests include the psychodynamics of trauma, and the influence of cultural

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and racial difference on transference/countertransference dynamics.

Sinten Gurac, M.A.,

is a teaching assistant at the English department at Lehigh University, Bethlehem, Pennsylvania. She graduated from Istanbul University, Turkey, where she received both a bachelor's degree and an M.A. in English. She is currently working on her Ph.D. dissertation—a study of the early poetry of T.S. Eliot through the lenses of Melanie Klein's and Ronald Fairbairn's object relations theories. Her interest in psychic pain and emotional conflict has its roots in literature. Aesthetic manifestations of such psychic phenomena encouraged her to investigate the nature and origin of these feelings, and this led to a growing interest in psychoanalysis. By discovering more about psychoanalysis, she hopes to sensitize her eye and ear to "psychologic signs," and understand what these psychic telltales reveal about human nature and emotional suffering.



Sinten Gurac

Eva Ihle, M.D., Ph.D.,

is a second-year child and adolescent psychiatry fellow at the University of California, San Francisco, interested in pursuing an academic career. Toward that goal, she is continuing research training that she started as an undergraduate, conducting research in behavioral neuroscience during her clinical training. Her current project probes the neurochemistry underlying social interactions in songbirds. At the University of Southern California, she obtained a B.S. with honors in biology. Her senior thesis project investigated the influence of gonadal steroids on the developing songbird brain. She received an M.D., as well as a Ph.D. in neurobiology, from the University of Chicago. She hopes to integrate the varied facets of biological psychiatry (such as basic research and psychotherapy) into a unified construct of the mind.



Eva Ihle

Andrew Jen, Ph.D., is

on the core faculty in the master of arts program in psychology at Antioch University-Los Angeles, where he serves as director of the child studies specialization. He is also a licensed psychologist in private practice. He completed his clinical training in psychology at St. John's Child and Family Development Center, the Los Angeles County Department of Mental Health, and the Federal Bureau of Prisons and held a post-doctoral fellowship at NASA. His primary interests include multicultural competence training for psychotherapists, and the process of cross-cultural psychotherapy. In addition to his professional work in clinical psychology, he holds a master's degree in East Asian studies from Stanford, and has an active interest in creative writing, for which he has won several awards. He is currently working on a novel.



Andrew Jen

Megan Jessiman, Ph.D., is completing

premedical studies at Columbia University. She received an A.B. in English literature from Princeton University, an M.A. in philosophy of religion at Yale Divinity School, and a doctorate in philosophy of education at Teachers College, Columbia University. Her studies in all three settings have posed the question of how human beings construct meaning from experience, which has increasingly led her to the study of psychoanalysis and psychotherapy. Since 2004 she has done research at the inpatient and outpatient psychiatry units of New York-Presbyterian Hospital. Her current writing applies her knowledge of philosophy of education to current discussions of the role of the training analysis in psychoanalytic education. She wonders whether, in the debate between psychoanalytic approaches to psychiatry versus more "scientific" neurological approaches, we have underestimated the truth value of the noumenal.



Megan Jessiman

Anita R. Kishore, M.D., is a child and

adolescent psychiatry fellow at the Yale Child Study Center in New Haven, Conn. She graduated from Wellesley College with a B.A. in psychology and earned her M.D. from the University of Pittsburgh School of Medicine. She recently completed her general psychiatry residency at Western Psychiatric Institute and Clinic in Pittsburgh. Kishore has done research in cognitive neuroscience, specifically on implicit, or unconscious memory. She is interested in the interface between cognitive neuroscience and psychoanalytic models of the unconscious.



Anita R. Kishore

Duncan MacCourt, J.D., M.D., is currently a

fellow in psychosocial oncology at the Dana Farber Cancer Institute/Brigham and Women's Hospital in Boston. He is a graduate of Harvard College, where he majored in English and developed an interest in psychoanalysis by studying literary theory. He attended Harvard Law School, where he took courses in psychiatry and the law and psychoanalysis and the law, and the University of Pennsylvania Medical School. He recently graduated from the residency program at Cambridge Hospital. His interests involve the law and psychoanalysis, psychoanalytic concepts of pain, literary theory, and psychoanalytic theory.



Duncan MacCourt

Robert McLay, Ph.D., M.D., is an attending

psychiatrist, lieutenant commander in the Navy, and the research coordinator for mental health at Naval Medical Center, San Diego. He received his B.A. and an M.A. in writing from Johns Hopkins, his



Robert McLay

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2005–2006 Fellows

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M.D. and Ph.D. in neuroscience at Tulane University, and completed his psychiatry residency at Naval Medical Center San Diego. He is the author of 47 research publications, and has also published creative work in magazines and literary journals. He has received numerous awards for research and medicine, including the National Institute of Mental Health outstanding resident award for 2004. He is interested in evidence-based approaches and neurophysiological mechanisms for mental health treatment, particularly stress-related disorders. His interest in psychodynamic psychotherapy stems from a personal enjoyment of doing such work, and an interest in advancing evidence-based approaches in the field.

Diane E. McLean, M.D., Ph.D., M.P.H., is a first-year resident in the child and adolescent psychiatry program of Columbia and Cornell Universities. She graduated from Harvard with an A.B.



Diane E. McLean

in history and science, and then received an M.P.H. and Ph.D. in epidemiology from Columbia. She received her M.D. from the Weill Medical College of Cornell University and completed her general psychiatry residency at Columbia University/New York State Psychiatric Institute. Prior to medical school, she was an assistant professor at Columbia University and the Albert Einstein College of Medicine and conducted research on stress and trauma, especially relating to asthma and to adverse pregnancy outcome. She is currently an American Psychiatric Association/Bristol-Myers Squibb Fellow in public psychiatry. In addition to residency, she is the co-director of Positive Exposure, a non-profit organization that uses photography and video interviews to challenge stigma associated with genetic conditions.

Gabriella Serruya-Green, Psy.D., works as a trauma services therapist for children at the Children's Crisis Treatment Center in Philadelphia. She recently graduated from Widener's clinical psychology



Gabriella Serruya-Green

doctorate program, where she defended a dissertation entitled "Maternal Post-Traumatic Stress and Reflective Function as Predictors of Disorganized-Type Child Attachment." Serruya-Green has a special interest in the effects of direct or indirect trauma on the development of attachment patterns, internal object representations, and affect-regulation in young children. She won the 2003 Student Essay Competition sponsored by Division 39 of the American Psychological Association for her essay entitled "Enchantments and Hauntings: Encounters with the Magic of the Unconscious." She has a theoretical and clinical interest in the psychological understanding of fantasy as an agent of creativity and growth, versus a means of denial and avoidance.

