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The New and Improved APsaA Web Site: A Resource of Benefits at Your Fingertips

Debra Steinke Wardell

Have you surfed the new and improved APsaA Web site yet? The APsaA Web site (www.apsa.org) is a benefit that puts the Association's important documents at your fingertips and provides opportunities for advancing psychoanalysis. The easier to use design and organization make it a quick mouse-click to find what you are looking for.

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The screenshot shows the APsaA website interface. At the top left is the APsaA logo. Below it is a navigation menu with links: HOME, ABOUT APSAA, NEWS, APSAA MEMBERS SECTION, MEETINGS AND EVENTS, PUBLICATIONS, MEMBERSHIP & ASSOCIATES, MEMBER DIRECTORY, FELLOWSHIP PROGRAM, AMERICAN PSYCHOANALYTIC FOUNDATION COMMITTEE, FUND FOR PSYCHOANALYTIC RESEARCH, CONTACT US. To the right of the logo is a header area with 'ABOUT PSYCHOANALYSIS', 'TRAINING & EDUCATIONAL PROGRAMS', and a 'SEARCH' box. Below the header are three main content areas. The first is 'Psychodynamic Diagnostic Manual (PDM)', featuring an image of the manual cover and text describing it as a complement to the DSM. The second is 'APsaA's Committee on Research and Training (CORST)', with a call for submissions for a \$1,000 prize. The third is 'Winter 2007 Meeting January 17-21, 2007', held at the Waldorf Astoria Hotel in New York, NY. On the right side of the screenshot are two vertical banners: one for the 'JOURNAL OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION' (japa) with a 'Subscribe NOW!' button, and another for the 'AMERICAN PSYCHOANALYST Quarterly Newsletter'. At the bottom left is a 'MEMBER SECTION' with a login form including fields for 'MEMBER ID', 'PASSWORD', a 'Remember Login' checkbox, and 'LOGIN' and 'FORGOT PASSWORD' buttons. At the bottom center is a footer with 'Login | Privacy Statement | Copyright 2005 APsaA'.

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A Time to Change

Lynne Moritz

This is a historic moment in the Association. The Washington meetings of the Board and Council showed that these bodies, which have led the Association for all our history, are both ready for long needed change. We must grasp the significance of this moment in order not to lose it.

The June meetings showed us that change is urgent: The Association seems to be fast approaching a fork in the road. Either we continue as a unitary professional association, embracing our traditional values in both education and practice, or we split into two separate organizations, each free to pursue its own version of priorities and excellence.

Historically, both the Board on Professional Standards and the Executive Council have resisted any tinkering with their structures. BOPS has defended its relative autonomy in the interests of its stewardship over education and credentialing, and Council has defended its authority as the constitutional board of directors. For years, BOPS was dominant. But recently, some members of Council have demanded that BOPS recognize its status under New York law and subordinate itself to Council, accepting that it is a committee like any other. It is clear that excesses on either side are destructive.

MOVE TO PRESERVE UNITY

How did we come to this point—this point, where the most highly functional psychoanalytic association in the world is in danger of tearing itself in two? The organization has become polarized in an unprecedented way. A group in BOPS feels like it is fighting desperately for its values and beliefs, and a political action group on the other side is fighting to subordinate BOPS and to bring education and standards under membership control.

In January, the Council demonstrated its power to enact the very kind of thing that BOPS leaders have feared, despite assurances that such would never happen to BOPS actions:

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

Council derailed the process of the Task Force on Reorganization—a two-year process conducted in full view of Council and membership and with continuous input from all facets of the organization. This was done despite TFoR approval by 88 percent of voting members. Afterwards, respected BOPS educators began to urge separating BOPS from the Association to create, perhaps, a separate association of institutes or an association of psychoanalytic educators (a competing membership organization). A nightmare possibility also loomed: fragmentation of the world's preeminent psychoanalytic association with some institutes going, some staying, and some torn apart as their members split on the question.



Lynne Moritz

Thus, BOPS decided not to oppose the Renew Plan, whereby most BOPS functions would come under the authority of a new democratically elected board of directors. Only credentialing and certification would be relatively sheltered in a subsidiary corporation—and even these functions would have unprecedented participation by the general membership. The significance of this decision is monumental: BOPS agrees not to oppose fundamental change in its structure.

Then on Thursday, in the next monumental decision, the Executive Council approved the Renew Plan. Thus, the Council agrees—also a first—to relinquish its role as board of directors. Under *Renew the American*, both BOPS, with its direct representation from every institute, and the Council, with its direct representation from every society, would become parallel “committees of the corporation,” charged to bring initiatives in their areas of responsibility to the new, small Board of Directors for action. The Council would become a deliberative body charged to address the truly important and urgent issues for our profession. Its 60-member structure, ill suited to nimble board responsiveness, is

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In fact, in June, candidates for chair and secretary of BOPS based their platforms on separation scenarios. It is no wonder that the June meetings began on a somber note. No one knew what would happen.

On Wednesday, June 14, of the meetings, in an historic first, BOPS suspended its usual business for five hours to discuss the Plan to *Renew the American*, a plan based primarily on the TFoR recommendations and developed to preserve the Association as one. BOPS decided to summarize its discussion for the use of members in their voting deliberations.

perfect for thoughtful deliberation. At last, a structure would exist in which societies—and thus, membership and practice—could receive focused attention, nurturance, and full organizational support. Just as BOPS has supported and nurtured institutes and education, the new Society Council could focus the collective wisdom of our members on societies, practice, membership, the challenges for us all. We cannot continue our internecine wars. The world moves on, while we ravage each other.

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A Time to Change

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OPPORTUNITY TO BUILD

Both Board and Council accept the need for change. Thus, we have a chance. Perhaps we have bought some time.

The Renew bylaws must achieve approval of two-thirds of the members voting in order to be adopted—a very high bar. Some cynics have declared that this will never happen, and they have already launched a highly organized, highly strategized campaign to defeat the plan. The Members List, Openline, and local listservs will once again be flooded with every argument, this time, designed to defeat the Renew Plan. Between now and the election, you will read and hear the rhetoric shaped over the last decade and honed in their last campaign.

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I ask you to read the negative campaigning—and the positive—with a very critical and careful eye, and don't take any argument at face value. Too much is at stake.

A determined, single-focused small group can nearly always garner enough votes to immobilize an organization that has broad and urgent responsibilities on many fronts. Yet, at this moment, our members must perform the near-impossible feat of a two-thirds vote if our Association is to be free to engage the very real challenges that face us in the world.

Imagine what we could do with freedom to use our resources and creativity to benefit our profession and our patients! Imagine a Council on Research and Scholarship to coordinate and nurture the research and scholarly agendas that would bring us back to the world of science and ideas. Imagine building on our successes in public information to bring back psychoanalysis to our cultural values. Imagine focused attention in state and federal legislatures. Imagine creative innovations in high school and college curricula development. Imagine our Association free to become! We must pass beyond governance as our number one priority.

This Association must stand as one. That is the reason that the Renew Plan was created. Tensions always exist in an organization that encompasses people of passion and commitment to a rich mix of goals, but tensions can be generative. We have contributed enormously to psychoanalysis; our Association is the world leader in training and practice. All the diverse energies and passions of our members are Association assets. To lose that is to lose much.

The lasting impression of the meetings was the dramatic change of mood after the Council vote. From concern and demoralization, the mood became exhilaration and joy. Hope is dramatic. Never before has BOPS not opposed being ruled by a supraordinate board of directors. Never before has Council agreed to yield its role as that board. These are acts of trust and optimism on the parts of both BOPS and Council—trust for the future that our members will elect wisely and trust that our leaders will lead well. And now we face a different but vastly important moment—we must trust ourselves to the wisdom of our members. We can only await the vote.



New Bylaw Amendment Opens Membership to All IPA Grads

A bylaw amendment approved by the membership of APsA in January 2006 now makes it possible for all IPA members to apply for full membership in APsA. Previously, we had expanded our membership to include members of IPA societies, and have welcomed many valued new members as a result. The earlier amendment, however, inadvertently created a sinkhole. An analyst who graduated from an IPA institute, but for some reason was no longer a member of his or her home IPA society could not apply for APsA membership. This happens sometimes when a psychoanalyst moves to the States, and is no longer active in the IPA society of his or her previous country. Now, even if she lets her IPA society membership lapse, she can still apply for membership in APsA, the organization representing her new psychoanalytic home.

The Membership Requirements and Review Committee continues its efforts to further expand and enhance pathways to membership for those who train in non-APsA, non-IPA institutes, or in other kinds of individualized educational programs.

—Prudy Gourguechon

Functions of the Board on Professional Standards in the Plan to Renew the American

Eric J. Nuetzel

Soon you will be voting on a proposed comprehensive bylaw change for our Association known as the Plan to Renew the American. In this column, I will outline the parts of the proposed bylaws that deal with functions of the Board on Professional Standards (BOPS) in order to help inform you before you vote.

ARTICLE V, SECTION 13 (C) II:

The Council of American Psychoanalytic Institutes (Institute Council)

This body will be heir to institute representation within the Association. The Institute Council will have representatives from each institute, as does the present BOPS, enabling it to perform the present BOPS functions of nurturing institutes and helping to maintain the quality of education and clinical training in psychoanalysis. Two current BOPS functions will be specifically placed outside the Institute Council, the accreditation of institutes and certification of individuals. These functions require relative autonomy from the membership organization to ensure the integrity of those processes. Therefore, they will be carried out by the American Psychoanalytic Board for Accreditation and Certification (the APsaA-BAC), a subsidiary corporation for accreditation and certification (described below). The Council of American Psychoanalytic Institutes will be responsible for revising principles and standards for psychoanalytic education, subject to the approval of the Association's Board of Directors (BOD). Such standards will be the standards of the Association and must conform to the accreditation standards of the APsaA-BAC.

The Institute Council will also recommend new training facilities (NTF), changing the status of an NTF to a provisional institute (PI), and changing the status of a PI to an approved institute. Full approval and periodic re-approval of

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

institutes by the Institute Council and the Association will require accreditation and re-accreditation by the APsaA-BAC. The Institute Council and its Committee on Institutes (COI) will help institutes prepare for the accreditation site visits and recommend periodic approval and re-approval of institutes to the Association's BOD. If the APsaA-BAC accreditation standards allow waivers of standards in specific circumstances, the Institute Council will also recommend waivers of eligibility criteria for training and waivers of standards for TA/SA appointments, and recommend the appointments of training and/or supervising psychoanalysts. Because the Institute Council will be

a committee of the corporation (APsaA), all of its actions will be subject to the approval of the Association's BOD.

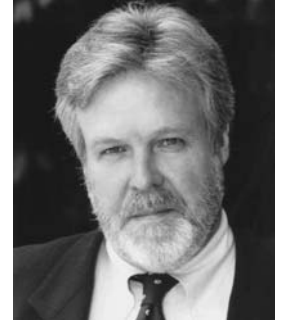
ARTICLE XI

The American Psychoanalytic Association Board for Accreditation and Certification (APsaA-BAC)

This is a new structure for the Association. This structure ensures the functional autonomy of credentialing (accrediting and certifying) functions. The APsaA-BAC will be a limited liability company (LLC) owned by the Association.

On the advice of our attorney, an expert in New York not-for-profit corporate law, the APsaA-BAC (the LLC) will be incorporated in Delaware. The laws of New York permit a not-for-profit corporation in New York (such

as the Association) to own a subsidiary incorporated in New York as a for-profit enterprise, like a gift shop in a museum. It is a peculiarity of New York law that it would be



Eric J. Nuetzel

difficult, perhaps impossible, for a New York not-for-profit corporation to have a not-for-profit subsidiary corporation in New York. However, a New York not-for-profit corporation (like the Association) may own a not-for-profit subsidiary LLC incorporated in Delaware. There are many New York not-for-profit corporations with not-for-profit subsidiaries incorporated in Delaware. The IRS would regard the LLC as an activity of the Association, eliminating the need for a separate tax filing. This will save the Association money.

Soon you will be voting on a proposed comprehensive bylaw change for our Association known as the Plan to Renew the American. In this column, I will outline the parts of the proposed bylaws that deal with functions of the Board on Professional Standards (BOPS) in order to help inform you before you vote.

The APsaA-BAC will be a broadly representative stakeholder board for accreditation and certification made up of equal numbers of members from institutes and from the general membership. Six members will be selected from nominees of the Institute Council, four members will be selected from nominees of the Society Council, one member will be selected from nominees of the Council for Research and Scholarship, one member will be selected from nominees of the Affiliate Council, and there will be one public member. The conceptual model for the structure of the APsaA-BAC is based on the structure of the Liaison Committee for Medical Education (LCME) which accredits medical schools.

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Functions of the BOPS

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The LCME is made up of an equal number of representatives from the Association of American Medical Colleges and the American Medical Association (with public, student, and Canadian members as well).

The APsaA-BAC will have four major responsibilities: the development of accreditation standards, the development of certification standards, administering the accreditation (and re-accreditation) of institutes, and administering a certification examination. Institutes must meet the accreditation standards as a prerequisite to being fully approved and re-approved. Accreditation is a necessary but not sufficient condition (paying affiliation fees could be another) for approval and re-approval of institutes by the Association.


The APsaA-BAC will function like an external credentialing body, but will also be under the Association's umbrella. Thus, it will have its own accreditation standards. The Association's educational standards must conform to the accreditation standards of the APsaA-BAC. As with any organization with an educational mission, the Association (and any component institute) may have educational standards that exceed the accreditation standards. However, the institutes of the Association must meet the accreditation standards to be fully approved and re-approved by the Association.

Accreditation will take place through site visits, with teams appointed by the APsaA-BAC. The APsaA-BAC will be asked to accredit an institute before the Institute Council recommends approval or re-approval of the institute to the Association's BOD. Accreditation site visits involve a review of the institute's standards, policies, and procedures, and documentation of adherence to those standards, policies, and procedures. These could be conducted in conjunction with the site visits of the Committee on Institutes, or separately.

For graduate members seeking certification, the APsaA-BAC will conduct an examination and simply certify, or not. Certified members will be eligible for the designation Clinical Fellow of the American Psychoanalytic Association (FAPsaA). Many have wondered

whether certification will be required for training and/or supervising analyst (TA/SA) status. Certification will not be a bylaw requirement for TA/SA status. Educational standards do not belong in bylaws. The Association may continue to grapple with its uses of certification, but minimally, removing certification from the bylaws will enable a more flexible system either through granting waivers and/or by creating flexible pathways to TA/SA appointment. The membership has spoken on certification and its tie to TA/SA status in the last bylaw vote, and the educational components need to listen.

CONCLUSION

Valuable and essential activities of the BOPS will continue within the Association through the Plan to Renew the American. Supporting and nurturing institutes and psychoanalytic education will be the responsibility of the Institute Council. The accreditation of institutes and the certification of graduate members will be the responsibility of the APsaA-BAC. These structures ensure our continuing commitment to high quality psychoanalytic education by creating a strong, flexible, and adaptable national system. Consider your vote carefully. The future of the Association is in your hands. 

Training and Supervising Analyst Appointments Announced By the Board on Professional Standards

June 14, 2006

Hilton Washington, Washington, DC

Training and Supervising Analysts

Richard L. Munich, M.D.
Columbia University Center for
Psychoanalytic Training and Research

Claudia Lament, Ph.D.
NYU Psychoanalytic Institute

Fred L. Griffin, M.D.
New Orleans Psychoanalytic Center

Harriet L. Wolfe, M.D.
San Francisco Psychoanalytic Institute

Phyllis Tyson, Ph.D.
Seattle Psychoanalytic Society
and Institute

Robert L. Tyson, M.D.
Seattle Psychoanalytic Society
and Institute

Supervising Analysts

Lawrence Deutsch, M.D.
Columbia University Center for
Psychoanalytic Training and Research

Geographic Rule Training and Supervising Analysts

Richard L. Munich, M.D.
Houston-Galveston
Psychoanalytic Institute

Richard Lightbody, M.D.
Greater Kansas City Psychoanalytic
Institute (Provisional)

Geographic Rule Training Analysts

Lucy LaFarge, M.D.
NYU Psychoanalytic Institute

Geographic Rule Supervising Analysts

Kenneth R. King, M.D.
Oregon Psychoanalytic Institute
(Provisional)

Geographic Rule Child and Adolescent Supervising Analyst

Phyllis Tyson, Ph.D.
San Diego Psychoanalytic Society
and Institute

APsaA's Model Parliamentarian, George Roark, Retires

Julie Jaffee Nagel and Michael Slevin

George Roark, after a distinguished second career as parliamentarian for the American Psychoanalytic Association, has retired. He served for 12 years and was presented with a distinguished service award at the annual meeting in Washington, D.C. Following the tradition he promoted, his successor will also be an analyst, Sheila Hafter Gray.