Jennifer Shannon, M.D., is a child and adolescent psychiatry fellow at the University of Washington in Seattle. She graduated from the six-year B.A./M.D. program at the University of Missouri-Kansas City



Jennifer Shannon

and completed a year of research in the child and adolescent psychiatry department at UCLA's Neuropsychiatric Institute. She recently completed her general psychiatry training at the University of Washington and has a strong interest in a psychoanalytic approach to therapy as well as in research. She is the recent recipient of a pilot award to study the use of metformin as a treatment for obesity in children and adolescents on atypical anti-psychotics. She also presented a workshop at the last American Psychiatric Association convention on the SSRI and suicidality controversy.

Vaia Tsolas, Ph.D., completed her clinical psychology doctoral dissertation on feminine jouissance at the Derner Institute of Advanced Psychological Studies at Adelphi University, Garden City, New York, as



Vaia Tsolas

well as her internship at Montefiore Medical Center in the Bronx, in 2005. She is currently a post-doctoral fellow at Fordham University Counseling Center. She is also beginning her psychoanalytic training at Columbia University Center for Psychoanalytic Training and Research. She has made numerous presentations, including twice at the American Psychological Association, Division 39, and once at the International Bi-Logic Group. In 2005, Tsolas published her first article in *Psychoanalytic Review* 92(2), "The Other of the Body and the Language of the Margins." Before beginning her doctoral training, she worked as a school psychologist in New York schools.

Jason A. Wheeler, Ph.D., recently completed his Ph.D. in clinical psychology at the New School for Social Research in New York City, where he won the Outstanding M.A. Graduate Award in psychology.



Jason A. Wheeler

His dissertation on knowledge and authority in therapy and supervision integrates analytic philosophy and psychoanalytic theory. He has just begun work as a psychologist with the personality disorders program at St. Luke's-Roosevelt Hospital. Wheeler also has an interest in psychotherapy of psychoses from his inpatient training at North Central Bronx Hospital. Born in England, he came to New York in 1999. Before his doctoral studies, Wheeler received an M.A. in philosophy from the University of Leeds, where he held a British Academy studentship, and was research fellow in psychiatry at the University of Hull. He has published on clinical psychopharmacology, evolutionary psychology, and psychological ethics.



A Conversation

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Attendance ranged from 10-20 persons. The atmosphere became quite collegial rather than one dominated by figures of authority. It goes without saying that a lot of humor and good cuisine (especially a variety of ethnic menus) go a long way towards creating a successful gathering!

I would tell the residents: "Even if you want to write prescriptions all day, analytic training will make you a better psychiatrist. It's going to help you regardless of what you decide to do." I am very clear psychoanalytic training is indispensable to their "career tool kits."

DJ: *Did you evaluate your institute's application process?*

SW: I wanted to change from start to finish the experience of applying to become a candidate at NYU. I felt that three interviews were not necessary. And the duration of time

from an April date of application, let's say, to a July notification seemed unduly long.

We also needed to assess the admission interviews. While there is a need to assess the applicant's analyzability, I nonetheless felt that the interviews were being conducted too much like consultations for analysis rather than for admissions to a training program. And, in the current "buyer's market," I felt our interviewers should be aware that the applicants were evaluating us as much as we them.

And another change. I made it part of my job to shepherd the applicants through the entire application process. If they felt uncomfortable, for whatever reason, with a particular interviewer, I wanted to know about it so that I could address their concerns. I wanted them to know from their first contact with our institute that this was a place sensitive to their needs and interested in what they had to say.

Now the process of applying to our institute is a user-friendly, positive experience.

As a result, most of the applicants we accept decide to train with us and we have found that satisfied candidates themselves are the sources for new referrals.

DJ: *Have your admissions procedures affected the quality of NYU's classes?*

SW: The quality of the classes these past three years is phenomenal. Being more liberal in admissions has not led to getting inferior people—quite the opposite. A very different kind of person is coming in—smart, related, independent, outspoken. In my mind, they are the future of psychoanalysis.

DJ: *Is the increase in the number of applicants the result of your efforts alone?*

SW: In no way can I take credit alone for all that's happened in the last three years. Many others at the institute have been involved.

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HOW DO NEUROSCIENCE AND PSYCHOANALYSIS INFORM EACH OTHER? FIND OUT AT

**The 7th International Neuro-Psychoanalysis Congress
in Los Angeles on 21-23 July 2006**

LOVE AND LUST IN ATTACHMENT: NEURO-PSYCHOANALYTIC PERSPECTIVES ON OBJECT RELATIONS

Main Congress: Saturday 22nd and Sunday 23rd July

Love and lust, passion and affection, are fundamental ways of relating. How can neuroscience inform psychoanalytic thinking on these essential matters, and how can psychoanalytic insight further neuroscientific research? Key questions include: How do the neural systems underlying love and lust overlap, differ, and finally integrate in the self, and in our lives? What of sexuality and non-sexual desire in everyday life? As intimacy emerges over time, do our passions wane, and what are the neural correlates of these changes? What about relationships where desire and affection appear disconnected? What is the intrapsychic relationship between libidinal urges and attachment needs, how do these change as a function of brain development, and how do they affect or determine our relationships with others? This congress will explore the ways in which these systems relate to each other, both neurobiologically and psychodynamically. Speakers include:

**HELEN FISHER, REGINA PALLY, JAAK PANKSEPP,
ALLAN SCHORE, MARK SOLMS, STEPHEN SUOMI, DOUGLAS WATT**

Optional Educational and Research Day: Friday 21st July (Registration is independent of the Congress). **The Educational Day** is comprised of lectures providing background knowledge on the topics of the Congress, and offered in parallel with presentations on current neuro-psychoanalytic research. No assumptions will be made about previous knowledge of neuroscience. However, the comprehensive, interdisciplinary scope of these introductory talks will also make them useful to those with existing knowledge. **Research Day:** Submissions for the Research Day component are invited on work which is (a) on the interface between psychoanalysis and neuroscience and (b) of an empirical nature (including analytic case reports of neurological patients). It will be possible to attend sessions at either event during the day.

Presentations and posters welcome. For research submissions: contact: Oliver Turnbull at pat.porter@neuro-psa.org

Further details: Paula Barkay, Int'l Neuro-Psychoanalysis Centre; fax +44 20 7443 9435; email: paula.barkay@neuro-psa.org; or go to

www.neuro-psa.org

A Conversation


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1. The psychiatry department rightly insisted we do supervision on site. As a result, residents saw us on “campus” more often and this provided us the opportunity to forge better relationships with them.
2. NYU’s psychotherapy program has been a tremendous success. Among our applicants each year are several who have completed this program.
3. NYU’s Fellowship Program is also a resounding success. Invariably, applicants come from this audience.
4. Many of our faculty also teach and supervise at other residency training programs and in clinical settings around the city and Long Island.
5. NYU’s open house—this is another program that has undergone change, thanks to the initiative of Deborah Huntington, the institute’s administrative director. She suggested we expand the number of open houses from two annually to three. Wine and cheese events are held on a weekday evening; all qualified mental health professionals are invited. We use a nice room at the new medical center. And we make sure that the analysts on hand like such socializing and can relate well to other people in this type of venue.

We’ve had people leave the open houses with applications in hand. You can’t ask for much more.

DJ: Overall, what’s the assessment of your skills?

SW: I’ve got a big mouth and I’m a promoter of change. Probably my enthusiasm and abiding belief in the efficacy of analysis help considerably.

Our approach to candidate recruitment is an institute-wide team effort. I encourage and deeply value independence of thought and expression to facilitate a progressive environment. I’m forward looking. And I count myself lucky to be at an institute in which I am given the freedom to promote change. 

From the Unconscious

Sheri A. Hunt



Joy Kurland’s poem, “The Ayes Have It,” is like moving one’s mind in and out of a flexible psychological Rubik’s Cube composed of facets of the self. The sensation is like that of an intriguing self puzzle, in which it is possible to rearrange the picture by alterations in perspective. The poem undulates with these self aspects as they come in and out of focus. The result is an intriguing poem that seems simultaneously self-contained, refreshingly un-self conscious, and delightfully open-ended.

Joy Kurland, M.Ed., Ed.S., is a Psychotherapy Associate in APsaA. She is also a member of the Association for Psychoanalytic Thought, which is associated with the Baltimore-Washington Institute, where she is finishing the fellowship program. Kurland’s clinical work is as a licensed professional counselor. She is in private practice with her husband, who is a clinical psychologist, in Martinsburg, W.Va. Kurland considers her poem to be an extension of her interest in the intersection of psychoanalysis and Buddhism. This poem was previously published by the Bhavana Society in *The Bhavana Magazine*, Vol. 16, No. 1, Winter 2005, and is reprinted here with permission.

THE AYES HAVE IT

NoSelf eyed
The various I-s
Projected on its view.
Screening—sifting—sculpting
They return repeatedly
With a rhythm and will of their own.
Accompanied by friends:
Memory, sensation, action, consequences
A karma then to be endured by all
Deservedly or not.
They’re a package of sardines
These I-s in a tin of time.
Can I say aye to them all?
Assent implying only the inevitability
Of their march—entrance/exit—across the stage.
Leaving Who to tell the tale?
Leaving Who free?
Words fail then ...

—Joy Kurland

Sheri A. Hunt, M.D., 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 readers’ comments and suggestions at sherihunt@hotmail.com.

What Are the Data?

Robert L. Welker

I experienced an old, familiar sinking feeling as a member of the audience directed a question to a panelist at a recent meeting of the American Psychoanalytic Association. A seasoned psychoanalyst had presented his position that analysis, rather than psychotherapy, was the treatment of choice for most patients he sees in his practice. The analyst said he would treat patients in face-to-face psychotherapy with an agreement that they strive to understand why the most effective treatment, psychoanalysis, was not chosen.

When pressed about his convictions regarding psychoanalysis, the analyst said, "It saved my life." I admired his courage, his willingness to refer to his personal experience in the context of a professional meeting. I was quietly reviewing personal benefits of my analysis when I was alerted by the question, "What are the data?"

At face value, it's a reasonable question that I had heard, and asked, innumerable times when I worked as an experimental psychologist. But, if my memory is accurate, this was the first time I had heard it asked at an APsA meeting. The audience member pressed the analyst about his approach and, if I recall correctly, got him to admit that there were some persons seeking his help for whom he would not recommend psychoanalysis. Next, he asked the analyst to articulate "the data" upon which he would base his decision to recommend psychotherapy instead of psychoanalysis. Eventually, the analyst responded, "I plead ignorance." The interrogator returned to his seat.

I felt the return of an oppressiveness that had been one reason for my departure from experimental psychology, an area where all declarative sentences must be backed by reams of data, where data are the armaments of theoretical competitors. I imagined that the

Robert L. Welker, Ph.D., is in private practice. He is chair of the Community Outreach Committee of the Wisconsin Psychoanalytic Institute, immediate past-president of the Wisconsin Psychoanalytic Society, and a recipient of an Edith Sabshin Teaching Award.

interrogated analyst was thrown by the word "data" and that he would have been able to articulate his experience contributing to his decision to recommend psychotherapy to a particular person, had he thought of his experience as data rather than construing data as tables and graphs of quantified symptoms, behaviors, and demographic characteristics of persons seeking treatment.



Robert L. Welker

SCIENTIFIC STATUS

Experimental psychologists probably know more about construction of data than adherents of other academic and professional disciplines. This is so because of psychology's struggles to become recognized as scientific, to cast off its historical ties to mentalism, and to gain legitimacy and status in a society placing increasing value on technological progress.

I felt the return of an oppressiveness that had been one reason for my departure from experimental psychology, an area where all declarative sentences must be backed by reams of data, where data are the armaments of theoretical competitors.

Experimental methods and statistics are required entry-level courses for undergraduates majoring in psychology. When I taught the courses, students majoring in other areas of "natural science" were encouraged to take them. They learned how to operationally define concepts, observe and measure phenomena, design and carry out correlative studies and experimental investigations, display data, apply and interpret various statistical measures, and present their results most convincingly.

Students were taught that experience *per se* was an unreliable source of information, that introspection had failed as a method of inquiry. They were taught to focus on subject matter that was observable via sensory organs and capable of meeting requirements of interobserver agreement and measurability. Only through this methodology could psychological science be advanced.

It has not been determined whether these methods of generating data will help illuminate what is of most importance to psychoanalysis—the influence of unconscious mentation on experience and action as gleaned from analysands' descriptions of their experience of derivatives of unconscious mentation during sustained and disciplined introspective inquiry. One problem in applying the methods is observational. Since no analyst can sensorily observe an analysand's experience or unconscious mentation, the requirement of interobserver agreement on the occurrence of instances of the subject matter, as specified by experimentalists, cannot be attained.

One approach to this problem is to work with data that can be observed sensorily, taking the analysand's verbal descriptions as the basic unit of observation. Words can be perceived auditorily and subjected to measures of interobserver agreement about their occurrence,

allowing their use as variables in correlational and experimental studies. The workings of unconscious mentation may be inferred from patterns of word usage, linguistic probes of semantics, and other systematic analyses.

Another approach posits an additional operation in analytic observation, and is usually referred to as empathy. This approach is twopronged: (1) attending sensorily to analysands' descriptions of their experience, and (2) attending to our own experience of derivatives

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Living the Questions in Sacramento

John A. Booth

"Since my sister's death, I struggle to stay present with my patients. My body is in the chair, but my mind is in my garden. I took off as much time as I could to be with her during her dying, and now I have to work. How can I make room for my reactions to her passing without allowing them to intrude excessively in my clinical work?"