In an interview, Roark commented that having taken the job thinking that it would not be too demanding, he found "an unexpected reliance [by the chair] on my presence, my suggestions, my interventions." He said that he intervened "to provide some orderly process that otherwise might have been more spontaneous." This, he said, allowed for more democracy, not less. After some time in the job, he found that his accrued authority allowed him to intervene less often.

Immediate past-president Jon Meyer, whom Roark served, says of him:

"George Roark served for 12 years as parliamentarian of the Association. That is never an easy job but Roark's tenure was during some of the most difficult times the Association has ever known. We were lucky to have his steady hand and skills

available to us. In addition to being a skilled and dedicated parliamentarian, however, George Roark was a gentleman of the old school and became a dear friend to all who knew him."

Eric Nuetzel, current chair of the Board of Professional Standards, said, "George Roark approached his work as parliamentarian with sound knowledge of parliamentary procedure and deep respect for the traditions of the Association. He always maintained his equanimity, even when those around him did not. He has been dedicated, responsible, and cool under pressure—in short, a model parliamentarian and a delight to know."

Roark's interest in organization bylaws and parliamentary procedures arose during his presidency (1976-1978) of the Baltimore Washington Society for Psychoanalysis. He served on bylaw revision committees of the society and institute, helping redistribute power between the two organizations. He emphasized that as APsaA chair it was essential that he be apolitical, that he not favor one psychoanalytic theory over another, and that he support one-man one-vote. To that end, and given his required attendance at the meetings of the Board on Professional Standards, the Executive Council, and the Meeting of Members, he said it was a help that he was retired from his analytic practice.

Roark did his psychiatry residency at Menninger's, and his psychoanalytic training at the then Baltimore Institute for Psychoanalysis, now the Baltimore Washington Center. Menninger, he says, was "hectic," and it was where, studying with Robert Wallerstein, Roy Shafer, and John Kaiser, he first became interested in psychoanalysis.



George Roark

His military duty then required a move to Washington, D.C. He was detailed to the CIA, where he interviewed applicants for employment and for assignment overseas to make sure they were healthy enough to work in countries hostile to the United States. Making clear that he did not participate in any hostile interrogation interviews, he noted that he saw some defectors from Communist bloc countries. He left full-time employment with the CIA in 1957, but continued as a consultant until 1991. Among other tasks, he did some work on psychobiographical studies of foreign leaders.

Roark's experience writing bylaws enabled him to write bylaws for the board of the Charles County, Maryland, Mental Health Authority and to revise the entire bylaws of the Bradley Hills Presbyterian Church in Bethesda, Maryland. He also created bylaws for two garden clubs and the initial bylaws of the Heritage Hunt Chapter of the American Wine Society.

Roark credits the ministrations of his wife, Barbara, for his ability to work his last years as parliamentarian. His next project is to prepare a version of *Roberts' Rules of Order* with annotations based on his APsaA experience for use by members of APsaA.

On his retirement, Roark commented, "It has been a stimulating and professionally rewarding run for me... It has been my privilege to have worked with so many distinguished, dedicated, and able leaders among our membership."



Julie Jaffee Nagel, Ph.D., is a member of the APsaA Program Committee, University Forum Committee, co-chair of the Music Subcommittee of the Ad Hoc Arts and Psychoanalysis Committee, adjunct assistant clinical professor, Department of Psychiatry, University of Michigan, and in private practice in Ann Arbor.

Michael Slevin, M.A., is editor of TAP.

Renew the American Plan

Four officers of the American Psychoanalytic Association, Lynne Moritz, Prudy Gourguechon, Eric Nuetzel, and Jon Meyer are proposing a complete set of new bylaws for the Association.

Ballots for the proposed bylaws will be mailed to all voting members of the Association and must be returned by December 18, 2006.

The mailing will be separate from the balloting for secretary and councilors-at-large this fall. To be adopted, the proposed bylaws must be passed by two-thirds of the members voting.

On the following pages we are printing a statement in support of Renew the American Plan written by Prudy Gourguechon and Eric Nuetzel, and a statement in opposition to the plan written by Paul M. Brinich, Lila J. Kalinich, Paul W. Mosher, and Warren R. Procci. TAP has also prepared a chart highlighting key elements in the plan.

The Plan to Renew the American: Pro

These are extraordinary times for our organization, and extraordinary action is needed. For almost two decades now, APsaA has been living a paradox. We have ever more new initiatives—outreach of all kinds, vigorous political advocacy, and public information successes. Our members are constantly thinking of new efforts to widen the impact of psychoanalysis within our culture, improve psychoanalytic education, and disseminate theory. Yet we are increasingly mired in internecine political struggles that sap our energy, demoralize us, and pull our focus away from the issues that should have our attention.

Every member can vote this fall on a complete new set of bylaws for APsaA known as the Plan to Renew the American. This is historic; these will be the first new bylaws in half a century. Passing the proposed bylaws will give APsaA a solid basis for growth for the next half century. The plan respects our founding traditions, beliefs, and values as it provides for the democracy, flexibility, and inclusiveness vital for a modern, growing organization.

Governance must be a means to an end, not an end in itself. Yet governance sometimes seems all that we talk about. Our current bylaws, we have learned, are out of compliance with New York State not-for-profit law.

Prudy Gourguechon, M.D.,
APsaA President-Elect

Eric Nuetzel, M.D.,
Chair of the Board on Professional Standards

Our attorney tells us that changes must be made in our bylaws to bring them into compliance; these changes must be in the form of bylaw amendments. Efforts to craft a reorganization proposal over a two-year period ran aground at the January 2006 Council meeting. Some members identified with education increasingly felt that they no longer could have a home in our organization. They argued that some sort of separation or externalization of our educational functions was necessary.

Due to concerns about the possibility of the Association fragmenting or splitting, we, along with Lynne Moritz and Jon Meyer, prepared a draft of new bylaws. We had them vetted by our attorney as required by our current bylaws, and we subsequently presented the package to the Council and the membership. In June, the Council voted to approve the new bylaws. We have had a very open and spirited discussion. All members should give careful consideration to the content of the plan.

The plan preserves much of our current governance. It also offers some vital changes:

- A small Board of Directors will consist of 15 analysts nominated regionally and directly elected by all the members, the officers, and five additional "public members" who can provide expertise in areas like finance, law, and fundraising.
- BOPS functions are divided into two entities: A Council of Institutes (a Committee of the Corporation whose actions must be approved by the Board of Directors) is responsible for all educational functions but two. The second

Passing the proposed bylaws will give APsaA a solid basis for growth for the next half century. The plan respects our founding traditions, beliefs, and values as it provides for the democracy, flexibility, and inclusiveness vital for a modern, growing organization.

entity is a subsidiary non-profit corporation, run by a Board of Managers, responsible for accrediting institutes and certifying graduate members. The Board of Managers is appointed by the parent Board of Directors, and contains six representatives from institutes, four from societies, and one each from the Affiliates and Researchers and Scholars Councils.

Continued on page 11

The Plan to Renew the American: Con

The call to “Renew the American,” issued by three officers and the chair of our Board on Professional Standards (BOPS), will resonate with many members who have tired of organizational politics and long for an end to our internal wrangling. While this plan contains many good ideas, Renew would completely replace our current bylaws and fundamentally alter the relationships among our members, our local societies, and APsaA in ways that may produce unintended consequences. Some argue that Renew is “good enough.” We do not agree. We think that only a truly collaborative and democratic process can hope to resolve the tensions which have bubbled up repeatedly over many decades. The Renew proposal merely relocates these tensions within new councils and boards.

We’ll start with a bit of recent organizational history. In the past two decades APsaA has experienced three important changes. First, in the late 1980s APsaA began allowing its institutes to train non-medical candidates. Second, in the early 1990s non-certified members were made voting members (initially without a vote on APsaA bylaws). Finally, in 2001 a bylaws amendment granted voting rights to virtually all members, including Affiliates. These steps greatly altered the balance of power in our Association.

In a relatively short period, APsaA has moved from an organization in which all members were medical to one in which a substantial and growing minority is non-medical, and from one in which all voting members were certified to one in which most voters (~56 percent) are not certified. At the same time, the balance in most APsaA members’ clinical practice has shifted from psychoanalysis to psychotherapy.

Paul M. Brinich, Ph.D.,
Representative Councilor for the
North Carolina Psychoanalytic Society

Lila J. Kalinich, M.D.,
Representative Councilor for the
Association for Psychoanalytic Medicine

Paul W. Mosher, M.D., Councilor-at-Large
Warren R. Procci, M.D., APsaA Treasurer

These changes have exacerbated some long-standing organizational problems. For many years the Executive Council (our board of directors), which has ultimate *authority* over and *responsibility* for all aspects of APsaA’s governance, had deferred to the officers and to BOPS. Now, however, with our much more diverse membership and differing practice experiences, our expectations of how APsaA is to be governed have changed. These changes affect the relationships among the Executive Council, the officers, and BOPS. One substantial element of these changes is that the

elected ones. The Executive Council, a body that is broad enough to be roughly representative of the range that now characterizes our membership, would be replaced by a *much smaller* body likely to be filled largely by a select group of members able to afford a national campaign.

The Renew Plan apportions BOPS’s current functions to a Council of Institutes (IC) and a Board on Accreditation and Certification (BAC). The latter would be quasi-externalized via the creation of a limited liability company (LLC). In this proposed configuration, APsaA institutes would have to pass muster with *both* bodies—they would be “approved” by the IC and “accredited” by the BAC.

While this plan contains many good ideas, Renew would completely replace our current bylaws and fundamentally alter the relationships among our members, our local societies, and APsaA in ways that may produce unintended consequences. Some argue that Renew is “good enough.” We do not agree. We think that only a truly collaborative and democratic process can hope to resolve the tensions which have bubbled up repeatedly over many decades. The Renew proposal merely relocates these tensions within new councils and boards.

Executive Council has increasingly shouldered its responsibility as the Association’s board of directors. This has generated some conflict with BOPS. While the proponents of Renew have called this a crisis, to us it represents an opportunity to bring the differing sides together to discuss and negotiate the issues. Unfortunately, the Renew Plan preempts this essential organizational evolution in favor of an “up or down” vote.

The Renew Plan abandons our original federal model in which each society is represented on our board of directors. Locally elected representatives would be eliminated in favor of a much smaller number of nationally

However, only BAC accredited institutes could be approved (and periodically re-approved) by the IC. The BAC’s board would establish its own standards. APsaA’s board would have no direct input into the BAC’s standards or procedures. For example, the BAC could impose TA certification (or anything else its board decided) and the APsaA board could do nothing about that, short of dismissing the BAC board.

The Renew bylaws were prepared in haste by just four people. While the authors undoubtedly worked with the best of intentions, this is their first attempt at drafting a comprehensive set of bylaws and it shows.

Continued on page 11

A Comparison of Key Elements of Renew the American Plan and Current APsaA Structure

BOARD OF DIRECTORS (BOD)

Renew the American

- ◆ 15 regionally nominated, nationally elected active members
- ◆ 4 officers
- ◆ 5 public members
- ◆ Executive director (non-voting)

Total: 25

Current

- ◆ 1 representative from each society—currently 40 societies range in size from 10 to 300 members
- ◆ 8 councilors-at-large (elected nationally)
- ◆ 4 officers
- ◆ 5 ex-presidents
- ◆ 1 ex-secretary

Total: 58

COMMITTEES OF THE CORPORATION

Renew the American

- ◆ Society Council
- ◆ Institute Council
- ◆ Affiliate Council
- ◆ Research and Scholarship

Current

- ◆ American Psychoanalytic Foundation

EDUCATION, CERTIFICATION, AND ACCREDITATION FUNCTIONS

Renew the American

The American Psychoanalytic Association

Board of Accreditation and Certification (APsaA-BAC)

Duties: accredit institutes and certify graduates

- ◆ Subsidiary limited liability corporation (LLC) incorporated in Delaware
- ◆ APsaA only member
- ◆ Board of 12 managers, appointed by APsaA BOD
 - 6 managers from institutes
 - 4 managers from societies
 - 1 affiliate manager
 - 1 research and scholarship manager
 - 1 public member at the option of APsaA BOD

Total: 13

Institutes Council

Duties: support educational functions and approve institutes accredited by BAC

- ◆ 1 representative from each institute

Current

Board on Professional Standards

Duties: accredits, certifies, and supports institute educational functions

- Traditionally semi-autonomous and involved as governance partner
- Found to be out-of-compliance with New York State law in 2004
- ◆ 2 representatives from each institute, plus chair, secretary and past-chair

Total: 59

EXECUTIVE COMMITTEE

Renew the American

- ◆ 4 officers
- ◆ Other members of the BOD elected by the BOD (number at discretion of BOD)
- ◆ *Chair: president*

Current

- ◆ 4 officers
- ◆ BOPS chair—non-voting
- ◆ BOPS secretary—non-voting
- ◆ *Chair: president*

MEMBERSHIP

Renew the American

- ◆ Single class of membership
- ◆ Affiliates can serve as directors

Current

- ◆ Certified members only on BOPS committees
- ◆ Affiliates cannot hold office

Renew the American: Pro

Continued from page 8

- All members of APsaA can serve in all capacities, including in the Council of Institutes and the subsidiary (an exception: Affiliates can serve on the Board of Directors but cannot hold office).
- Certification is *removed* from the bylaws. Standards will now be the province of the subsidiary and the Institute Council, subject to oversight and input as described above, creating a strong yet flexible educational system.
- A Societies Council will succeed the Executive Council. While no longer having board of directors responsibilities, this representative body will have much more strength and freedom to pursue the vital interests of societies.
- A Council for Research and Scholarship that will provide an organizational home for these essential activities.

A spirit of compromise and balance are embedded in the plan. This is why a *complete* bylaw overhaul is necessary. Others have argued strenuously that a step-by-step process of change is better. That approach simply will

not work as balance (of power, of value systems, of belief systems, of needs) and compromise cannot be achieved without addressing the system as a whole.

We have significant disagreements within our Association: the questions of the value of certification, the best TA system, and many

debated and resolved again. And it provides solid checks and balances to make sure members' interests are always met.

APsaA needs your "yes" vote on the bylaws. It needs you and everyone you know to actively work for the bylaws' passage. The alternative to passage? More years of stasis,

The Plan to Renew the American does not resolve our conflicts. It provides solid structures *within which* those questions can be debated, resolved, and then debated and resolved again. And it provides solid checks and balances to make sure members' interests are always met.

others. Now, we try to resolve differences by engaging the conflict *between*, not within governance structures: Council vs. BOPS, Executive Committee vs. Council, members vs. BOPS, etc. This is a prescription for chaos and irresolvable conflict. The Plan to Renew the American does not resolve our conflicts. It provides solid structures *within which* those questions can be debated, resolved, and then

mistrust, and organizational fragmentation. Change is overdue. We look forward to seeing the potential of APsaA to do good and expand exponentially when our governance problems are resolved by the establishment of a modern, adaptable new governance structure. We ask for your help in passing the Plan to Renew the American. Our profession has everything to gain.



Renew the American: Con

Continued from page 9

Indeed, when they presented their proposal to the Executive Council in June they had to make several changes to their pre-circulated draft. Numerous other flaws went unaddressed. Given the huge number of hurried changes proposed by Renew, we anticipate many unintended and problematic consequences.

In all candor, no set of bylaws can resolve the conflicts in our Association. Bylaws should, however, provide a structure which helps to contain conflict and encourage growth. Unfortunately, the overly complicated structure contained within Renew fails to do that. In addition to a fundamentally altered board of directors (completely devoid of local representatives), Renew proposes four councils plus a new standards-setting LLC insulated from APsaA's own board.

If overlaid upon our still divided Association such a structure would multiply the opportunities for strife.

We have addressed several weaknesses in the Renew proposal. The proponents will, naturally, emphasize its strengths. Should two-thirds of the membership approve Renew, we pledge to do our very best to make it work. On the other hand, should you agree that the Renew bylaws are not yet good enough, we pledge to work inclusively and across APsaA's divisions in order to create something better. A proposal that emerges from a truly collaborative process undoubtedly would include many of the valuable, forward-looking ideas contained within Renew. We think that a thoughtful, step-by-step approach that brings our bylaws into conformity with New York State law offers the best hope of resolving the tensions which have bedeviled our Association for far too long.



In all candor, no set of bylaws can resolve the conflicts in our Association. Bylaws should, however, provide a structure which helps to contain conflict and encourage growth. Unfortunately the overly complicated structure contained within Renew fails to do that.

Governance Top Issue of Executive Council

Jane Currin Walvoord

Governance issues continued to be prominent on the agenda of the Executive Council.

FINAL TFO R REPORT

Robert Galatzer-Levy presented the final report of the Task Force on Reorganization (TFO R). He began his remarks by addressing the concerns and complaints that have arisen about the task force and its report.