"I feel this woman is ready for termination, but she's not talking about it. I know she's been traumatized by sudden losses, yet she's gradually become quite attached to me. Should I continue to wait for her to bring the issue up, or would that be implicitly endorsing her avoidance?"

Often alone in the struggle, we can have difficulty assessing the impact, for better or worse, of our own subjectivity on our clinical interventions.

These are the kinds of questions the psychoanalytically oriented clinician struggles with daily. Often alone in the struggle, we can have difficulty assessing the impact, for better or worse, of our own subjectivity on our clinical interventions. In order to provide a space where analysts and psychoanalytically oriented therapists could explore these questions together, the Sacramento Psychoanalytic Study Group was organized in the fall of 2002. The 15 group members include seven psychiatrists, three clinical psychologists, and six clinical social workers. Seven of the members are analysts, four of them in a consulting role. We have met three Fridays a month, nine months a year for the past three years.

John A. Booth, M.D., is a graduate of the San Francisco Psychoanalytic Institute and clinical professor of psychiatry at the University of California Davis School of Medicine. He has a private practice of adult psychiatry and psychoanalysis in Sacramento, California.

The questions explored so far encompass all phases of a psychoanalytic treatment. We have puzzled over how to begin with a reluctant patient, struggled with how to sustain and deepen the therapeutic process in the face of various and intense midphase resistances, and pondered how to approach termination with a thriving yet reluctant patient. Providing a holding environment and creative play space for therapists attempting to provide the same for their patients has emerged as perhaps the most important function of the group. How we might optimally provide that space is one of the most important questions the group members attend to during the various presentations.

MUTUAL BENEFITS

In this process of thinking and feeling together, we have benefited as much or more than our patients. Members have presented case material reflecting differing theoretical orientations, led discussions on classic papers and psychoanalytic topics of current interest, and shared personal writing of a psychoanalytic nature. As a rule, the presentations occur over three consecutive Fridays, with presenters and topics changing monthly. A consultant, usually another group member, attends to the group process and helps guide the discussion.

Often, a particular presentation will inspire other members to explore different aspects of the same topic. For example, two years ago the member quoted in the opening paragraph presented a moving paper she had written about the death of a sister, examining the impact of this event on herself, her relationships with other family members, and on her clinical work. Supported by the group, the author presented the paper at a national conference. Inspired in part by this paper, two members

shared aspects of their work with patients grieving the loss of close family members the following year. These courageous presentations led to a group decision to reserve a month this year to re-read and examine in detail the ideas contained in *Mourning and Melancholia*.

The group has also set aside two or three Saturdays each academic year for daylong case conferences, in which a group member presents a clinical problem to an invited consultant. The invited consultants have included Steve Purcell and Barbara McSwain, training and supervising analysts at the San Francisco Psychoanalytic Institute, and Neil Skolnick, training and supervising analyst at the NYU Psychoanalytic Institute. In addition, Madeleine Sprengnether, professor of English at the University of Minnesota, was invited for an evening discussion of her book, *Crying at the Movies*, in which she investigates her intense reactions to specific movies from a psychoanalytic perspective.

An ongoing and, as yet unresolved, question is what it means to us to be an Affiliated Study Group. At the end of every year, the members gather for a daylong retreat to review lessons learned and set goals for the following year. Consistently, the top priority has been to preserve the group as a resource for learning and clinical consultation, but we have also looked at several possible ways to engage with the broader community of therapists in the Sacramento/Davis area. For example, group members have gathered three or four Friday evenings a year to discuss a provocative movie, such as *Lolita*, *American Beauty*, and *Mystic River*. We are considering extending these movie evenings to the wider mental health community, perhaps with invited discussants. Consideration is also being given to offering seminars on contemporary psychoanalytic topics.

As questions regarding our identity, focus, and goals continue to arise, we might draw some encouragement from the advice given to a young poet by the German existentialist Rainer Maria Rilke. "...Be patient toward all that is unsolved in your heart and try to love the questions themselves....Perhaps you will...live along some distant day into the answer."

APSA

Developing Affiliated Study Groups

The Committee on New Psychoanalytic Centers (CNPC) continues to pursue its mandate to investigate ways of aiding the development and support of new psychoanalytic groups. CNPC is increasingly presented with new opportunities for expansion in widely diverse geographic areas not currently connected to existing societies or institutes. The efforts of CNPC to provide support and consultation to nascent study groups around the country continues to lead to the creation of new Affiliated Study Groups (ASGs), including Syracuse, New York, in January 2006 and Santa Fe in 2005, and to the further development of recently established groups in Birmingham, Alabama; Missoula, Montana; and Sacramento, California.

At APsaA's Annual Meeting in June 2005, the Executive Council approved CNPC's proposal for an expanded criteria for establishing Affiliated Study Groups, which allows for a flexible approach to the sponsorship of new groups. The previously established application procedures permitted the creation of Affiliated Study Groups only in communities where there is at least one Active Member of APsaA in residence who would sponsor the group and be its representative to the Executive Council.

The new criteria approved by the EC provide two additional routes to achieving Affiliated Study Group status: first, sponsorship by a member of CNPC, an approach currently supporting the Missoula Affiliated Study Group under the guidance of Fred Griffin; second, sponsorship by an Active Member of APsaA who either (a) lives in close geographical proximity to the group, for example, Phil Lebovitz from Chicago, who is sponsoring the Champagne-Urbana, Illinois, ASG, or (b) sponsorship by an Active Member living at a more distant location but who spends a significant amount of time in the community where the new group is being created. Sybil Ginsburg is supporting the organization of a new Affiliated Study Group in Syracuse, where she visits from her home in Atlanta, while Randall Paulsen from Boston is meeting with mental health professionals in Salt Lake City, Utah, to consider forming an Affiliated Study Group utilizing his leadership.

—Katherine Fraser, D.M.H.
Co-Chair CNP

What Are the Data?

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of our own unconscious mentation considered to be resonant to the unconscious mentation of the analysand's. In this schema of analytic observation, words are considered to serve multiple functions: to describe an analysand's experience, and to evoke resonant derivatives of unconscious mentation of the analyst, which may be considered a form of data gathering unique to psychoanalysis, some would say the wellspring of psychoanalytic data. It remains to be determined whether data obtained using these operations of observation can meet requirements of interobserver agreement. I think requisite studies could be designed and implemented, but I would not recommend suspending psychoanalytic inquiry until the results were in.