Regarding the task force's make-up, Galatzer-Levy said it had contained no group of training analysts that had opposed another non-TA group. The spectrum of opinion during the proceedings of the task force had spanned TAs and non-TAs alike. Regarding the Council's requests for reworking of various aspects of the TFO R plan, he said that the Council discussion in January had provided "nothing novel" that the task force had not considered. In answer to the criticism that the plan was too complex, he pointed out that the current bylaws were a "behemoth." "They sit on top of governance" and interfere with the work of the Council.

He rejected the criticism that the task force had not kept the Council informed, reminding the Council that they had posted minutes, held open meetings, published articles in the newsletter, and made regular reports to Council. He said that many on the task force were "extremely discouraged" following the January Council meeting and felt the mandate of the membership had been ignored. The task force members had considered a continuation of their efforts, however more than half of the task force said they would "under no circumstances" continue to serve. They did hope that their hard won knowledge would be used to inform further discussion. Several councilors and officers expressed deep regret about the incident.

Jane Walvoord, L.C.S.W., is TAP's senior correspondent.

RENEW THE AMERICAN PROPOSAL

A motion was made and seconded that the Council endorse the Renew the American proposal. Most of the councilors speaking against the motion wanted the current bylaws to remain the same except for those few changes necessary to bring them into compliance with New York State not-for-profit law. They believed that, if the Council gave up its historic position as BOD, societies would lose their ability to influence policy. They feared this would result in further disaffection on the part of the members. Because the Renew Plan calls for regional nomination and national election of a smaller number of directors, they feared that small societies would lose representation completely. One councilor said that the smaller BOD would represent an "intense centralization of power" and would lead to increased political strife.

Because the Renew Plan calls for regional nomination and national election of a smaller number of directors, they feared that small societies would lose representation completely. One councilor said that the smaller BOD would represent an "intense centralization of power" and would lead to increased political strife. They believed members would have more influence through their society representatives than through representatives elected at large.

They believed members would have more influence through their society representatives than through representatives elected at large. Finally, they were concerned that the proposed limited liability company (LLC), responsible for accrediting functions, was unnecessary or "irrational." Some feared that the plan was, as one councilor said it, "an ingenious way to preserve the power" of BOPS.

Councilors supporting the Renew Plan expressed a belief that the plan represented an attempt to create balance in governance because under the plan *all* the governing and regulatory bodies of the Association, BOPS, the Council, and the Executive Committee had to change. While most believed the plan was not perfect, they thought it was good enough. They pointed out that factions within the organization had been arguing about governance for too long and that it was this struggle that was responsible for the apathy and disillusionment on the part of many members. They felt that the Council as BOD was too large and unwieldy and that the smaller BOD would be able to work more efficiently on day-to-day work. This would leave the very important work of addressing matters such as practice issues, public education, and research to the Council of Societies (CS). If the CS were freed from governance preoccupations, it could nurture the societies and their members, supporting psychoanalytic life and engaging inactive members. Further, members of this group believed that one member, one vote in

a national election better empowered the members than one society, one vote. And finally, many of these councilors said they were confused by the need for the subsidiary LLC, but they did not see it as an attempt to hold onto power.

In the end, the motion to accept the Renew Plan passed, 22 for, 17 against, and 3 abstentions.

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BOPS Focuses on Renew the American Plan

Jane Currin Walvoord

BOPS tackled its routine business quickly. Cal Narcissi and Myrna Weiss were elected as co-chair and co-secretary of the Board on Professional Standards—their terms will begin in June 2007. The remainder of the meeting was devoted to discussion of the proposed bylaw amendments known as Renew the American. These amendments were proposed by four officers, the three most recently elected presidents of APsaA, Jon Meyer, Lynne Moritz, and Prudy Gourguechon and the BOPS chairman, Eric Nuetzel.

BACKGROUND

Nuetzel reviewed how the four officers decided to propose the Renew Plan. Following the failure of the Council to endorse the report of the Task Force on Reorganization (TFoR), many members associated with BOPS felt demoralized. These members, some long-time opponents of splitting the organization, began to consider models for a complete externalization of BOPS functions.

The proposers of the Renew Plan each believed strongly that the certifying and accrediting functions of BOPS were member benefits and assets of the organization. So they began to devise a tentative plan that would incorporate aspects of all current plans as well as some ideas of their own. They worked in confidence, because at first they felt it would be premature to announce their planning since it was experimental. Once they determined that those members interested in externalizing BOPS would most probably develop a plan, they had a very short period of time left to finalize their proposal.

The proposers consulted legal counsel, as required under the current bylaws, so that the proposal would be formulated in legal bylaws language and ready for discussion before the June meetings. Nuetzel expressed the hope that concerns about the timing and confidential planning could be put aside in favor of a thoughtful discussion of the content of the proposal.

THE RENEW PLAN

Nuetzel divided the plan into four categories for discussion: the Board of Directors (BOD); the four committees of the corporation, Council of Societies (CS), Council of Institutes (CI), Council for Research and Scholarship, and the Affiliate Council; the APsaA Board for Accreditation and Certification (BAC); the removal of the certification requirement for training and supervising analyst (TA/SA) status as a criterion for BOPS service; and the creation of a Clinical Fellow designation for those who have been certified. The proposed BAC would be a subsidiary limited liability corporation (LLC) responsible for the narrow functions of accreditation and certification.

THREE SCHOOLS OF THOUGHT

Many fellows praised the proposers for their determination and fortitude. Jon Meyer explained that the new BOD was based on the principle of one member, one vote and that the directors would be nominated regionally and elected nationally, with the addition of five public members who would provide assistance in legal, financial, public relations/advertising, and fundraising needs. The Renew BOD follows the recommendations of Victoria Bjorklund, the Association's legal counsel on New York not-for-profit law, who said that all the research indicates that the optimal number of members of a BOD is 7 to 15 members.

Thoughtful discussion revealed that most of the fellows were aligned with one of three orientations. Those who continued to hope for the collective wisdom of the members of

APsaA were generally supportive of the Renew Plan. The plan was compared to the growing national trend of psychoanalytic centers in which fractious disagreements between societies and institutes were no longer a problem. Instead differing opinions were seen as between individuals, and the majority could win in a democratic process. Hope was expressed that the Renew Plan would have a unifying effect, providing the Association with a functional structure designed to relieve tensions and get work done.

Those who doubted the possibility of any resolution of opposing opinions raised objections about the size and composition of the BOD and possible fault lines within or between the CI, CS, and BAC. They wanted more time to study and modify the plan. While they were generally in favor of a smaller, more agile BOD, they were concerned that elections for directors might encourage further polarized political maneuvering. Further, they thought that any unfriendly directors, who

Hope was expressed that the Renew Plan would have a unifying effect, providing the Association with a functional structure designed to relieve tensions and get work done.

might be ignorant of the values of BOPS, might overly influence and make the work of the CI and BAC difficult.

Their main objections, however, had to do with the disruption of the long developed fabric of BOPS. They worried that splitting the executive and nurturing functions of BOPS might lead to a regulatory body (BAC) in which the need to struggle with real problems would give way to received prejudices and a CI with a watered down facilitative function with little clout. These fellows preferred an externalized BOP.

However, many recognized that the organization might not be ready to take this step until one more unifying attempt was made. Eventually, many agreed that the Renew Plan had potential for success. They could see

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Governance Top Issue

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LEGAL VIEW FROM BJORKLUND


After lunch the Association's not-for-profit counsel, Victoria Bjorklund, addressed the Council, answering previously submitted questions. The first question asked was: Would APsaA be better served by a large or small board of directors? She replied that the size of a BOD has a "tremendous effect" on an organization. She said that the former head of the Charities Bureau has taken the strong view that large boards create "a breakdown of behavior" in that board members develop a lack of ownership and responsibility. Further, large boards become passive, leaving room for politicized members or groups to take over. She said an ideal size board is from 7 to 15 directors.

Next Bjorklund was asked how she could prevent her legal advice being used for political gain. She responded that when she gives a legal opinion, she looks only at the organization's

legal documents and compares them to the applicable law. She is not qualified to comment on politics. When she and her colleagues looked at the APsaA bylaws, it was their "strongly held view" that we would be "well advised" to amend the bylaws. What is done with this advice is up to the Association. This became the consistent refrain of Bjorklund's responses. The Association's bylaws do need to be amended in order to come into compliance with New York law. Where change is needed or desired in the current bylaws, bylaw amendments are the proper way to accomplish such changes, Bjorklund said.

ADVOCACY

APsaA's counsel Jim Pyles reported that APsaA had never had such a successful day on Capitol Hill as they did today (June 15). APsaA and the National Association of Social Workers (NASW) joined together at a breakfast and a hearing before the full House Ways and Means Committee in which Ed Markey of

Massachusetts presented a privacy amendment. The vote on the amendment went along party lines and did not pass. However, APsaA was able to contribute significantly to the pro privacy arguments, and is building a base of support and knowledge in Congress on both sides of the aisle. 

Councilors supporting the Renew Plan expressed a belief that the plan represented an attempt to create balance in governance because under the plan all the governing and regulatory bodies of the Association, BOPS, the Council, and the Executive Committee had to change.

Certified in Psychoanalysis By the Board on Professional Standards

JUNE 14, 2006

Adult

Mia Biran, Ph.D.
Teresa Cochran, Ph.D.
Lena Theodorou Ehrlich, Psy.D.
Ellen R. Golding, Ph.D.
Jean M. Goodwin, M.D.
Tony Hacker, Ph.D.
Bruce J. Levin, M.D.
Era A. Loewenstein, Ph.D.
Kathleen A. Lyon, M.D.
Steven E. Nickoloff, M.D.
Laurie J. Pahel, M.D.
Marti E. Peck, Ph.D.
Holly Anne Schneier, M.D.
Robin L. McCann Turner, M.S.W., Psy.D.

Child and Adolescent

Katherine M. Hott, M.D.

BOPS

Continued from page 13

that relief of stressors such as the removal of the certification requirement for TA/SA status might provide adaptability, allowing the structure to absorb problems. They felt that if the Renew Plan failed, the organization might then be more open to a plan for externalizing BOPS.

Finally there were those fellows who believed that further, organization-wide discussion might still bring resolution. They advised the proposers to withdraw the plan in favor of one more organized effort to develop grassroots


support for a new proposal before it was sent to the members.

Many discussants seemed to agree with Nuetzel when he said, "The need is urgent. The educational mission of BOPS is in real trouble. [Negativity towards BOPS] is having a corrosive effect on every level of this Association."

ENDORSEMENT TABLED

A motion was made and seconded for BOPS to endorse the Renew Plan. However, many agreed that a blanket endorsement would obscure the richness and introspective nature of the discussion. Furthermore, an

endorsement might fail to convey their wish that each local group struggle with problems and potential solutions. All four proposers said they were willing and eager to travel to any psychoanalytic community within the APsaA to discuss the plan with the members directly. Many expressed a desire to foster in-person conversations as opposed to contentious Internet bickering.

For this reason, a motion to table the motion to endorse was passed. It was decided that a statement would be prepared, reflecting the range of opinion within BOPS, thereby enriching subsequent discussions. The vote was 28 to table, 12 against, and 3 abstentions. 

Mental Health and Psychoanalyst Activist: An Interview with APsaA President Lynne Moritz

Christine Ury

On the eve of taking office as president of the American Psychoanalytic Association, a colleague of Lynne Moritz quoted to her a line from Hamlet: "The time is out of joint. O cursed spite that ever I was born to set it right." Three hours after taking office, Moritz sits before me recalling this quote as she thinks about the future of the Association at this critical juncture of its history. But, unlike Hamlet who delays action until it is of no use, Moritz is a woman of action. To put it more precisely, Moritz is a mental health and psychoanalyst activist with a long history of getting things done.

After raising her two boys as a single mother, Moritz had a reserve of energy and agreed to serve as the American Psychiatric Association's (APA) delegate to the American Medical Association (AMA). She discovered that "a person who has some experience and good will and is trying to do right can make a difference." Not

Christine Ury, D.Ps., is associate editor and international editor of TAP.

only was she the first psychoanalyst in Missouri to fight alongside psychiatrists and physicians, and thereby "disabuse them of their preconceptions about analysts," she also became a guide to state legislators advising them on bills that came across their desks, and testifying in hearings of the state legislature.

Moritz realized she had a talent for leadership and was excited to be able to have such a direct impact: "To be in the middle of the fray, and to be able to testify to things that are in alignment with your heart and your passions is really moving and a thrilling experience."

As delegate to the AMA and district branch president of the APA, Moritz was influential. She painstakingly marshaled the forces that defeated False Memory Syndrome legislation that would have outlawed all psychotherapy right across Missouri. She also spearheaded support for a Missouri law regulating managed care. It was a comprehensive law that brought state oversight to the regulation of insurance companies, prohibited certain managed care

practices, provided for complaint processes, and for the inclusion of practicing physicians on insurance panels. Passage of this law took many years and was related to legislation "which had some teeth," requiring insurance companies to cover mental health at parity with physical illness. The parity law demanded that Moritz spend countless hours preparing for court case after court case to defend the law against insurance company interpretations.

A large portion of Moritz's practice is psychoanalysis, which she says comes from her "conviction about the treatment and its efficacy." Her belief in the usefulness of psychoanalysis is also reflected in her present reading interests: "I am very engrossed at the moment in the neuropsychanalytic literature—Solms, Fonagy, Panksepp, Schore, and so many others. We have a wonderful story to tell, and in many ways, I think this supports a turning point in awareness of psychoanalysis in the scientific world and the world of ideas."

Because psychoanalysis is closest to her heart, Moritz felt getting involved administratively with APsaA was the next logical step. She had been director of her institute in St. Louis and had helped it "turn to the outer world with open doors" through a very successful outreach program. Moritz believed she could do the same with APsaA.

Continued on page 17



Statements from candidates in the 2006 APsaA elections begin on page 16.

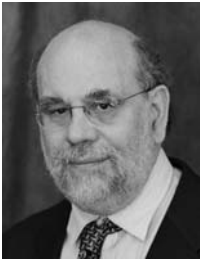
Robert M. Galatzer-Levy and Jonathan House are the two candidates for secretary. One will be selected for a two-year term beginning in June 2007.

Ralph E. Fishkin, Michael Gundle, Luba Kessler, and Graham Spruiell are the four candidates for councilor-at-large. Two will be elected for four-year terms beginning in June 2007.

Additionally, any 20 voting members of the Association may nominate, in writing, one or more eligible candidates for each office by sending a written petition to the secretary of the Association. Such petition nominations must be received in the National Office by November 20.

Ballots will be mailed from the National Office on December 1, 2006 and must be postmarked by January 1, 2007 to be valid.

Robert M. Galatzer-Levy



Robert M. Galatzer-Levy

The future of APsaA lies in supporting psychoanalytic practice, research, education, and scholarship. The secretary's job is to promote this work.

Public relations, meeting programs, JAPA, and working for confidentiality are going well. We have good beginnings in other areas. We spend too little on research, but the Fund for Psychoanalytic Research has effectively fostered research. The "10,000 best minds" initiative promises to bring psychoanalytic ideas to higher education and the membership plan will bring many analysts under our umbrella.

We need to address diminishing practices specifically and directly.

We invest huge efforts in education but have only a limited impact and too frequently

generate ill will. Part of the problem is an undue focus on "standards" as opposed to encouraging innovation and coordinating institutes' resources. We should rethink how a national organization can support psychoanalytic learning effectively.

The secretary of APsaA is one of the four voting members of the Executive Committee, APsaA's guiding force. As secretary I will work to address these issues in cooperation with the other members of the Executive Committee, all of whom I have worked with and all of whom I respect.

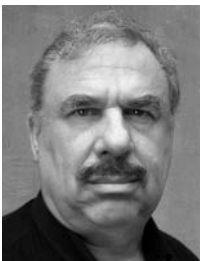
APsaA has spent huge efforts on governance. As chair of the Task Force on Reorganization, I expended as much energy on it as any Association member. Now the time has come to accept a "good enough" solution and to refocus on the central issues that affect psychoanalysis and psychoanalysts. Clearly our Association will reorganize in the next few

years. I will use the secretary's position to facilitate fairly and promptly implementing whatever decision the membership makes about governance.

I have worked hard for psychoanalysis throughout my career. My primary commitments are to psychoanalytic practice and thinking. I maintain a busy practice seeing children, adolescents, and adults. I have co-authored four books and written more than 100 journal articles and book chapters on subjects ranging from non-linear dynamics to law and psychoanalysis. I am a partner in Analytic Consultants, a firm that consults to businesses and organizations. In my local institute and society I have held numerous positions and taught and supervised for 30 years. In APsaA I served the Committee on Scientific Activities and the Fund for Psychoanalytic Research (both of which I chaired), BOPS' Child and Adolescent Analysis Committee, and JAPA's editorial board. For four years I was

Continued on page 17

Jonathan House



Jonathan House

APsaA's strategic goals should emphasize collaborating with the broader psychoanalytic community, nationally and internationally. For far too long our Association was deformed by the politics and practices of exclusion. We have transcended much of that past but there is more to be done.

Always a leading force within the IPA, APsaA could do more for our societies and institutes to facilitate international communication and collaboration. Nationally, we have begun to cooperate with those IPA institutes not approved by APsaA (e.g., the Confederation of Independent Psychoanalytic Societies' institutes) and also with non-IPA institutes (e.g., William Alanson White) but progress remains slow if no longer grudging.

Internally a stance of openness and nurturing inclusion is also called for. I am particularly proud of my leadership over the past three years on the unfinished work of Local Option. In general APsaA should facilitate creativity, experimentation, and inclusion in our local institutes; too often APsaA has been an inhibiting force. I oppose the Renew the American Plan in part because it would substantially complicate and inhibit such local initiatives; all innovations would have to meet, or seek changes to, not one but two sets of "standards," each established and enforced by BOPS's bifurcated successor entities—the BAC-LLC and the Institute Council.

Another important problem with the Renew Plan is the elimination of society representation in the name of "efficiency" and "democracy." The Executive Council has always been APsaA's board of directors but, until recently, was inappropriately subordinated

to BOPS and to its own Executive Committee. As the Council's work is done by members—by volunteers—it needs an adequate size and an active committee structure to carry on the work between meetings. This is one reason to question the equation of "smallness" with "efficiency." Similarly questionable is the equation of "nationally elected" with "democratic."

I favor ASAP a step-by-step approach to improving our bylaws. A few largely non-controversial changes would bring our bylaws into compliance with state law. The controversial issues are those touching on the relative authority of the national and local organizations.


Proper educational functions have too often been sacrificed at the altar of standards. APsaA in general, and BOPS in particular, should lead and educate by the force of our arguments and by the example and compelling richness of our clinical work, not by the power to exclude or to coerce compliance. The site visits of the

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Robert M. Galatzer-Levy

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a councilor-at-large and for another four years I was the science advisor to the Executive Committee. Internationally, I was the program chair for the IPA Congress in Rio and a member of *International Journal of Psychoanalysis'* editorial board.

Please visit my Web site www.galatzer-levy.net to view my CV. Click on "APsaA secretary" for more information and an ongoing discussion of issues. 

Moritz Interview

Continued from page 15

Looking at the job at hand with the Association, Moritz laments: "The Association is the most functional psychoanalytic organization in the world, and we have been completely stymied by our own politics. . . . Governance should be invisible and the Association should be dealing with the problems of psychoanalysis in the world." Not letting herself get paralyzed by the difficulties of the Association, Moritz says: "I've seen the good things that can happen if you state what you believe and carry on with it in an active way, to go forward. . . . Maybe that will be helpful."


She is an activist with experience who believes in fostering practical, common-sense action. Thus, rather than Hamlet, when thinking of Moritz, Gramsci comes more to mind: "I'm a pessimist because of intelligence, but an optimist because of will." 

Jonathan House

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Committee on Institutes are an example of a helpful, collegial, and (*de facto*) advisory process.

As our local societies and institutes innovate in research, teaching, supervision, psychotherapy, couples therapy, etc., our national Association must have the flexibility and the will to support local initiatives.

A Web site with more detail about my opinions can be found at: Jonathan.House.googlepages.com/home. 

From the Unconscious

Sheri A. Hunt



Linda Gold is a student in the two-year psychoanalytic psychotherapy course at the Michigan Psychoanalytic Institute. She has a Bachelor of Science degree in psychology and an M.S.W. degree from the University of Michigan. She practices with Eastwood Clinics in Royal Oak, Michigan. Her practice is with both adults and adolescents.

With just a few light strokes, Gold's poetry captures something of the essential emotional tones felt on both sides of the couch. There is delicacy in her expression combined with a tactful ability to reveal.

LAYERS

Layers of earth or
petals of a rose
protect this piece of truth
we burn to know
whether gently separating velvet leaves
or drilling rock with metal harsh machines
whatever way we try it still eludes
the only truth is that we fear to know.

RED WINE

There are feelings which appear unbidden,
Outside the forms and structures of my life,
Like colors in a painting rearranging
With energy from some mysterious source.

These feelings, like a drumbeat. . . or a heartbeat,
Persistent, insistent,
Commanding my attention
Like a glass of red, red wine which overflows until you drink,
For you cannot stop the pouring.

—Linda Gold

Sheri A. Hunt, M.D., is a candidate at the Seattle Psychoanalytic Society and Institute in the adult training program and a graduate analyst in the child division. A published poet and member of TAP's editorial board, she welcomes readers' comments and suggestions at sherihunt@hotmail.com.

Ralph E. Fishkin



Ralph E. Fishkin

When I was elected as the executive councilor from Philadelphia four years ago, I was completely new to APsA politics. However, I was concerned about APsA's controversial certification

process and I thought I might be able to address that problem. I introduced a motion authorizing a non-binding referendum to assess the members' attitudes about certification. My motion was defeated, but as a result of my initiative, a survey was undertaken, and a joint BOPS/Council committee was created to which I was appointed by then APsA president, Dick Fox. Through those experiences and at every Council meeting since, I have learned from the sophisticated knowledge and expertise of my fellow councilors. I have served on the Committee on Council and the Membership Requirements and Review Committee. Now, as chair of the Committee on Council, I would value the opportunity to

continue my work by being elected councilor-at-large.

My society values the opportunity to have its own locally elected councilor. That's why I strongly favor continuation of society representation on the board of directors. It is through our participation and our votes within the present system that my fellow councilors and I have had the opportunity to make a difference on issues of concern to each of our 40 societies.

In addition to having served on many society and institute committees in Philadelphia, I was fortunate to have been a member of the committee that brought about the first successful reunification of psychoanalytic societies in the United States. That experience has shaped my views about the kind of process that would facilitate organizational reform in the Association and I would like to bring my experience to the turbulent political controversies now besetting us. Our future is jeopardized by internal power struggles, while we fail to address critical areas of concern for psychoanalysis.

I advocate the following steps:

- We must immediately make the minimum changes necessary to bring our bylaws into compliance with New York State Law.
- We must develop a successful process to consider how much reorganization we want and need. This process should be timely, transparent, flexible, and acceptable to all sides before any plan that develops comes to a vote.
- We need straightforward, easily understood changes, built upon our present bylaws, assuring integrity and effectiveness to governance, accreditation, and certification. Such changes must reflect the views of *all* of our members to whom, after all, our Association belongs.

We must resolve our struggles satisfactorily so that we can rededicate APsA as an Association of equals, committed to the advancement of psychoanalysis, via stimulating, broadly based education, the most prestigious journal, exciting meetings, and research that would further the understanding and acceptance of psychoanalysis in the scientific world.



Michael Gundle



Michael Gundle

I believe the board of directors must be effective, democratic, and representative of our diversity. I have worked to strengthen the functioning of Council for the past 10

years as a councilor, and especially for the past six years as chair of the Committee on Council. I have seen Council progress in 10 years from a passive rubber stamp to a real, functioning board of directors. It is now coming together to perform its oversight function and protect the stability and legal integrity of our Association.

It is important for all of us in the leadership of APsA to be able to maintain collegial relations among ourselves. There must be respect

for all points of view, so that at the end of the day we can sit down together and reach compromises that promote what is best for all our members. I have worked closely and cordially with the last four APsA presidents and the last three chairs of BOPS. I have also maintained close ties with those who are striving to make APsA more democratic and less elitist. By speaking with a clear, reasonable voice on the e-mail lists and in person, I have worked hard to create the conditions for a civil discourse. This is a position that is especially useful now, when so many of our leaders are talking past each other.

It is essential that the diversity of opinion in APsA be respected in our governance with a healthy system of checks and balances. I disagree with those who would, in the name of efficiency, concentrate power in

the hands of a few. To do so would result in our members feeling even more distant from the national leadership, which is already a serious problem. I have advocated a number of progressive changes in recent years to give the members more of a voice in national policymaking, not less. Many of these have been adopted. I will continue to work for careful, thoughtful changes to improve APsA further.

Many now feel, and I agree, that APsA's number one priority at this time is to alleviate the acrimony brought about by the efforts at reorganization and the reactions that have been engendered. After the proposed bylaws are voted on by the membership this fall, regardless of the outcome, there will be a great deal of peacemaking to do. I ask for your support for the position of councilor-at-large so that I may play a part in the reconciliation that is sure to be necessary.



Luba Kessler



Luba Kessler

I consider it an honor to stand for election for the position of councilor-at-large.

PROFESSIONAL ACTIVITIES:

- NYU Psychoanalytic Institute: graduate faculty member
- Private practice: adult psychoanalysis, adult/adolescent psychotherapy
- Teaching/supervising psychoanalytic psychotherapy: psychiatric residency at LJI/Zucker Hillside Hospital (a consistent source of applicants for training in psychoanalysis and psychotherapy)

ORGANIZATIONAL ACTIVITIES:

- Long Island Psychoanalytic Society: president; Scientific Program Committee, co-chair
- APsA: councilor; Committee on Council

OUTLOOK:

1. Psychoanalysis is:

- poised for intellectual and therapeutic renaissance
- enriched by self-examination
- newly open to innovation and discovery
- integrating insights from varied psychoanalytic schools of thought, cognitive psychology, infant research, gender studies, linguistics, and esthetics into its unsurpassed depth psychological tradition
- developing research paradigms to examine theory and methodology, enhancing rigor of psychoanalytic thinking and teaching
- enlivened by cultural and sociopolitical applications
- furthering mind/brain/body inquiries through engagement of burgeoning neuroscientific knowledge

2. APsA's membership is:

- composed of highly trained professionals dedicated to their craft
- self-selected by their interest, curiosity, intellectual thirst, love of psychology, ethical standards

- benefiting from extending membership criteria
- increasingly enfranchised because better informed through listservs about APsA's history, governance, missions of education and research

3. APsA's organizational structure is:

- widely representative of local membership through societies in Council (BOD)
- widely representative of component institutes (though insufficiently representative of teaching faculties)

POSITIONS:

1. Psychoanalysis:

Following *needed self-searching re-examination*, we are now *better equipped* for *open intellectual and clinical integrations* in our training/postgraduate professional development; for *more confident outreach* to undergraduate, academic, and mental health communities; for *more robust investment* in psychoanalytic research and sociopolitical applications.

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Graham Spruiell



Graham Spruiell

I am running for councilor-at-large. Originally from New Orleans, I am a psychoanalyst in Boston, where I have served at PINE as president of our society, chair of the faculty, and councilor. During the past

year I have taught courses on aggression and the unconscious. I have a private psychoanalytic practice and consult as a forensic psychiatrist. As councilor, I have had the opportunity to participate in ongoing debates in the Executive Council about governance and other pressing challenges to our organization and profession.

Psychoanalysis has been under siege, not only by managed care, but also by HIPAA and pending congressional legislation. Still, we ask our patients to say whatever occurs to them without editing, knowing if they use a third-party payer that information they tell us can be disclosed without consent.

More than any other professional organization, APsA has taken a heroic stance in support of confidentiality by opposing the loss of consent in HIPAA. This has largely been in the form of support for the Citizens for Health case and intensive lobbying efforts by our members. I have personally been involved in submitting two briefs supporting Citizens for Health in the Third Circuit Court of Appeals and more recently, the Supreme Court. Only a small percentage of cases are actually heard by the Supreme Court, but this issue remains of vital concern for psychoanalysis and patients. As councilor-at-large, I would try to keep our membership informed about confidentiality and other events affecting psychoanalytic practice.

Perhaps as a distraction from a multitude of external threats, the Executive Council has also considered questions of governance. For at least 30 years, there has been a dispute between the Executive Council and the Board on Professional Standards. This dispute has

become circular and is taking a toll upon our organization. The Renew Plan, in the spirit of compromise, would create a new Board of Directors that would have oversight over both the Executive Council and the Board on Professional Standards. Hopefully this configuration would ease tensions by providing a means of resolving philosophical differences about standards.

In order for the Renew Plan to be enacted, it would need to be approved by a supermajority of two-thirds of our voting membership. I urge members to carefully consider the Renew Plan. In addition to bringing our bylaws into alignment with practices and state law, it may help us out of an organizational quagmire. The adoption of this plan, in my view, would limit internal distractions and allow us to more efficiently engage real challenges in our future. Ultimately, our membership will decide.

I have very much enjoyed working in the Executive Council as councilor and would welcome the opportunity of continued service as councilor-at-large.



Culmination of Peer Review Committee Effort: An Integrated Set of Psychoanalytic Practice Guidelines

Robert R. Cummings

With the publication of the "Psychoanalytic Clinical Assessment" insert in this issue of *TAP*, an integrated set of seven Practice Bulletins, APsaA's psychoanalytic practice guidelines, is now available to serve, support, and protect the vitality of psychoanalytic practice and education in these challenging times. In the early years, as the Committee on Peer Review was developing guidelines for charting and external review of psychoanalysis, we realized that a comprehensive guideline on psychoanalytic clinical assessment would also be needed, and we began that effort in 1997. The committee's next project will be to publish the entire set of guidelines in a monograph.

Psychoanalysts have needed an integrated set of procedure-based practice guidelines because a psychoanalytic approach is often different from the usual approach followed by other mental health-care specialists. Psychoanalysts are few, while other types of mental health specialists compose the powerful majority that has, albeit reluctantly in many cases, accepted a shift in national and community standards of practice. That significant shift followed economic opportunities that increasingly require managed care approaches to assessment, treatment, charting, and review.

By the mid-1990s, most APsaA members had a clear understanding that the managed care approach usually sacrifices confidentiality to the degree that successful psychoanalytic treatment is not viable. Managed care conditions have progressively eroded patients' confidence that information they share in the treatment setting will be held strictly private. In an effort to protect their privacy, many patients censor what they say. Conditions for

Robert R. Cummings, M.D., Ph.D., is chair of APsaA's Committee on Peer Review. He is a training and supervising analyst and has a private psychoanalytic practice in Laguna Hills, California.

viable psychoanalysis require that patients can be reasonably confident to speak freely and candidly with their analysts, without realistic concern that what they say will be conveyed to outsiders.

Without APsaA's integrated set of psychoanalytic practice guidelines, psychoanalysts would have little organizational support for maintaining good psychoanalytic practice. This is especially the case when psychoanalytic practice is called into question because its procedures differ from the managed care-friendly practices that have been imposed upon the majority of mental health-care practitioners.

The development of our newest Practice Bulletin, "Psychoanalytic Clinical Assessment," has followed our model to create practice guidelines that integrate evidence-based and consensus-based practices. This allows us to codify and use the collective clinical experience of the membership as well as established and current research findings. The Committee on Peer Review is indebted to all societies, their representatives, and individual members who have assisted us in the drafting process over the years of liaison and consensus conferencing. Throughout the drafting process, they raised numerous key questions and suggestions that have served to make these practice guidelines clear, comprehensive, and fully representative of the membership's clinical experience.

Our approach to developing practice guidelines strives to be a direct democratic process. We present early drafts widely to all societies, so that all members have the opportunity to study and give feedback early and often in the drafting process. This approach requires a tremendous amount of time and patience. "Charting Psychoanalysis," for example, went through 17 major drafts prior to publication. This is an approach that first and foremost supports our adherence to psychoanalytic principles. Rather than sort concretely through conflicting particulars with an aim to develop a

middle ground compromise, we have used psychoanalytic principles as our guide to derive abstract concepts that embrace the particulars collectively. In the end, our approach



Robert R. Cummings

minimizes the need to accept significant compromises of vital principles. Compromise is ultimately accepted only (1) in situations of serious polarization of opinion within the membership, or (2) in situations of daunting legal, technical, and practical challenge, after exhausting all available resources to find a solution that honors the principle ideally.

HOW TO USE THE SET OF PRACTICE GUIDELINES

First and foremost, the guidelines recognize the primacy of analysts' clinical judgment. Each guideline states that the analyst will make the ultimate judgment regarding a particular clinical decision, intervention, or overall treatment plan on the basis of the clinical data presented by the patient and the diagnostic and treatment options available in the particular clinical setting. The documents contained in our Practice Bulletins are intended as guidelines. They are not intended as standards of care that might prescribe or restrict the clinical judgment of the analyst. The guidelines are intended to act as strong support for good psychoanalytic practice, particularly when the recognized procedures of psychoanalytic practice are questioned or come under some form of scrutiny by outside parties.

Here are several examples of how each guideline seeks to accomplish this supportive task from a different perspective, and how the set of guidelines together represents an integration of intersecting conceptualizations.