FOCUS ON MENTATION

If we maintain a focus on unconscious mentation as our basic subject matter, we must find ways to articulate more clearly,

and to systematically assess, the nature of the data with which we work. The phenomena of interest should determine the methods of investigation, not vice versa. From this perspective, "What are the data?" may be one of the most important questions with which we as analysts must grapple.

A concept that was entertained years ago when I was working as an experimentalist was called ecological validity. I don't know whether it was ever developed systematically into a measure of validity, but it made good sense. Does the experiment pertain to phenomena as they exist outside the rarefied confines of the laboratory or the research protocol? When I was an experimentalist, many phenomena of interest were so extensively modified by adapting aspects of them to fit experimental methodology that even the most sophisticated of investigations bore little resemblance, and I will add relevance, to the topic being investigated. I propose that if a set of data seems irrelevant to how you work in your practice, entertain the possibility that it is.

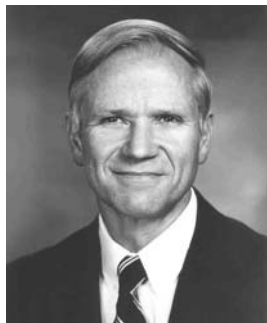
Getting back to my reaction at the panel, the question, "What are the data?," can be used for purposes other than promoting inquiry. Ironically, the question can be asked in the service of stifling inquiry, refusing to accept the described experience of others as worthy of consideration if they have no graphs or tables of quantified data to bolster their statements. This usage of the question may be especially detrimental to psychoanalysis. If indeed the analyst's unconscious resonance to that of the analysand is a hallmark of psychoanalytic observation, the described experience of the analyst may be our most direct route of access to the data. From this perspective, it is imperative that analysts strive to articulate as clearly as possible their experience of working analytically.

Data are constructed as approximate representations of aspects of phenomena being investigated. Data *per se* should not be granted the status of idealized substitutes for the phenomena they represent. It would be a mistake to replace the worn out disclaimer "That's not analytic!" with "What are the data?" 

Totem and Taboo

The IPA “Standards” Debate

Robert Pyles



Robert Pyles

The recent survey of strategic priorities revealed a startling fact. By a considerable margin, education is the number one priority of our Association.

Based on the controversy in the International Psychoanalytical Association, our appreciation of the centrality of education to our profession is shared throughout the world.

Probably for that very reason, there is no other single issue within our psychoanalytic organizations that produces as much passion and conflict as a debate around educational standards. Our very identity as analysts seems rooted in the standards by which we were trained.

I recently served as chair of the IPA Education Work Group, charged with looking at the possibility of creating more flexibility within our training standards. The resulting debate devolved, as it so often does, into a torrid controversy about “frequency” of training analyses, i.e., three versus four to five times per week. The resulting controversy created a furor in the societies of our three regions of North America, Latin America, and Europe, which for a time seemed to endanger the very cohesiveness of the IPA itself.

The issue began in 1999 when Otto Kernberg, then IPA president, received a request from the Latin American societies that component societies should “have the autonomy

Robert Pyles, M.D., is chair of the Committee on Government Relations and Insurance and a former president of APsAA.

to introduce flexibility into their training standards.” In 2001, incoming president Daniel Widlöcher wrote a memorandum to all component societies initiating discussion on this issue. In July 2002, the IPA Executive Council approved a proposal to recognize different models of training, including the classic Eitingon model practiced by most IPA societies. In addition, however, it also recognized the “French model,” which differed from the Eitingon in a number of ways, the most controversial of which was a three times a week frequency. A number of safeguards were included in the proposal, such as ensuring that the standards within each country for any new group admitted to the IPA would remain at the same level as those recognized by the existing groups within that country. The next task was to write these changes into the IPA procedural code, for reconsideration by Council, and, ultimately, the members.

Our very identity as analysts seems rooted in the standards by which we were trained.

Accordingly, in March of 2004, the new code draft was brought back to the Executive Council, now called the Board of Representatives. After a lengthy and heated debate, the board narrowly approved the changes, but stipulated that the proposal be clarified by a new board working group, consisting of two representatives from each region. This was the Education Work Group, which I chaired.

FLEXIBILITY SPLIT

The work of our committee began with a deep division regarding the nature of our

charge. This division reflected almost exactly the division and discussion within the board. In spite of clarification of the charge by the Executive Committee, dissension continued, with the result that the work group was unable to carry out the reworking of the proposal.

The work group was able to carry out another portion of the charge, however, with considerable success. We were charged with gathering information and feedback from the regions and societies. What became clear was that this issue aroused intense and deep affect throughout the IPA. This was true regardless of region, and regardless of which side of the issue a particular individual or society represented. In general, there was wall-to-wall opposition to changes in the standards and practices of the IPA in North America; Europe was divided. In Latin America, however, the feeling was just as strong that more flexibility was required. What became clear was that there was an enormous potential for polarization, and potential splitting within the IPA, over this issue.

As the debate unfolded, it became clear that the most important contribution that the committee could make would be to bring some reason to the discussion. A commonality among the reports, regardless of position, was the absence of actual data on the issue.

This probably was a major factor in fueling the heat of the debate.

DATA NEEDED

It was striking to note that neither IPA nor APsAA, in the respective 96 and 93 years of their existence, had gathered scientific data on our educational practices upon which to base recommendations or conclusions. Amidst the growing controversy, we began to feel that the most important contribution of our committee would be to produce a proposal that

Continued on page 43

On Psychodynamic Psychotherapy for Psychiatric Residents

Paul Tiger

I would like to address the learning of psychodynamic psychotherapy, how it is presented to the psychiatry resident, and how it differs from other forms of treatment. It is important for residents to realize that psychodynamic psychotherapy is not so much only what one *does* in the second or third year of residency, behind the closed door of the clinic with the patient on a comfortable chair holding a Kleenex, but rather who one *is*—in the clinic, on the wards, in the general hospital. A psychodynamic stance can influence every aspect of our practice as psychiatrists.

It is equally important to say at the outset that, in my experience, there is no easy agreement on what is considered the practice of psychodynamic psychotherapy. Therapists who call themselves psychodynamic can have widely different approaches—both theoretical and technical—to the same clinical problem. At a discussion group at the last American Psychoanalytic Association Winter Meeting, a table of five psychoanalysts, a graduate psychologist and I, a psychiatry resident, could not agree on the definition of psychoanalysis. A sampling of definitions included: "There has to be interpretation, and the interpretations have to be used by the patient for change." "You have to use the couch and there must be free association." My own at the time, "A therapy in which regression and transference are predominant." None met with uniform approval.

WHAT IS IT?

Jon Meyer, the president of APsA, who was quoted recently in *Psychiatric News* (a publication of the American Psychiatric Association), said of psychodynamic treatments in general, "We have a fabulous product," and of psychoanalysis in particular, "For those who need it, it does what nothing else will do."