"Charting Psychoanalysis" (1994) is based on the notion that psychoanalysis is a unitary therapeutic procedure that does not require session-by-session progress notes, just as a surgical operation does not require intra-operative notes. This practice guideline also defines

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process notes, working notes, and research notes as items separate from a patient's health-care chart. It advises that items which are the personal property of the analyst be kept physically separate from the official chart. In 1996, a new guideline called "Charting Psychoanalysis, a Clarification" was created to remove any question and confirm that various substitutes for session-by-session progress notes, such as checklists and "negative charting" data sheets, fall within the guideline's definition of progress notes that are not necessary for, and may interfere with, good psychoanalytic treatment.

Many of our members have misunderstood the "Charting Psychoanalysis" guideline to say that analysts do not need to keep health-care charts for their patients. *The guideline does not say that.* The guideline defines psychoanalysis as a single procedure from start to finish, and it supports analysts who refrain from charting session-by-session progress notes. It does not provide any rationale for omitting the practice of maintaining an appropriate record of health care.

"Psychoanalytic Clinical Assessment" describes the nature and process of this important clinical procedure. It clarifies key differences between a psychoanalytic approach to aspects of this procedure compared with approaches by other mental health-care specialists. It also summarizes charting procedures derived from our "Charting Psychoanalysis" guideline (1994) as well as the other guidelines subsequently approved by our Executive Council.

The new "Psychoanalytic Clinical Assessment" guideline also defines what might constitute a complete private and confidential psychoanalytic health-care chart. The guideline states that such a record might contain the following items:

1. The appointment and fee-payment record of the treatment.
2. A note stating that a psychoanalytic clinical assessment process was conducted and led to a discussion with the patient of the advantages and disadvantages of various treatment options (specified) and to a mutual agreement upon a treatment plan (specified to include the frequency and length of sessions, an indication of whether the procedure is psychoanalysis or modified psychoanalytic treatment

and reason for the choice of this treatment option, and a description of modifications or special features of the treatment plan).

3. Notes to document the occurrence and reason for any major changes in the treatment plan, forms of treatment, or recommendations by the analyst that the analyst considers to be outside the usual scope of psychoanalysis (e.g., prescription of medication, referral to a neurologist, etc.).
4. Any third party correspondence and a note documenting the patient's thoughtful consent for this correspondence.
5. A closing note at the end of treatment.

The "Psychoanalytic Clinical Assessment" guideline is useful if there is an inquiry about what this type of assessment procedure entails. It represents a comprehensive definition of the procedure. The existence of the guideline can help analysts who want to limit their charting procedures in order to be more effective in protecting patients' privacy and confidentiality. Before the existence of this guideline, there was little support for analysts who wanted to say less in their charts, in order to protect patients' privacy. Many felt it was necessary to document

and treatment planning process. The guideline on "Informed Consent to Review" (2003) provides a model discussion of the likely risks and benefits if the patient decides to waive his or her right to keep clinical information private and directs that the information be sent to a third party in the process of submitting claims for reimbursement.

The guideline on "Appointment Records" (1996) discusses the matter of payment for missed appointments and certain arrangements to consider when a third party is involved.

The two Practice Bulletins that contain guidelines on "External Review of Psychoanalysis" and "Interacting with Third Parties" offer an approach and a method for seeking an alternative to a third party's usual claims review approach. An alternative is necessary because psychoanalysts and their patients often encounter claims review situations that fail to meet peer review standards. It is common to encounter reviews in which the appropriateness and "medical necessity" of the treatment plan are being determined by an outside party that is not a peer of the treating analyst and cannot be included in the ambit of confidentiality that surrounds good health care.

Psychoanalysts have needed an integrated set of procedure-based practice guidelines because a psychoanalytic approach is often different from the usual approach followed by other mental health-care specialists.

extensive clinical assessment information to indicate not only that a quality assessment was done, but also to define the general nature of a good psychoanalytic clinical assessment. Essentially, this had to be done with every case. Now, the guideline itself can serve to define and explain what the procedure is and how it is done. This significantly limits necessary charting. We do recommend that the treatment planning process be well documented, and include an indication that the assessment was done and when it was done.

A working knowledge of the practice guidelines can be useful when a patient raises issues of third-party payment during the assessment

Peer review standards include the requirement that the reviewer for psychoanalytic treatment is a psychoanalyst who has been significantly immersed in the clinical practice of psychoanalysis for many years and who accepts the principles of confidentiality which govern psychoanalysis. Claims reviewers might be remotely familiar with psychoanalysis but rarely have actual clinical experience in the field. When applications for claims review arise with mental health treatment, it is important for psychoanalysts and patients to have the support of these two practice guidelines as they seek a mutually agreeable solution.

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Practice Guidelines

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"Interacting with Third Parties" recommends that the patient does as much of the actual interacting with the third party as possible; so that the patient is thoroughly informed about the third party's practices and motivations. A well-informed patient is more likely to be able to arrange an outcome that will support a continued, viable psychoanalytic treatment plan.

LIAISON WITH APA'S PRACTICE GUIDELINE PROJECT

From the beginning years of APsaA's guideline project to the present, APsaA's Committee on Peer Review has made a consistent effort to work with our colleagues from the American Psychiatric Association (APA) and contribute to its extensive practice guideline project. Sheila Hafter Gray, the former chair of this committee, has been at the forefront of this effort, leading our study and critique of almost every APA draft guideline. Wherever appropriate and practical, she has contributed well-documented suggestions (sometimes numbering as many as 100 for each guideline) that broadened the psychodynamic perspective in the text of psychiatric practice guidelines. Those of her recommendations that had a literature or evidence base, including our own Practice Bulletins, were readily accepted.

In a few important instances, Hafter Gray's suggested revisions have altered language in APA practice guidelines that otherwise might have resulted in very adverse conditions for psychoanalytic practice. For example, she worked closely with APA on a revision of the 1995 guideline, "Psychiatric Evaluation of Adults," which is likely to be published this year. The 1995 APA document raised expectations that psychiatrists would be closely involved in a patient's general medical evaluation, including a physical examination. While APA has not rescinded these recommendations in its revision, significant progress has been made and it now seems likely that the new APA recommendations will be more flexible regarding the physical examination of patients by psychoanalysts and psychodynamically-oriented psychiatrists. This is a significant improvement,

representing a successful liaison effort between APA, APsaA, and the American Academy of Psychoanalysis and Dynamic Psychiatry (AAPDP).

Because the advice given by the 1995 APA guideline has had widespread influence in creating community standards of practice that should not be applied to psychoanalytic practice, it is important that APsaA's practice guidelines be sufficiently clear. Therefore, the "Psychoanalytic Clinical Assessment" guideline states categorically that, "in contrast to recommendations for psychiatrists (APA, 1995), psychoanalysts and psycho-dynamic psychiatrists should not be expected or required to conduct physical examinations." Knowledge of the interaction of bodily medical conditions upon psychic states, and of psychic states on bodily medical conditions, is often a vital part of psychoanalytic treatment. Patients regularly supply this information in the process of analytic exploration. If this method seems inadequate in a particular case, the guideline suggests that "the patient (or a minor's parent or guardian) can maintain privacy and confidentiality for the analytic treatment by acting as intermediary, obtaining and bringing copies of health-care records to the analyst."

Psychiatrist-psychoanalysts who wish to practice in conformity with APA practice guidelines for psychiatrists will find it useful to view a psychoanalytic clinical assessment as a special form of mental health evaluation that is conducted in accordance with special parameters. This is, therefore, one of the noted exceptions to APA's requirement for documentation of the findings of a physical examination.

We have come to understand that the APA practice guideline project aims to reflect the position of American psychiatry today, and to indicate where it is headed. This includes the stance that the profession of psychiatry should emphasize its position as a medical science, in some instances even as a primary-care medical science, by conducting its procedures of patient care to resemble as closely as possible the procedures of other core medical specialties, such as the specialty of internal medicine. The process of creating the APA's practice guidelines has moved more and more away from the codified clinical experience of APA's membership, particularly the psycho-dynamic

elements of that experience. The APA's Practice Research Network (PRN) and its extensive data set, which is available for use, is a good vehicle to learn what practicing psychiatrists are actually doing and what clinical approaches they find helpful. Instead of placing research into this PRN data set at the core of its practice guideline development process, the APA project chooses to focus heavily on data derived from controlled, randomized clinical trials. This form of research produces data and information that is readily accepted into current literature, perhaps to some degree because it is readily funded by medical industrial enterprises.

These choices and decisions advance the aim to position psychiatry, at least in the minds of government and third party payers, nearer to the center of medicine. This approach emphasizes the technical, physical, and experimentally provable aspects of the work, and de-emphasizes the patient-centered and "talk therapy" aspects of the work (for which substantial outcome studies are relatively lacking).

SUPPORTING PSYCHOANALYSTS FROM VARIED CLINICAL SPECIALTIES

As more clinicians from the fields of psychology, social work, nursing, counseling, and other mental health clinical specialties become psychoanalysts, they will find that APsaA's guidelines clarify psychoanalytic practice on their behalf. Many of these licensed specialists have expressed concerns about issues of charting. Often, they were accustomed to the extensive charting procedures that are expected in many educational settings and mental health clinic practice. As these clinicians shift their procedures to fit their psychoanalytic work, APsaA's practice guidelines can provide support in case a licensing board or other outside party questions the charting practices that differ from the usual practices of their various specialties of licensure.

The committee encourages members to revisit all seven psychoanalytic practice guidelines (available now on the Public Information section of APsaA's Web site at <http://www.apsa.org>) and to study them as an integrated set. They provide new and stronger support for psychoanalytic practice, now and for the future.



Members have access to many of APsAA's important documents including:

- Educational Standards
- Ethics Code
- Bylaws
- Practice Bulletins

<http://www.apsa.org/>

See the Education and Training and APsAA Members menus enlarged below and to the left.



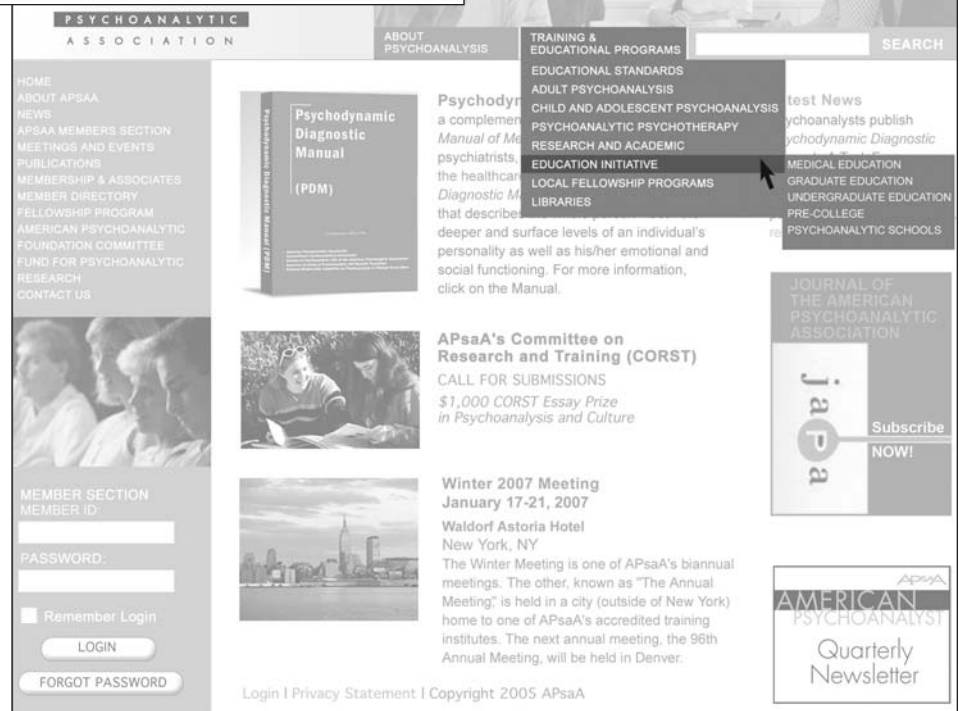
Take the time to browse the site and familiarize yourself with the new format as well as the many resources that are easily available to address your professional needs. From fun Freudian gift ideas to outreach training tools, the new and improved "apsa.org" Web site provides a necessary and useful tool for the 21st century analyst.



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The new Publications section contains the current as well as back issues of *TAP* and *Forward! The Best Practices News Bulletin* as well as the *Affiliate Council's Newsletter*. The Online Directory provides current contact information for Active and Affiliate Members by name and location. Registering online for the biannual meetings is quick, convenient, and virtually effortless. The Members' Section contains guides for event planning, writing op-ed pieces, and working with the media. The APsAA Online Store provides armchair shopping for books, posters, and Freud merchandise.

Debra Steinke Wardell is APsAA's manager of Education and Membership Services.



Two APsaA Committees Lead Off 2006 Award Winners

Julie Jaffee Nagel

DISTINGUISHED SERVICE AWARDS

The American Psychoanalytic Association's Distinguished Service Award was presented to members of the Task Force on Expanded Membership Criteria Committee (TFEMC) at the June meeting in Washington D.C. The committee was chaired by Harriet Wolfe, and co-chaired by Laura Jensen, Paul Mosher, and Gail Reed. Members included Paul DeWald, Susan Furman, Ethan Grumbach, Michael Harty, Ruth Karush, Jacqueline McGregor, J. David Miller, Joanne Naegele, Kerry Kelly Novick, David Sachs, and Myrna Weiss.

This committee explored the opportunities and risks associated with accepting analysts trained outside APsaA and IPA accredited institutes as full members of APsaA. The TFEMC authored a final report in January 2006 that recommended use of a combined equivalency and sponsorship model to expand membership criteria. The report was unusual in that it spelled out the areas of agreement and also the areas of difference among members of the TFEMC. It offered two explicit, well-developed applications of the suggested model for the Membership Requirements and Review Committee (MRRC) to consider with the idea that a compromise between these positions was possible and would promote a thoughtful, forward-looking approach to augmenting the Association membership.

The American Psychoanalytic Association also presented the members of the Task Force on Reorganization (TFoR) with Distinguished Service Awards in recognition of their efforts to design an effective and legal governance for the Association. The task force, by design, included APsaA members and candidates, academics and practitioners, from different places in their career paths, from different regions, and with diverse points of view regarding the organization and its governance. During this two-year process (2004-2006), task force members spent countless hours together working to integrate the many different perspectives, seeking participation and input from as many sources as possible, and continuously searching for creative solutions.

Awards were conferred upon: Robert Galatzer-Levy (chair), Stephanie Smith (vice-chair), Thomas Bartlett, Nancy Blieden, Daniel Brener, Erik Gann, Volney Gay, Robert Glick, Laura Jensen, Marvin Margolis, Charles Morgan, Paul Mosher, Calvern Narcisi, Robert Pyles, Donald Rosenblitt, and Harriet Wolfe.

SCIENCE PAPER PRIZE

The Committee on Scientific Activities awarded the third Science Paper Prize to Ephi Betan, Amy Kegley Heim, Carolyn Zittel Conklin, and Drew Westen for their paper "Countertransference phenomena and personality pathology in clinical practice: An empirical investigation," published in the *American Journal of Psychiatry*, 162 (5): 890-898, 2005.

INAUGURAL ERNST AND GERTRUDE TICHO MEMORIAL LECTURE

The first Ticho Memorial Lecture, titled "The Second Person," was given by Bonnie Litowitz. This was the first sponsored lectureship in APsaA's history. The lectureship was created to recognize and honor promising early- to mid-career analysts. The Tichos, who practiced in Washington, D.C., were devoted to mentoring younger colleagues.

2006 JAPA PRIZE WINNER

"The impossibility of forgiveness: Shame fantasies as instigators in Euripides' *Medea*" by Melvin Lansky was this year's winning JAPA paper. This is the third paper in a series of four that Lansky has written on the topic of forgiveness. Lansky explains that the capacity for forgiveness relies on the difficult working through of shame fantasies that underlie fixations of grudges, resentment, blame, and vengefulness. Using Euripides' *Medea*, Lansky illustrates the intrapsychic evolution in Medea's predicament of unforgiveness from desolate shame to a self-satisfied, murderously revengeful omnipotence.



Weiss and Narcisi to Share Chair and Secretary Posts

Michael Slevin

Myrna Weiss and Cal Narcisi were elected co-chair and co-secretary of the Board on Professional Standards at the June meetings in Washington, D.C. They will take office in June 2007. They defeated Norman (Drew) Clemens, who ran for chair on a slate with Lee Ascherman, who ran for secretary. The vote was 30 to 23. This is the first time two candidates ran proposing to share the offices of chair and secretary.

Weiss is a training and supervising analyst at the Psychoanalytic Institute of New England, East. She graduated from the Boston Psychoanalytic Institute. She was elected a fellow to BOPS by her institute, PINE, in 1985, and has served many terms. She has served as a member and chair of numerous BOPS committees, study groups, and workshop.

We will do our best to strongly support our institutes
and the best possible psychoanalytic education
of our students and candidates.
—Myrna Weiss and Cal Narcisi

In 1998, she was appointed to the Committee on Institutes, and in 2001 was asked to serve as chair. She will complete her six-year term in 2007. She has served in a variety of capacities at PINE, and has taught at the institute for many decades. She also served as a delegate to the Executive Council, from 1991-1995.

Narcisi is a training and supervising analyst in adult, child, and adolescent analysis at the Denver Institute for Psychoanalysis. He is a past director of his institute and a clinical professor of psychiatry at the University of Colorado Health Sciences Center. Within APsA, he has served as co-chair of external credentialing, secretary of the Board on Professional Standards, acting chair of BOPS, a member of the Task Force on Education and Membership, co-chair of the Ad Hoc Committee to Study Certification, a member of the Task Force on Reorganization, and is currently chair of the


Certification Advisory Research and Development Committee.

In response to a request from the editor of *TAP* for a statement of their hopes and plans for BOPS under their leadership, they submitted the following excerpt from the statement they sent to BOPS prior to the election:

These are very challenging times for our organization and especially for BOPS. We are saddened by the fact that our Association is such a significantly divided organization. We see a far too frequent loss of respect and professionalism in our dealings with each other. There are three different reorganization plans before us.

All contain different compromises, as well as different strengths and weaknesses. They all represent attempts to hold together our membership interests and our educational, standard setting, accrediting, and certifying functions. We support this laudable goal, which may or may not be possible to achieve.

Given the present circumstances, we believe that for BOPS to function with integrity, it must have relative autonomy from membership pressures. BOPS needs to redefine and support national standards that are determined by our current best understanding about how to optimally educate candidates. Standards that are driven by the aims of a membership organization differ significantly

from standards that are educationally driven. We endorse the fact that educational standard setting functions must be determined by a body whose primary responsibility is limited to an educational mission. We will do our best to strongly support our institutes and the best possible psychoanalytic education of our students and candidates. 

Luba Kessler

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2. Membership:

It is vital to *keep membership involved by participating widely in governance*, in committee work for governance, education, research, and outreach; in employing energy and sophistication of Affiliates in committees; in *opening the education system to all institute faculties with skill and dedication regardless of certification*; nurturing their teaching/supervising skills; allowing *candidate choice of analyst*.

3. Organizational Structure:

In governance, employ the simplest measures of reaching bylaws' compliance with New York State not-for-profit law; *maintain membership representation through societies*; augment Council seats on Executive Committee; *strengthen Council's committee structures to administer/support/fund governance, education, research, and outreach*; *engage Affiliates in committees*.

In education, I strongly support *opening local and national structures to all interested members*; re-assessing separately the merits/placement of accrediting/certifying/TA functions.

I am against wholesale reorganization proposed by Renew, which disenfranchises members from governance and separates them further from educational participation. I support Alliance-21 in the premise that APsA's basic structure is sound and will become stronger with the wholehearted *democratic empowerment of its membership*.

Please visit:

www.renewtheamerican.org

<http://alliance-21.org/renew/index.htm> 

Societies and Centers: Current Trends in Governance Change

Richard Lightbody



Richard Lightbody

Psychoanalytic societies have historically been professional membership organizations, operating usually in conjunction with institutes. Their mission was relatively

simple, namely, to provide continuing education and fellowship. This has changed substantially in recent years, as reflected in the modification to the very name of APsaA's Committee on Societies and Centers (CoSC) by act of Executive Council in 2000. CoSC has provided numerous consultations and two site visits since then, giving us considerable depth of information about evolutionary change in our local groups. To understand better what makes a "center," the committee decided in 2005 to systematically survey the governance structure of the 40 local societies and centers represented on Executive Council. This article summarizes some of our findings.

As we have come to understand it, the center model represents a contemporary integration of the foundation movement into psychoanalytic organizations. In approximately half of our local societies/centers, there is a strong level of participation by non-analysts as both directors/trustees and as members. Specialists, such as lawyers, stock brokers, public relations consultants, and chairs of academic departments, not only bring direct skills, they also bring enthusiasm and a common-sense ability to get an organization to run effectively. On the membership side,

Richard Lightbody, M.D., has been chair of the Committee on Societies and Centers since 2000. He is a councilor-at-large and training and supervising analyst in Cleveland.

many therapists and knowledgeable academics have joined in center activities with vigor and new ways of formulating ideas; their investment is strengthened in a number of places by being able to vote and hold office. Both kinds of involvement seem to have an enhancing effect.

NINE CENTERS

Nine local groups at this moment call themselves "centers"—Cleveland, Dallas, Greater Kansas City and Topeka, New Center (Los Angeles), New Orleans, New York, Oregon, Philadelphia, and Washington. Of these, Oregon is the longest standing, and unique in being an offshoot of a foundation largely peopled by non-analysts, with leadership positions occupied intentionally by psychotherapists. Other centers have developed since 2000 through mergers of an extant society, institute, and sometimes foundation. Philadelphia and New Center, of course, also represent the more complex merger of two entire psychoanalytic institute/society pairs.

COMMON FEATURES

Generalizing from data about these nine places, we found that a typical psychoanalytic center has the following four features:

- A unified organization serving membership and educational purposes;
- A single board of directors (BOD) or trustees including community members;
- Broad membership categories with few limits to rights to vote and hold office;
- Highly trained non-profit executive or development directors.

SIMILAR GROUPS

There are eight local groups that function like centers, but go by a different name, most often "psychoanalytic society and institute." These include Boston, Cincinnati, Minnesota, North Carolina, Pittsburgh, San Diego, Seattle,

and Tampa. Most of these groups are similar to centers in that they have a central BOD overseeing membership and educational functions; they differ in details. Many, especially the older ones, have a large number of membership categories with limited voting and office rights. Others do not include community people on their BOD. Tampa has a tiny board (six) with non-analysts outnumbering analysts, with a new and separate Institute.

CONSIDERING CHANGE

Five other groups are at various stages in thinking about becoming centers.

- San Francisco has a proposal currently before its members to redefine itself as the San Francisco Bay Area Psychoanalytic Center.
- The Berkshires and Wisconsin are reportedly thinking about becoming centers; both are new groups under the auspices of BOPS's Committee on New Training Facilities (CNTF).
- Baltimore Washington and Michigan had developed proposals for centers which were defeated in the final vote of members. Interestingly, despite a negative vote, Baltimore Washington refers to itself as a "center," illustrating a compelling incentive to present itself as a unified organization to the public.

There are important reasons for ultimate "no" votes on centers, as in Michigan and Baltimore Washington. We found that these are the same reasons that stop local groups from even beginning to contemplate organizational change: (1) fear of liability exposure from actions of non-analyst members; (2) perceived threat to Education Committee control over training; (3) lack of confidence in new or community people to understand and represent the interests of psychoanalysis. Actually, we have learned in our consultations over recent years that ambivalence is entirely expected in any organizational change, and that the process of overcoming resistance can be lengthy. Our current belief is that change process is facilitated by crisis which allows or forces individuals to subordinate differences to shared goals.

Continued on page 30

Tel Aviv Mental Health Conference Designed for Dialogue

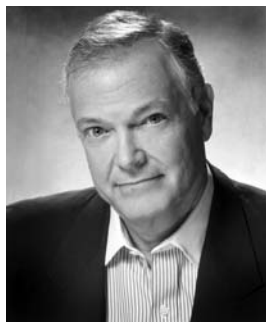
David E. Scharff

A mental health conference in Tel Aviv in early April 2006, organized by Lesley University, was designed to create a dialogue between Palestinian and Israeli psychotherapists and researchers, together with international contributors. Because I had organized an earlier conference on malignant prejudice, I was invited to speak on the family origins of prejudice. But once there, I realized I could learn more than I could teach. So I was disappointed when Mohammed Mukhaimar, the lone Palestinian in our discussion group was fairly silent the first day and did not show up on the second. When he arrived the third day, he explained that the Palestinians might have to leave early to time their return with checkpoint closings that change, often without warning.

Our group discussion suddenly seemed trivial compared to what Mukhaimar and his fellow Palestinians had to deal with. The organizers had made it possible for the Palestinians to attend by carrying out the complex logistics required to get them through the checkpoints, pay for their food and lodging, and make them comfortable by organizing pre-conference meetings that gave everyone a chance to test out expectations. This paved the way for us to hear their stories.

Like their Israeli counterparts, the Palestinian therapists and researchers work tirelessly and dispassionately to seek improvement for the many victims of conflict. Because the Palestinian population is itself so traumatized, it needs their help desperately—both to heal the daily trauma, and to keep such traumatized experience from leading to violence as the only salve to helplessness. While some of us understood

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David E. Scharff

the violence as personal and group reaction formation to feelings of helplessness, loss, and castration, therapists were tasked with intervening at individual and group levels.

I had worked with Israeli clinicians several years ago when my wife and I taught family and couples therapy in Tel Aviv. They are sophisticated, and although diverse politically, mostly sympathetic to the plight of the Palestinians and the colleagues who serve them. But this conference offered a rare opportunity for the Israeli and Palestinian groups to hear about each other's work in depth. The work of both groups—in treating trauma, infant mental health, and family therapy—was informed by similar practices around the world. But it was evident as we listened that the Israelis had a huge advantage in access to training, government money, and exchange with the wider professional world. The workers I met from the Alquds University in East Jerusalem and from Gaza Mental Health Program were wary at first about the grounds of their participation, but they grew increasingly able to tell their stories. They work with few resources and enormous daily trauma, against the odds, often in government run clinics that are always short of training, supervision, and resources.

DESTRUCTIVE ATTITUDE

The English psychoanalyst, Earl Hopper, and I sat with Mukhaimar and his colleague Marwan Diap, as they spoke about how they dealt with the traumatized children in Gaza. To illustrate, Mukhaimar told the story of a group of four 11-year-old girls, who decided to do something: They would walk to a settlement hiding a knife, call out a guard, imagining he would come to talk to them. They would stab

him, grab his gun, and shoot as many settlers as possible. Fortunately other girls told the headmaster: Only as the girls walked towards the settlement, were they caught. Parents were called. As one girl's father shouted at her, she said (in paraphrase), "How can you be upset with me? When you watch television, you cheer at suicide bombers. The more Israelis killed, the better. I was trying to be your hero."

The mental health workers know how destructive this attitude is for children. Although not psychoanalytically sophisticated, they understand identification with the aggressor; the turning passive helplessness into active violence, the girls' identification with their parents, and the group effects of identification with the demands of the most vocally aggressive parts of Palestinian culture. So they worked to introduce more possibilities into the girls' narrowed, self-destructive responses. They knew how Palestinian children's traumatically impaired capacities to mentalize led to a one-track idea of suicidal retaliation. Eventually, through psychodramatic group intervention, these girls came up with a scheme to raise money for victims—at first only to help families of suicide bombers with whom they identified, but later they moved to raising money for all children who had lost parents. This elaborated, no longer retaliatory point of view showed the first evidence of identifications that had enlarged to include the suffering of the whole group, beyond the rhetoric of militancy.

Mukhaimar and Diap then talked about working in isolation. The families they treat have suffered multiple losses. The mental health teams see evidence of constraint and trauma everyday. The professionals also suffer the continuing burden of treating social and personal tragedy, struggling against the burnout from trauma, too. They get out of Gaza with difficulty, and no one comes in to supervise or teach.

Later, I talked to a young woman doctor wearing a headscarf, pregnant with her first child. Born in the United States, her Palestinian family returned to Israel while she was a child. She spent her young years in the West Bank; but her family decided there was no opportunity for their children, so they moved back to

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International News

German Study

The Universities of Mainz and Leipzig, the Sigmund Freud Institute (SFI), the Deutsche Psychoanalytische Vereinigung (DPV), and the Deutsche Psychoanalytische Gesellschaft (DPG) are collaborating on a research project in Germany in an attempt to determine why students of medicine, psychology, and the human sciences decide for or against psychoanalytic training. The study is motivated by the continuing decrease of patients willing to do analysis and the number of candidates applying for full psychoanalytic training.

Specific questionnaires were designed to assess knowledge of different therapies (psychoanalysis, behavior therapy, client-centered therapy, and psychodynamic therapy), the choice of therapeutic treatment, and choice of therapeutic training amongst medical, psychology, and humanities students in universities all over Germany. In the pilot studies, researchers have found so far that there is a lack of knowledge concerning psychodynamic therapy, particularly among medical students. Psychology students ranked the highest in having interest in psychotherapeutic training, but psychodynamic and psychoanalytic training ranked the lowest in their interest. A high interest in psychoanalysis was found among humanities students; that reflects the current situation in Germany where private practices have many teachers as psychoanalytic patients.

Half standardized psychoanalytical interviews were designed in order to carry out in-depth interviews with students. Some of the results revealed that many interviewees feel that psychoanalysis is "outdated," "not scientific," "worn out," "not intellectually challenging" ("always Freud" with the "strange concepts" of the Oedipus complex, penis envy, etc.), much too long a training and a treatment, not to mention expensive, and "part of a closed up, exclusive circle which is more like a church than a professional organization..."

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 results of the pilot studies already indicate that effort is needed to increase the interest in psychoanalysis in the younger generation. Some strategies have already been put into effect. A working group with members of several universities and psychoanalytic associations was established to promote psychoanalytically informed psychology in the universities. Political interventions are in progress to pressure ministers of education and university psychology departments to address biased information given in psychology courses about psychotherapeutic training.

Many more strategies and proposals for improving psychoanalytic training and increasing interest will be put into effect after the research is done. The study is financially supported by the DPV, DPG, and by a Developing Psychoanalytic Practice and Training (DPPT) grant given by the IPA.

Child and Adolescent Analysis in Italy

The Italian Psychoanalytic Society (SPI) has an ongoing project for the development of psychoanalytic practice for children and adolescents. In a survey done in 2004 by the SPI in collaboration with a market research organization, it was discovered that there are very few psychoanalysts conducting analysis with children and adolescents (4 percent). The project has set out to explore if the low number of analyses is caused by insufficient referrals and poor visibility of the SPI in the field of child development.

Since the National Health Service (NHS) receives a high number of referrals in the mental health field, the SPI is interested in commissioning a statistical study on the number of referrals from the NHS for psychoanalytic treatment. Also there is an interest in identifying attitudes and motivations of the staff in the NHS toward psychoanalysis, which will be done through focus groups with questionnaires.

The project aims to sensitize and inform staff working in facilities for children and adolescents about psychoanalysis as a specific form

of treatment which helps in the prevention of later psychic disorders (chronic psychosis, anti-social disorder, drug-addiction, eating disorders, and personality disorders). Another objective of the project is to open training schools in analysis for children and adolescents, even decentralized ones with peripheral branches that are for IPA members.

The SPI wants to evaluate the overall benefits of the project, to measure the changes brought about by the project. Thus, the quantitative dimensions will be assessed to see if there has been an increase in the number of applicants to the child and adolescent analytic training programs, and in the number of patients for analysis. The qualitative dimensions of the project will be assessed to determine whether there has been an improvement in the attitude, motivation, and knowledge of professionals working in the public sector who are in a position to make referrals.

APsaA News

New President of APsaA

The new president of the American Psychoanalytic Association (APsaA) is Lynne Moritz. She has served as secretary since 2001 and president-elect since 2004.

In addition to serving as director of the St. Louis Psychoanalytic Institute, Moritz has been delegate to the American Medical Association (AMA) and district branch president of the American Psychiatric Association (APA). As delegate to the AMA and district branch president of the APA, Moritz was influential. She painstakingly marshaled the forces that defeated False Memory Syndrome legislation that would have outlawed all psychotherapy across Missouri. She also spearheaded support for a Missouri law regulating managed care. It was a comprehensive law that brought state oversight to the regulation of insurance companies, prohibited certain managed care practices, provided for complaint processes, and for the inclusion of practicing physicians on insurance panels. Passage of this law took many years and was related to legislation which became law requiring insurance companies to cover mental health at parity with physical illness.

The Work of the Task Force on Reorganization Comes to an End

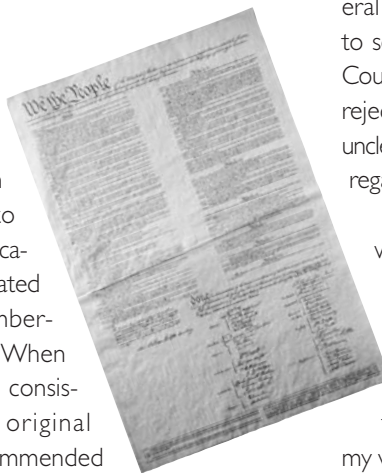
Stephanie Smith

Two and a half years ago, 88 percent of APsaA's voting members gave the Task Force on Reorganization (TFoR) a mandate to devise a legal, legitimate, and effective governance for the Association. The mandate's parameters were specific. Among other things it called for a smaller board of directors and a clarified relationship of the Association to its educational arm. It outlined a process by which the task force was to design a governance for the Association based on simple majority votes of the task force. This structure was to be put in bylaws language by the task force, in cooperation with the Joint Committee on Bylaws, the National Office staff, and the Association's attorney, and then put to a vote of the members. The task force was to complete its work by June 2006 and "sunset."