Paul Tiger, M.D., is a third-year resident at the Medical College of Wisconsin and Affiliated Hospitals in Milwaukee.



Paul Tiger

Psychiatry residents have to understand what is meant by psychodynamic psychotherapy, which is related to the question of what is meant by psychoanalysis, or what is meant by psychodynamics in general. We need to know what makes this treatment different from other psychotherapeutic treatments, such as CBT, interpersonal, supportive, and brief, that psychiatry residents are required to learn. Also, we need to know what psychodynamic psychotherapy is good for—what it can and cannot do and for whom.

There seems to be a belief that whenever the patient is talking and the resident is listening, psychotherapy is occurring. This may be true in a general way, but at some point in our training we must understand what this unique process is and how it can be so useful.

HOW DOES IT WORK?

It can be discouraging for new trainees, as it was for me, to see their professors throw up their hands and say, "I don't know how this works, who does?" (Although I admired their honesty!)

There are non-specific factors in effective psychotherapy that transcend theoretical orientation. A recent meta-analysis of psychotherapeutic efficacy showed that non-specific factors, i.e., dimensions that are shared by most psychotherapies, may account for more of the variance in treatment outcome than specific factors. This deserves emphasis in psychiatric training. Put another way, knowledge of dynamic theory, accuracy of interpretations or just plain brilliance does not necessarily make an effective psychotherapist.

Successful formation of the therapeutic alliance, empathic listening, and planning treatment goals, as well as old-fashioned competence, are necessary for successful psychotherapy of any form. An important question is whether certain theories, techniques, or educational experiences best help residents master these non-specific factors.

Non-specific does not mean eclectic. An earlier meta-analysis concluded that adherence to a purity of treatment approach may itself be a non-specific factor related to efficacy. Could adhering to a conceptual framework of any kind produce better outcomes? In the case of psychodynamic therapy this idea has an important twist. Psychodynamic theory as it is taught in our residency emphasizes three or four "psychologies"—or different ways of listening in psychotherapy, with different sources of interpretation and different, sometimes opposite, interventions indicated in the same clinical situation (for example, interpreting idealization as a defense against aggression or accepting it as a deficit in need of repair)! On the one hand, this diversity is a tremendous richness and a source of pride to our field, which speaks to the developmental history of psychodynamic theory itself. On the other hand, it can be a reminder of divisions in our field, the memory of which we may be suppressing in our new ecumenism. Or it is both. But for the psychiatric trainee trying to learn what makes psychodynamic psychotherapy unique, important, effective, and a "fabulous product," the diversity is a potential obstacle.

Some training analysts go so far as to say that this "listening with evenly hovering attention" can leave the patient feeling like the therapist is wishy-washy or has no substance. It is difficult to imagine learning psychodynamic psychotherapy without understanding the three or four psychologies of psychoanalysis, or the way they are presented in the books of the field's great teachers. In my own development as a psychotherapist, dialogue with many teachers and mentors continues to provoke and correct my understanding of our complex art. Learning this way means we have to work harder to define and teach exactly what our product is.

APsA

Reading, Writing, and Therapy: Psychoanalysts in Schools

Jeffrey H. Golland and Bruce Sklarew

A new psychoanalytic subspecialty has recently been defined: the community psychoanalyst. Schools are one prominent setting for this practice. Analytic work with children began with Freud's consultation about Little Hans; it advanced through the creation of child psychoanalysis by Anna Freud and Melanie Klein; and it expanded its horizons with August Aichhorn's work with delinquent adolescents.

Analysts who work with children have typically been involved with aberrant behavior and, in schools, with special education. Gilbert Kliman's Cornerstone Project, reported in *TAP* in 1997, is an outstanding example and resulted in the prevention of multiple foster home placements. Many programs are geared to early intervention with preschool children. A fine example is Donald Rosenblatt's work at the award-winning Lucy Daniels Center for Early Childhood (*TAP* 39/2).

Redl and Wineman were the first to extend psychoanalytic ideas to the general classroom and school setting in 1957. More recently, systematic approaches have been developed for kindergarten through high school years. Bruce Sklarew's clinical/research collaboration with the Wendt Center for Loss and Healing—the School-based Mourning Project in Washington, D.C.—is one important example. Innovative group

techniques developed by Dottie Ward-Wimmer provide inner-city children opportunities to deal with their common experience of grievous loss associated with the multiple traumas of lives of poverty. Stuart Twemlow's team's innovative work on bullying is another admirable enterprise (*TAP* 39/1). Identifying the role of "bystander" and developing teaching strategies for undermining peer tolerance for bullying have led to improving both the social and the intellectual climate in elementary schools. Robert Pynoos works in schools for traumatized children. In locations such as Columbine High School, Los Angeles, Armenia, and Bosnia-Herzegovina, his interventions have enhanced the recovery of students and staff, improved overall functioning, and contributed to a healthy school atmosphere.

Analysts have also been involved in curriculum development. Carol Kusché and Mark Greenberg have created an approach to the "regular" classroom, Promoting Alternate Thinking Strategies (PATHS). Elementary school teachers are trained to teach emotional literacy as a regular "subject" along with reading, math, and the rest of the standard curriculum. Henri Parens made the teaching of parenting skills the core of his approach to providing curriculum for 5- to 18-year-olds in regular school classrooms.

Others have developed collaborative efforts to provide clinical consultation for pupils, faculty, and administration. Art Farley and Diane Manning provide a multi-tiered approach to supporting children's emotional development, including consultation with teachers, a therapeutic school for 3- to 8-year-olds, and parent assistance for children in psychoanalysis. William Granatir, following his retirement from clinical practice at age 76, has been a volunteer school psychoanalyst for the past 13 years. He organized a demonstration clinic in a Washington, D.C. inner-city elementary school and acted as liaison between the highest levels of the mental health and education systems.


ANALYST-EDUCATOR COLLABORATION

Beyond the participation of well-trained analysts, what makes these programs analytic? Each takes as basic the importance of unconscious mental life, emotional development, and the interrelatedness of social, emotional, and cognitive growth. Each, whether working with pupils, their parents, or school staff and leaders, focuses on the meaning of behavior. They differ from clinical psychoanalysis in that the analyst is a team member with other respected professionals, rather than an authority imposing expertise with esoteric methodology. Where clinical psychoanalysis analyzes transference and resistance, school psychoanalysts use their understanding to modify more directly these phenomena for the benefit of the children and the school community. (Jonathan Cohen is preparing a more complete review of psychoanalysis and education, including a critique of its limitations.)