The task force included members with diverse opinions and repeatedly sought and used input from anyone who was willing to provide it. The resulting process was sometimes acrimonious, often emotionally charged, and gradually productive. A consensus never emerged on several important issues, but people with very diverse views often came to see opposing views as legitimate. We produced a report of our recommendations. Our understanding of the mandate was that this report would be transformed into bylaws language by the Association's attorney, reviewed by the various APsaA groups working on the bylaws, and presented for the membership's vote.

At the January meeting the Council presented its work to BOPS and Council for discussion. Even before the task force began its work it was strongly criticized by a group

of members who believed the task force's composition prejudiced it to support an educational arm isolated from the membership's control. When the task force, consistent with its original mandate, recommended a smaller board of directors some members of the same group lead a vigorous opposition to removing the directors' functions from the current Executive Council. They also asserted that since they were certain the proposal would not achieve the two-thirds vote required for adoption, it would be a waste of Association funds to translate the proposal into bylaws language. Other Council members spoke in favor of the proposal or offered relatively minor revisions.



The task force was puzzled about how to proceed. We could not proceed to crafting bylaws without funding for legal assistance and so we could not complete our mandate. Several members were disheartened. It seemed to some of us that a majority of members of Council and Executive Committee were simply rejecting the membership's mandate. It was unclear what the Council as a whole would have regarded as a more satisfactory proposal.

The task force decided to report back that we had considered the arguments made in Council, all of which, in fact, had been discussed extensively over the previous two years. There was no practical way to address the claim that the task force was "stacked" in favor of BOPS. (In my view this allegation was belied by the very diverse opinions of its members about education and governance.)

PROPOSAL UNCHANGED

Our recommendation remained unchanged. Concerning a place for Science and Scholarship, the group had given this serious thought, and decided that while we supported and anticipated an increased role for Science and Scholarship in APsaA's future we did not believe this should be cast as

The task force believed that having developed a detailed knowledge of the issues surrounding reorganization and heard the views of the wide range of members, we could be useful to other groups within the organization by sharing that information as those groups attempted to address the problems of governance.

Stephanie Smith, M.A., L.I.C.S.W., vice-chair of the Task Force on Reorganization, currently chairs the Committee on Preparedness and Progress. She is faculty and a supervising child and adolescent analyst at the Boston Psychoanalytic Society and Institute, and faculty at the Psychoanalytic Institute of New England, East.

Some thought it was too complicated. Several councilors had no time to speak and the task force chair was not allowed to respond. The resulting stormy Council meeting passed a resolution calling for the task force to report back to it in June. (It is unclear whether the Council understood that the task force was scheduled to sunset in June.) The Executive Committee interpreted this resolution to mean that no funds should be provided to pay legal fees for task force work.

part of the governance structure, especially since our proposal had already been criticized as too complicated.

Some task force members were willing to continue to work on the proposal; others were not. It seemed particularly disturbing to some that two years of hard work had seemed to be discarded in an hour of raucous discussion in Council that reflected little of the careful thought that had gone into our proposal.

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Societies and Centers

Continued from page 26

UNLIKELY CANDIDATES FOR CHANGE

There are seven societies which have such simple missions that re-organization as centers seems unlikely. These include the newly created California Psychoanalytic Society, Long Island, New Jersey, Southwest, Upstate New York, Virginia, and Westchester. Because of their geographical location, development of an institute may not be necessary, and membership purposes are well served by a relatively informal society structure. Virginia is distinguished in this group by having an active role for non-analyst therapists who have achieved a specified immersion in analytic supervision and courses.

TRADITIONAL SOCIETIES

The remaining 11 local societies—Association for Psychoanalytic Medicine (N.Y.), Atlanta, Austin/San Antonio, Chicago, Denver, Florida, Houston-Galveston, Psychoanalytic Association (N.Y.), New England East, St. Louis, Western New England—seem to be functioning in the traditional way, with a separate institute, leadership and membership restricted to analysts, and non-voting membership categories for associated professionals. In some places, a psychoanalytic foundation exists as a separate part of the larger analytic community.

As noted at the outset, centers seem to represent a final integration of the "foundation movement" into more purely psychoanalytic organizations. Inspired by Marvin Margolis and Harvey Rich in the 1990s, foundations have demonstrated the leveraging impact of non-analyst collaborators and non-profit management methods. In some of the places that reorganized as centers, the local foundations are fully incorporated; in others (e.g., Cleveland) the foundations remain as separate entities. In either case, accumulated experience confirms the added value of non-analysts and businesslike practices, both of which are being used as pillars of new structures.

In summary, the CoSC study of governance highlights a strong contemporary trend towards local psychoanalytic centers. Centers develop

as non-profit corporations with vigorous community involvement both in leadership and membership, streamlined, demystified, and democratized.

It is not a stretch to see exactly the same developmental process occurring at the level of APsA nationally. Nearly a century of tradition is encountering the novelty of non-profit management techniques and leadership, producing tension that is no greater (albeit more visible) than it is in every locale.

The Committee on Societies and Centers is available at any time for consultation by contacting me, the committee chair, at lbody@adelphia.net. We have learned much from site visits and shared agenda time at our twice-yearly meetings, and look forward to more. At the moment, we are developing a digest of organizational charts of all centers which will provide a selection of models for groups considering re-organization. It will be available upon request.



New Members (June 2006)

ACTIVE MEMBERS

Jane Albus, M.D.
 Sydney Anderson, Ph.D.
 Jeffrey S. Applegate, Ph.D.
 Lisa Berman, M.D.
 Urvashi Bhagat, M.D.
 Margot Brandi, M.D.
 Jessica Brown, M.D.
 John K. Burton, M.D.
 Margo Lane Chapin, M.F.T.
 Paul M. Compton, M.D.
 Marilyn Dawson-McCarthy, M.S.W.
 Robin A. Deutsch, Ph.D.
 Linda D. Grey, M.S.N.
 Kelly S. Kearfo Hill, M.D.
 J. Michael Houston, M.D.
 William Huggett, M.D.
 Do-Un Jeong, M.D., Ph.D.
 Michael Jolkovski, Ph.D.
 Jack Kohl, M.D., A.B.P.N.
 Peter Kotcher, M.D.
 Laurie Levinson, Ph.D.
 Marilyn Martin, M.D.
 Carmen Maza, Ph.D.
 Kathleen J. McLaughlin, Ph.D., L.C.S.W.
 Robert A. Prosser, Ph.D.
 Richard R. Purdy, Ph.D.
 Kathleen Reicker, L.C.S.W., M.S.W.
 Luisa Rotmistrovsky de Ferder, M.D.
 Georgia M. Royalty, Ph.D.
 Peter Sass, M.D.
 Milton P. Schaefer, Ph.D.

Michael E. Shulman, Ph.D.
 Sarita Singh, M.D.
 Nancy Smith, D.O.
 Arlene Sylvers, Ph.D.
 Lora Heims Tessman, Ph.D.
 Gita Vaid, M.D.
 Nancy J. Warren, Ph.D.
 John R. Whipple, M.D.

AFFILIATE MEMBERS

David S. Abernethy, M.Div., M.A.
 Jennifer Blum, M.D.
 Karim G. Dajani, Ph.D.
 Deborah L. Ebner, Ph.D.
 Eran Feit, M.D.
 Steven Hanley, Ph.D.
 Sue E. Kim, M.D.
 Mary Landy, M.D.
 Allison Lomonaco, M.D.
 Lila Massoumi, M.D.
 John K. McComb, Ph.D.
 Jean McGarry, M.A.
 Scott M. Murray, M.D.
 Derek O'Brien, M.D.
 Julie Rosenberg, M.D.
 Bret R. Rutherford, M.D.
 David Schab, M.D.
 Jan Search, M.S.W.
 Mary Shulruff, L.C.S.W.
 Anne B. Simpson, Ph.D.
 Regan Stanger, M.D.
 Robert Zoltowski, D.O.



From the Study Group on the Process of Child Analysis

Arthur Rosenbaum, for the Study Group

[Editor's note: This article initiates an ongoing column featuring the activities of the Committee on Psychoanalytic Education (COPE) study groups and workshops. COPE's mission is to educate psychoanalytic educators within the American Psychoanalytic Association in all aspects of psychoanalytic education. Members interested in psychoanalytic education and in participation in committee activities should contact the chair of COPE, Robert Michels, rmichels@med.cornell.edu.]

In relating to parents of children in psychoanalysis, the analyst must balance two essential and sometimes opposing demands: the child's need for privacy and the necessary parental support for the treatment. Adding to the complexity of the effort to establish and maintain a balance is the possibility that a child whose disturbance warrants a recommendation for psychoanalytic treatment may live with parents whose sense of privacy, autonomy, and respect for individuality is impaired. The balance between respect for the child's intrapsychic life and the need for parental support is often resolved in favor of the child's privacy, often at the expense of the analysis.

In our review of treatments, those analyses interrupted before accomplishment of optimal work were those in which communication

deteriorated between the analyst and parents. The analyst often concluded that the parents had perceived the analyst as competitive and/or a threat to their auton-

omy. In order to regain control, parents in this situation may see no other course but to end the treatment. In reviewing these situations, many in our group thought a different approach to the parents might have preserved the therapy.



Arthur Rosenbaum

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Arthur Rosenbaum, M.D., serves *The Cleveland Psychoanalytic Center* as training and supervising analyst in child, adolescent, and adult psychoanalysis and is associate clinical professor emeritus, Case Western Reserve University School of Medicine.

Study Group Members: *Judith Chused, M.D., and Alan Zients, M.D., co-chairs; Helene Keable, M.D., Samuel Rubin, M.D., Robert Tyson, M.D., Samuel Weiss, M.D., Anna Wolf, M.D., and Judith Yanof, M.D.*

The following examples represent two divergent positions of analysts in our group. An analyst convinced that proper child analytic technique requires minimal contact and interaction with the parents relies on what the child communicates to him, believing that frequent parental contact introduces data that does not come from the child and thus adversely affects the analyst's associations to the child's material. This analyst also believes that

frequent contact with the parents intensifies their transference to the analyst. Such transferences may result in interference such as parental competition with the child for the analyst. Since the parent is not in analysis with the child analyst, the analyst's interpretive interventions are limited to the child patient.

In contrast, an analyst convinced that work with parents must go beyond the goal of maintaining the privacy of the child's intrapsychic life acknowledges that parenting is a complex task requiring the development of skills that are vulnerable to interference. Working with parents then includes the task of identifying interferences in parental functioning so that parents can become aware of the interference. Parents are unable to think about how to address such difficulties until they are aware of them. A therapist who helps a parent in this way has not abdicated the role of child analyst to become the therapist of the parent, but may have ensured that the analysis can continue.

In summary, two positions characterize views that define the range of current practice of group members: The first is to have minimal contact and interaction with parents; the

other is that the work involves the task of assessing parental functioning, identifying interferences, and helping parents decide how to address these problems. Most child analysts will work pragmatically with an approach somewhere between the two positions. However, such work is possible only if attitudes formed during the analyst's education permit it and the analyst has acquired the necessary technical skills.



Lights—Camera—and What Is the Meaning of the Action?

Behind the Scenes of the Film Series with Leon Levin

Noreen Honeycutt

The scene is set. Sun streams through the countless cactus plants on the window sills into the yellow room surrounded with colorful art, exotic wall decor, rich wooden antiques, plush carpets, and comfortable furniture. The director surveys the room, repositions his chair. He says, "We should be face to face." He pulls his chair in closer. He is focused, serious, attuned. He pays close attention to the details. He is Leon Levin and it is with just such presence and depth that he attends to the film series for the Baltimore Washington Center for Psychoanalysis.

"We choose films that are the product of the impulse to communicate—films which express the deep, inner psychology of the filmmaker," says Levin, describing his vision of the film series. He paints the picture for me. "Two-hundred-fifty interested people are sitting in the dark, passively letting the images of the movie into them—a deeply emotional experience that may very well supercede the experience of talking when it comes to getting to unconscious material, much like dreams."

We talk about the parallel between films and dreams, the vividness and meaning of the visual images, the comfort and the opportunity of the displacement, the "deniability" of film and the consequent opening it gives each viewer to analyze and to access unconscious fears and wishes.

Flash back now to 1957: Topeka, Kansas. Levin is in his residency at Menninger surrounded by colleagues all increasingly intrigued by the new European films finding their way across the ocean. A popular film series emerges in Topeka coordinated by Levin and followed by other residents such as Arnold Richards and Otto Kernberg.

Noreen Honeycutt, Ph.D., is a psychoanalyst with the Baltimore Washington Center for Psychoanalysis practicing psychoanalysis and psychotherapy in Baltimore.

Dissolve to the 1980s: Washington, D.C. Steve Sturry starts a film series as psychoanalysts from the Baltimore-Washington area blaze the trail of interest in the parallels between dreams and films.

This, Levin believes, was a result of the stimulus provided by Jacob Arlow's paper on *Blow Up* published in the *Psychoanalytic Quarterly*. Prior to that, literature was the dominant art form that psychoanalysts were discussing because movies were considered too "low class."

Scene change to Baltimore, late 1980s: First the Baltimore Museum of Art (BMA), then the Walters Art Gallery, and then again the BMA become home to the film series that continues to this date. The original coordinator, John Cowl, hands the baton to Levin who runs with it after a successful decade of growing and diverse audiences.

"We were early to use psychoanalysis and films as a tool to raise awareness of psychoanalytic ideas in the community," says Levin. "Many other institutes in other cities followed suit with their own film series, but for some reason, many of the others have not continued." He suggests that maybe they don't have someone who will keep it alive. A film lover since childhood, his pleasure in the series is palpable.

Levin, the 2006 Maryland Psychiatric Society Life Service Award recipient, shifts the focus away from himself. He expresses his great appreciation of the excellent film discussants over time, the committed group of savvy film enthusiasts that meet each January on Sunday mornings at his house to review the films, and of the stimulating discussions that always follow.

He speaks of technology and the current ease of reviewing a movie over and over; of his never ending amazement of the variety of ways that different people see films and particularly of the aspects that he realizes he himself misses. "I learn a lot about myself—by what I don't see."



Noreen Honeycutt

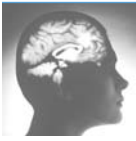
Levin comments on himself as a discussant: "I only discuss films that move me. I watch them many times. It's a big investment of time and emotion to watch repetitively and to expose oneself." We muse at the strong parallels with the psychoanalytic process: the repetition of the stories, the emotional investment, the exposure, the attention to meaning, the things we see and the things we don't, the decisions we confront as analysts and film reviewers of which tack to take. Not a wonder that this dedicated psychoanalyst has directed such an enriching and successful film series.

He strives for a connection between our institute and the community and believes that the films provide for a common dialogue to begin to understand the motivations of people and how we deal with things.

Flash forward to 2006: Levin prepares for yet another exciting film series. He speaks of the loyal core following and the ever increasing audience of newcomers, comprising those in the field and in diverse fields. He strives for a connection between our institute and the community and believes that the films provide for a common dialogue to begin to understand the motivations of people and how we deal with things. We talk about the exciting prospect of a future film series for children and adolescents. His wish for the film series: that it sparks interest in psychoanalysis. Do we have any doubt?

And now...the envelope please...and the winner for best film series director goes to... Leon Levin.





Research on Countertransference

Robert Michels

Researchers in psychoanalysis often confront the dilemma of choosing between methodologic rigor and clinical relevance. One result is that many psychoanalysts have lost interest in systematic research, finding that it either confirms what they already know, or that it deals with questions that do not interest them. Bonnie Litowitz, in her plenary address at the June 2006 American Psychoanalytic Association meeting, challenged the field to formulate questions relevant to our highly subjective interpersonal or intersubjective clinical interests in ways that can be studied by the methods of objective scientific inquiry. It is refreshing to see a group of investigators who have consistently studied issues of interest to clinicians with sophisticated scientific methodology and yet come up with results that are interesting and that promise even more for the future. Drew Westen, a professor of psychology at Emory University and an honorary member of the American Psychoanalytic Association, has led such a group for some years.

An interesting example of their work, "Countertransference phenomena and personality pathology in clinical practice: An empirical investigation," published in the *American Journal of Psychiatry* (2005), has just been awarded the American Psychoanalytic Association Committee on Scientific Activities Third Annual Scientific Paper Prize. Ephi Betan and colleagues enlisted the participation of 181 psychologist or psychiatrist clinicians, and asked them to use standard measures to describe a recent adult non-psychotic patient whom they had seen at least eight times and also their own thoughts, feelings, and behaviors in response to that



Robert Michels

their responses, i.e., the study explores patients and how therapists respond to them regardless of the therapists' orientation as psychodynamic, cognitive-behavioral, or other.