To promote and coordinate these many efforts, APsA has created a Liaison to Schools Committee, co-chaired by Cohen and Stephen Kerzner. This committee is developing a database of school projects, in the hope of generating more systematized research on analyst-educator collaboration. The committee has also created a \$1000 award, co-sponsored by APsA, the *International Journal of Applied Psychoanalytic Studies (IJAPS)*, and the educational journal, *School: Studies in Education*. For information about the award and submission guidelines, see www.csee.net.

"Applied psychoanalysis" has been disparaged by clinical psychoanalysts for far too long. Despite his expressed wish that psychoanalytic technique be modified for its more widespread utility, Freud's own "alloy" metaphor may have promoted this attitude. But alloys are created because they are stronger than pure elements. While research is yet to establish the strength of school psychoanalysis, Freud thought education to be the most important of applications.

The projects reported here should help to end the false conflict between clinical psychoanalysis and community work, and will surely upgrade the public image of our science and discipline.

(A reference list of the projects cited in this article is available from jgolland@att.net.) 

Jeffrey H. Golland, Ph.D., is a teaching, training, and supervising analyst for *The New York Freudian Society*, and clinical instructor in psychiatry at Mount Sinai School of Medicine. For 35 years he was a teacher educator at the City University of New York. Bruce Sklarew, M.D., is co-editor of *Analysts in the Trenches: Streets, Schools, War Zones*, former chair of APsA's Committee on Psychoanalysis and the Community, and co-chair of the Forum for the Psychoanalytic Study of Film.

The Press Taps APsaA Expertise on Confidentiality of Therapists' Records

Dottie Jeffries

6:45 a.m., Friday of the Seattle Meeting this past June. I'm still in my room at the Sheraton, trying to grab some coffee. My cell phone is ringing. "Hi, I'm Miles Moffeit with *The Denver Post*. I'm working on a story regarding a former Air Force cadet rape case and her therapist. I was wondering if you have someone with whom I might speak regarding the confidentiality of therapists' records."

Another testimony to the power of the Internet and what an invaluable tool it is, especially for smaller organizations such as APsaA. This reporter, in researching medical privacy online, had come upon http://www.apsa.org/ctf/pubinfo/NewsRoom/news_releases/recentedito.html, a part of the

Public Information section of APsaA's Web site, as well as several related articles in TAP.


"Yes, we have several experts who can be valuable resources for your reporting," I replied. "Let me get your e-mail address, and I'll send you the contact names and phone numbers."

I ran down to the meeting headquarters, jumped online, and sent Moffeit the contact information for Jim Pyles, APsaA's legislative lobbyist, and that of Bob Pyles, chair of the Committee on Government Relations. I made sure Moffeit knew that Jim was en route back to Washington and wouldn't be picking up his cell phone messages for several more hours.

The result? Moffeit connected with both and ended up quoting Jim Pyles in his article as well as mentioning APsaA.

Pyles commented: "I spoke with Moffeit several times, reviewed the brief on behalf of the psychotherapist, and sent the reporter and the attorney for the social worker who was the target of the subpoena citations to case law and suggestions for opposing the discovery request."

In addition, Pyles also forwarded this brief and his suggestions to the National Association for Social Workers. He said, "I believe this is another example of how APsaA can work with other mental health associations to protect the right to mental health privacy. This also illustrates how APsaA, as in the abortion records cases last year, can serve as a resource for others who are defending their rights to medical privacy."

Coffee? What coffee? Who needs caffeine when our Web site has led a respected investigative reporter from a major daily to seek the expertise of our Association. 

Research: Help Wanted

There's an old story from anthropology in which a Native American family was introducing everyone to a visitor. The visitor spotted a quiet figure in the background and asked, "But who is that?" The family said, "Oh! That's our anthropologist."

Of course, there never really was a time when every Native American family had an anthropologist of its own. Likewise, there probably will never really be a time when every psychoanalyst has his or her own researcher. However, we would like to invite you to participate in our research and allow us to join your analytic work, quietly in the background.

John Porcerelli and I are psychologist-psychoanalyst researchers studying changes during the course of psychoanalysis using a clinician report measure developed by Jonathan Shedler and Drew Westen. The measure, called the SWAP-200, is sophisticated and analytically informed. It is also empirically rigorous and organized so analysts and non-analysts can understand the research method and its results.

In the first phase of our work, we began by comparing analysts' SWAP-200 descriptions of patients at the beginning and at the end of analysis. Patients at the beginning of analysis had strengths, but they were also anxious, guilty, ashamed, and fearful of being rejected or abandoned. Patients at the end of analysis were conscientious and responsible, trying to live up to moral standards, and enjoying life's challenges. In our view, the SWAP-200 provides a sound measure for studying change during psychoanalysis.

Over the next 24 months, we want to recruit 100 analysts to participate in our work. Participation is open to any analyst who is beginning an analysis with an adult patient. We will ask each analyst to complete the SWAP-200 when his/her patient is in the first month or two of analysis and every six months until the analysis reaches an end. The SWAP-200 takes about an hour to complete. Please note that *analysts are the research participants and patients are not identified or involved in any way*.

We heartily thank those who have participated in our research and those who are participating now. We also thank the International Psychoanalytical Association for its assistance in helping fund this project. If you would consider participating or have questions, please call (806-744-1803) or write me (r.cogan@ttu.edu).

—Rosemary Cogan

One Hour a Month for Advocacy and Mental Health

Dean K. Stein

With demanding schedules, finding time to advocate for our profession probably seems a daunting task. But if the task is broken down into manageable segments, it becomes much easier to integrate advocacy (simply the act of speaking or writing in support of something in which we believe) into a busy schedule of seeing patients, teaching, and/or society-institute commitments. With that in mind, I propose a user-friendly device for becoming an advocate entitled: *One Hour a Month for Advocacy and Mental Health*. Feel free to shuffle the months around, with the following as my suggestion for a start:

January—This is the month you identify the district in which you live (if you've not already done so); your elected representatives at the federal, state, and local levels; and the locations of their nearest local offices along with the relevant e-mail addresses, phone numbers, and mailing addresses. You might find the following online resources helpful to you in gathering the information regarding your federal representatives:

http://www.senate.gov/general/contact_information/senators_cfm.cfm

<http://www.house.gov/writerep/>

You might also find helpful the following numbers in Washington, D.C.: the switchboard for all of Congress is 202-224-3121 and the White House opinion line is 202-456-1111.

Think about the issues, such as licensing, that are looming across the country and that may percolate in your state if they have not already. These are issues about which you want to brief your legislators so they will have a frame of reference from you, their constituent.

February—E-mail three letters to your officials. If it's after an election year, offer your congratulations, tell them what you do and how this contributes to your/their community.

Dean K. Stein is executive director of APsA.

Be sure to send the URLs to your own Web site, institute, society, center, and/or foundation. Be sure to thank them for any past assistance. Let them know that you have a vested interest in your community, which *comprises their constituents*.

The suggested address style for Congress via his/her e-mail address is:

The Honorable (your senator's name)
United States Senate
Washington, D.C. 20510
Dear Senator:

The Honorable (your representative's name)
United States House of Representatives
Washington, D.C. 20515
Dear Representative:

March—Contact three family members or friends (especially in rural and sparsely populated areas) and ask if they would like to help in future advocacy efforts that are meaningful to you. Elected officials often hear from those of us living in urban areas; so having the support of a few people beyond the usual urban borders insures that other representatives, governors, and local legislators hear about the issues.

April—This is usually a month to write letters again to those officials you wrote to in February, but this time about immediate issues of concern to the profession (licensing, medical privacy, etc.). APsA will periodically provide members with action alerts on critical issues, and you are welcome to contact APsA for further guidance at any time.

May—Contact those family members and friends from your hour in March about writing or calling their elected officials on the mental health issues you've brought to their attention. Make it easy for them by sharing ideas for format, content, addresses, and any other helpful information you have gathered.

June—Call or e-mail a few friends or colleagues in mental health organizations or psychoanalytic groups to learn what is happening

with them. Give them a nudge to do some advocacy of their own.

July—E-mail three letters to your elected officials about some other issue besides the mental health and/or privacy. Any issue at all. Demonstrate that you are not a one-issue person.

August—Make sure your elected officials (and their staff members) are on the mailing list for your local group's newsletter as well as on your group's invitation list for lectures, film series, and/or other programs.

September—Chances are you could drop by and visit a representative or state assembly person in his/her office if you didn't do that in August (feel free to switch this to August).

October—E-mail three letters (see April) about issues at stake. You may not yet know what the issue will be, but come October there will certainly be a relevant issue at stake. Send a contribution to a campaign fund of a public official whose work you support.

November—Invite elected officials or their staff members to an event your local group is hosting. Be sure someone is available to personally greet and spend time with them. Or invite a staff member of your local official to visit your institute. *Remember, your institute or center is a postgraduate center of higher education in that official's district. They are interested in knowing about your organization.*

December—You've done a good job. Take the month off.

Now, this is all offered with some humor and the question can certainly be raised that you haven't done much. But let's be realistic about this. I estimate in your 11 hours, you've written 17 letters and made 11 calls. If you extend that number over the nearly 3,500 APsA members...now the membership is acting. You have done something active and positive without impinging on your practice. You've taken action—and you're far less a victim by having done so.

Finally, you've gathered information, created your own mini-network, established communication, demonstrated concern in a variety of topics, contributed to a campaign, invited some elected officials into your corner of the health care world...and it's very possible your endeavors will have made a difference.

APsA

Tool of the Trade: The Analytic Couch—Discounted

Debra Steinke

Seeing patients four to five times per week puts a lot of wear and tear on a psychoanalyst's unique tool of the trade, the analytic couch. Perhaps you are in need of a new one or as a candidate you are just starting your practice and don't know where to purchase one. Well, good news! APSaA is pleased to introduce a new member benefit—a **10% discount** on couches from the Analytic Couch Company.

Following the debut of their couches at the 94th Annual Meeting in Seattle, the Analytic Couch Company was pleased to offer this 10% discount to APSaA members. This local Seattle company displayed its high quality, uniquely designed couches in the exhibit area to the delight of many meeting registrants who had the opportunity to test them.

For membership assistance, please contact Debra Steinke, manager, Education & Membership Services, 212-752-0450 x 26, or e-mail: dsteinke@apsa.org.

Analytic couches specifically designed to support the patient in a supine position, where the analysand is relaxed but not encouraged to sleep, are rare and difficult to find in furniture stores or on the Web. The Analytic Couch Company originated with a request from APSaA member Doane Rising for a custom-made



Breaking News!
New Benefit Exclusive
to Members
10% Discount from the
Analytic Couch Company

couch when she was unable to find a couch to her liking. Randall Scott Thomas, a furniture maker as well as the founder and designer of the Analytic Couch Company, took on the task. Based upon the rave reviews of the finished product by Rising and her colleagues, a new enterprise was born.

The Analytic Couch Company offers five styles ranging from a classic look to a more cosmopolitan feel. The couches are upholstered in fine fabrics such as mohair, vinyl, and leather and come in various colors. The prices range from \$1,550 to \$3,295. In addition, there are a number of accessories including their "Sigmund" velvet throw. To view the styles and for ordering information, please explore their Web site: www.analyticcouch.com or call (206) 794-1053.

The classic shapes of analytic couches are icons of the profession and the shape is quickly recognized as a beacon of welcome to the analysand. Your couch is an expectation immediately satisfied when a new client first enters your office. Not only is the couch a source of comfort and functional in the process; it is also a valuable marketing tool.

So if your couch is becoming a bit tattered around the edges, consider taking advantage of this discount. We are thrilled to offer this new member benefit and hope you find it helpful. As we continue to work and find new member benefits for you, I would be pleased to discuss the current benefits along with any ideas you may have.

APSA

IPA "Standards" Debate

Continued from page 38

would move the debate to be more properly reflective of a scientific and educational body. Therefore, we needed to highlight our most important finding: There is very little data on which to base a decision. We decided to recommend a study of the major models of psychoanalytic education, complete with some assessment of results, to be established as soon as possible. We recommended that those of our members who are familiar with this kind of research, as well as noted educators, should form a new working group to make a thorough evaluation of coherent models and outcomes.

We recommended that the new working group should be given a firm timeline and made as high a priority as possible. We suggested that the preliminary drafts of such a working group could serve as a basis for ongoing discussions within regions, as well as between regions, on the various models under consideration. This might also be a major theme of the Berlin Congress.

Ultimately, our working group was able to identify three major models within IPA: the classic Eitingon, the French, and the Uruguayan (similar to the French, but administered with a determinedly democratic involvement of the candidate). We were able to distill these from thorough reports received from 24 societies within the three regions.

The proposal of the working group was ultimately refined and supported by the Executive Committee, particularly by Claudio Ezirik and Monica Armesto, the incoming president and secretary of IPA.

At the November 2004 IPA meeting in Rio, the board, after lengthy debate, approved the motion of the Executive Committee, which essentially agreed to "draw up a proposal as to how research into the major training models should be conducted." The three major identified models were also accepted. With much relief, this proposal was adopted unanimously by the board and was later presented at the Business Meeting, where it passed overwhelmingly.

APSA



A Celebration for Jon Meyer



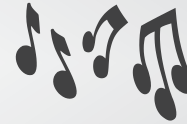
Saturday, January 21, 2006 7:00 p.m.

*A lively and informal opportunity to honor Jon Meyer, M.D.,
who will end his term as President of APsAA in June 2006.*



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—Everyone is welcome—



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