Their "Countertransference Questionnaire" consisted of 79 items, which they analyzed to eight underlying factors: (1) overwhelmed/disorganized (e.g., "I feel resentful working with him/her"); (2) helpless/inadequate (e.g., "I feel I am failing to help him/her or I worry that I won't be able to help him/her"); (3) positive (e.g., "I look forward to sessions with him/her"); (4) special/overinvolved (e.g., "I disclose my feelings with him/her more than with other patients"); (5) sexualized (e.g., "I find myself being flirtatious with him/her"); (6) disengaged (e.g., "I feel bored in sessions with him/her"); (7) parental/protective (e.g., "I feel like I want to protect him/her"); and (8) criticized/mistreated (e.g., "I feel unappreciated by him/her"). They then studied the relationship between the patient's personality (based on DSM-IV criteria) and the therapist's countertransference constellation. Cluster A (odd/eccentric) patients elicited criticized/mistreated feelings in the therapist. Cluster B (dramatic/erratic) patients elicited overwhelmed/disorganized, helpless/inadequate, and sexualized responses. In addition, borderline patients were associated with special/overinvolved responses and narcissistic patients with disengaged responses. Cluster C (anxious) patients led to parental/protective responses.

patient. Only 40 percent of the clinicians described themselves as "psychodynamic," and the authors emphasize that the clinicians' theoretical orientation made no difference to

The authors conclude that they have a "readily administered measure that reflects shared clinical wisdom in its item content and statistical 'wisdom' in its factor structure." Their work demonstrates that rigorous and sophisticated scientific methods can add to our knowledge and enrich the field, providing strategies for testing clinical hypotheses, aggregating the subjective experiences of many clinicians, comparing individual patient-clinician dyads with the patterns of others, and suggesting formulations of psychopathology, countertransference constellations, and their relationships.

APSA

Tel Aviv Conference

Continued from page 27

the U.S. where she completed secondary school, college, and medical school. She said she needs to give back to the Palestinians, speaking with altruism many Americans share, yet she feels estranged in both cultures. She has chosen a Palestinian identity. She is young, idealistic, with a nomadic quality to her identity, hungry for people to understand. I wonder how, with her own children, she will face the dilemma that caused her parents to move to back to the U.S.

Clearly, important Palestinian voices cannot be heard amid the political din. The Palestinian message I heard was matched by an equally strong wish on the part of Israeli professionals to reach out. I'm sure the situation is only worsening as resources dry up for these workers because funds are cut off to the new Hamas government. It's tragic that these articulate voices for peace and reconciliation are drowned by the politics of the region and of the world. These professionals know about the many Palestinians who preach violence, and they also know how the culture of violence stifles the development of mentalization, mutuality, and abstract thinking, and substitutes an impulse to action for the growth of self. Mukhaimar, Diap, and the young doctor are natural partners for Israeli and international professionals who would like to help. I came away believing that there are many on both sides who try every day to find ways of working together.

APSA

The Analysts Who Came In from the Cold

Gary Goldsmith

The Moscow air was frigid the evening in late October 2005 when we touched down. The cloudy sky was ominous. But once inside the Danilovsky Hotel, where our Russian students received us, the atmosphere melted into the traditional warmth and generosity that we've been treated to for many years. Together with our students we had organized a conference, entitled "Contemporary Psychoanalysis," to commemorate the anniversary of the beginning of American programs for teaching psychoanalysis in Russia.

Yet an even more spirited reunion was taking place within. Homer Curtis and Scott Dowling were returning 15 years after participating in the group of American analysts that made the first visit to Russia. In 1990 they, along with Arnold Rothstein and Sander Abend, delivered the lectures later collected into the volume, *Moscow Lectures on Psychoanalysis*. The year 2005 also marked the 10th anniversary of the school of psychoanalysis

Prelate of the Orthodox Church. One could sit back and behold what must have seemed miraculous a short generation ago: a lecture hall, in Moscow, with

wall hung icons surveying us as we discussed the current state of the Freudian enterprise, dreams, trauma, homosexuality, the analytic relationship, and more. Who could have foreseen in 1990 such a rapid development of a psychoanalytic presence, not only in Moscow but in dozens of cities in Russia? More so, who would have thought that Russian analysts would so soon become colleagues in the fullest sense, and many of our students direct members of the IPA?



Gary Goldsmith

The future role of analysis, its interpenetration with the culture, clinical traditions, and Russian intellectual history, form a story that is just now in the course of being written.

and psychoanalytic psychotherapy with which we have worked, and the approval at the IPA meeting in Rio de Janeiro of the formation of the first two IPA Study Groups in Moscow.

Our venue was suggestive of further surprises—the hotel is on the grounds of the Danilovsky Monastery, the seat of the Moscow

Gary Goldsmith, M.D., is chair of the Ad Hoc Committee on Russian-American Educational Exchanges, a faculty member of the Psychoanalytic Institute of New England, and a board and faculty member of Han-Groen Prakken Psychoanalytic Institute of Eastern Europe.

Yet this advance doesn't surprise those who have traveled to Moscow and St. Petersburg to teach over the years. The Russian-American Educational Exchange Committee (REEC) has had the benefit of the skill and generosity of some of the best teachers in our Association. We are grateful to the dozens of APsA members who have donated their time and energy on these many trips. But it is the heroes of the program, David Rackow, Sheldon Roth, Fred Fisher, and Richard Cornfield, who have gone back year after year at significant personal expense, to teach, advise, supervise, and befriend, who formed the backbone of this enterprise and assured its success.

In this latest trip, "we" meant Curtis, founder and former chair of REEC, our six lecturers, and me. Dowling spoke on "Contemporary Views on the Goals of Psychoanalysis," Roth on "Dreams as the Royal Road to Unconscious Solutions," Kenneth Reich on "Hope in Couples Therapy," Rackow on "Working with the Clinical Consequences of Trauma," Ralph Roughton on "Contemporary Psychoanalysis and Homosexuality," and Howard Levine on "Intersubjectivity and Psychoanalytic Process."

Plenary discussions, round tables, and small group meetings filled out the spirited two-day meeting, attended by over 150 practitioners in all stages of practice and training. It was a meeting of equals, with Russian colleagues participating as discussants of all of the papers. The skill of presentation, friendly accessibility, and mutual interest were noted and underscored by almost all the attendees.

The present state of psychoanalysis in the Former Soviet Union is dynamic and fast moving. It is no exaggeration to say, as Freud said earlier in reference to Odessa, that there is now an epidemic of psychoanalysis in Russia. Russian psychoanalysis has come in from the cold. The future role of analysis, its interpenetration with the culture, clinical traditions, and Russian intellectual history, form a story that is just now in the course of being written. Our purpose had always been to teach a solid foundation of psychoanalysis to our students, the first generation of analysts in Russia since the 1920s, to open up the freedom to think critically about all that analysis means, and to revive and support humane traditions in the field of mental health. We hoped to impart a respect for the individual in a region that had long favored the collective over the individual.

But the value of the program was hardly one-sided. None of us has returned without being impressed with the sacrifices made by Russian trainees to obtain their education in a field formerly closed to them, often against great odds, and with the energetic persistence of their long-sustained enthusiasm. Speaking with them even now, one comes away with a reminder of the still exciting and revolutionary foundations of our work. Perhaps this what warmed us at the start and continues to be the glow of the whole enterprise.



The Association's March on Washington

Bob Pyles

Thursday, June 15, was a remarkable day for our Association. On that day, for the first time, we co-sponsored a Capitol Hill briefing with the National Association of Social Workers (NASW). The well-attended briefing commemorated the 10th anniversary of the 1996 Supreme Court decision in *Jaffee v. Redmond*. This decision is of critical and continuing importance to us because it legally established, in the highest court in the land, that there is a therapist-patient privilege. This "privilege" made clear that the privacy of the relationship between therapist and patient is protected in the same manner as are communications with a lawyer or priest.

The Association was closely involved in the *Jaffee v. Redmond* case by submitting an *amicus* brief, which was cited in the decision. The central figure in the case was a quietly heroic social worker, Karen Beyer, who refused to turn over records without her patient's consent. In 2000, I was pleased to present Beyer with a Special Presidential Award on behalf of our Association. She responded with moving and heartfelt comments about her experience that were reported in full in *TAP* (number 60, 2000).

Fortunately, Beyer was able to join us at our Breakfast on Capitol Hill. Also on the panel was Harold Eist, the psychiatrist who defended the privacy of his patients' mental health records in litigation with the Board of Registration in Maryland. Eist spoke eloquently about the plight of the lone practitioner with limited resources facing unrelenting harassment from a governmental bureaucracy. Eist reported that in spite of three court victories and a positive peer review, the board is continuing its persecution, or "witch hunt," as he termed it. He pointed out that professional boards in any state can, have, and will behave the same way if allowed to operate without oversight. Taking his warning seriously, our Association has also participated in his case with an *amicus* brief.

As one of the speakers, I summarized APsaA's work over many years on the right to health information privacy. Deborah Peel described the experience of her Patient Privacy Rights organization in securing the support for health privacy from a politically diverse list of consumer groups. Because of her own personal dynamism, her many political contacts, and the fact that she represents consumer (rather than professional) groups, Peel has been especially effective in lobbying congressional members to support patient privacy. She has also succeeded in creating wide media coverage on the issue.

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



Jim Pyles, of the health law firm Powers, Pyles, Sutter and Verville, spoke about his legislative and legal efforts on behalf of our Association. By a sheer stroke of good fortune, several of the electronic medical record (EMR) bills we have been concerned about were being discussed (marked up) that morning following our breakfast. This concatenation of events enabled us to highlight the potential threat to health privacy and to the Jaffe privilege itself posed by the health information technology (IT) bills, on the very morning that the two bills were being considered by the committee.

Congressmen Ed Markey (D-Mass.), Patrick Kennedy (D-R.I.), and possibly Congresswoman Nancy Johnson (R-Conn.), had agreed to participate in the panel, but were unable to do so because of the hearings. However, many APsaA members who attended the briefing attended the Energy and Commerce Committee meeting at the express invitation of Markey.

APsaA has been closely involved in the debate over these bills, has helped obtain changes in the bills that are more privacy protective, and has worked with members of Congress to formulate privacy amendments that appear to have achieved bipartisan support. See the "Politics and Public Policy" article [page 37] for a summary of the heated debate over those amendments in the Energy and Commerce Committee.

All things considered, it was a good day for privacy, and for the American Psychoanalytic Association.

APsaA

photo gallery



Photo: Mervin Stewart

Sheila Hafter Gray,
the new APsaA parliamentarian.

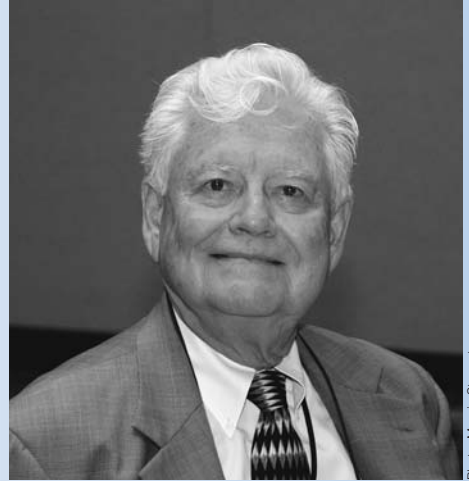


Photo: Mervin Stewart

George Roark,
retiring parliamentarian of APsaA.



Photo: Mervin Stewart

Myrna Weiss and Cal Narcisi, elected BOPS
co-chair and co-secretary at the June meeting.



Photo: Mervin Stewart

Eric Nuetzel, chair of BOPS.



Photo: Mervin Stewart

Bob Pyles and Deborah Peele,
who helped organize the morning on Capitol Hill.



Photo: Mervin Stewart

Dean Stein, APsaA executive director.

Congressman Champions Association's Cause

Bob Pyles

Have you heard the one about the psychologist, the obstetrician, and the dentist who walked into a congressional mark-up hearing, and voted against the ethics codes of their professional associations?

This actually occurred on Capitol Hill on June 15, at a meeting of the House Energy and Commerce Committee. This meeting was notable for its contentiousness, the utter cynicism of party politics, and a remarkably courageous performance by Congressman Ed Markey (D-7th-Mass.). The outcome of the hearing may well have a direct impact on our members, as the legislation under consideration could result in federal regulatory override of stronger state privacy laws and possibly even the Jaffe-Redmond privilege.

A number of members of the Association were in attendance at the hearing, at Markey's invitation, as a follow-up to the Association-NASW "Breakfast on Capitol Hill." [See page 35]

Under consideration were two different versions, problematic in different ways, of an electronic health information bill (H.R. 4157). The action and the drama occurred as a result of an amendment Markey introduced that required privacy standards adopted by the secretary of the Department of Health and Human Services (HHS) to include a series of basic privacy protections drawn directly from our professional ethics codes, such as the right of patient consent. I wish all members of our Association could have seen the passion and knowledge with which the congressman spoke. It was the most eloquent address I have heard in many years.

CATASTROPHE FOR MILLIONS

Representative Markey presented his amendment stating that failing to include privacy protections "would be a privacy catastrophe for

tens of millions of Americans." He said that there were 84 million reasons to adopt the amendment because that was the number of Americans whose personal privacy had been compromised by electronic information systems since February of last year. He pointed out that consent for the disclosure of health information is required by the laws of Massachusetts, California, Texas, and many other states, and that 23 states have adopted privacy breach notice statutes.

The Republican response was weak, the logic almost nonexistent. Handicapped by the fact that he apparently had not read the amendment, Congressman Nathan Deal (R-10th-Ga.), chairman of the committee's Health Subcommittee, said that providing for written consent for the disclosure of health information would be too cumbersome. He read from a letter submitted during the comment period on the proposed Amended HIPAA Privacy Rule that complained that requiring consent would make it difficult to fill prescriptions or arrange in advance for surgical suites in hospitals. Markey responded that his amendment provides for consent to be obtained electronically and allows for consent to be inferred in a common-sense manner to fill prescriptions, arrange for surgical suites, or in the case of emergencies. Deal had no further response.

Markey also read a number of quotes from President Bush to the effect that he and all Americans should have their right to health information privacy protected. This led Democratic Congressman Charles Gonzalez of Texas to suggest dryly that the amendment be renamed the "Bush/Markey amendment." The Republican side did not appear to be amused.

Markey then introduced into the record a "report card" issued by the House Government Reform Committee that showed that

HHS (upon which H. R. 4157 relied for privacy protection) had received an "F" for its record of protecting the security of personal information. This was the same failing grade received by the Department of Veterans Affairs that recently had the largest theft of personal information from any federal agency.

DEVIATING FROM ETHICAL STANDARDS

Markey also introduced into the record a list of privacy principles from the ethics standards from many medical and professional associations, including the American Psychoanalytic Association, the American Psychiatric Association, the American Medical Association, the American Psychological Association, and the American Dental Association. In closing, he pointed out that, in voting for H. R. 4157 without the privacy safeguards contained in his amendment, the committee would be voting directly against the ethics codes of all the major health-care professional associations, and would be "mandating that health-care professionals violate their professional codes of ethics."

This last statement enraged at least one of the health-care professionals on the Republican side. Charles Norwood (R-9th), from Georgia, a dentist, rose to pronounce Markey's statement "the biggest bunch of malarkey I have heard in this chamber," and went on to say he had lived by his association's code of ethics for 35 years. Markey retorted that perhaps he ought to vote by them. Markey's comment was so sharp that I had an immediate association to the 1856 caning of Charles Sumner on the floor of the Senate. The chair, Joe Barton (R-6th-Tex.) had to intervene.

The obstetrician, Michael Burgess (R-26th-Tex.), and the psychologist, Timothy Murphy (R-18th-Penn.), did not speak, but voted against the amendment, despite the ethical codes of their professional associations.

Barton then went on to make the remarkable statement that he liked Markey's amendment very much and would like to vote for it, but to do so "would be unfair to my colleagues." He went on to pledge his support to a separate privacy bill. This statement was

Continued on page 42

Exhibition Features 57 Years of Freud's Neurological Drawings and Diagrams of the Mind

Lynn Gamwell

In celebration of the 150th anniversary of Sigmund Freud's birth on May 6, 1856, a special exhibition was mounted of Freud's drawings of cells, especially nerve cells, and diagrams of the workings of the human mind that Freud made throughout his long career. This was the first time that the complete collection had been exhibited and published. This exhibition of Freud's diagrams includes now-famous icons of psychoanalysis and also relatively unknown, rarely seen images. They are presented in first-edition rare books and in science periodicals of Freud's day. Some of the images in this exhibition, which I curated, are facsimiles of original drawings and diagrams. The exhibition script and the translation of the captions were done by Mark Solms.

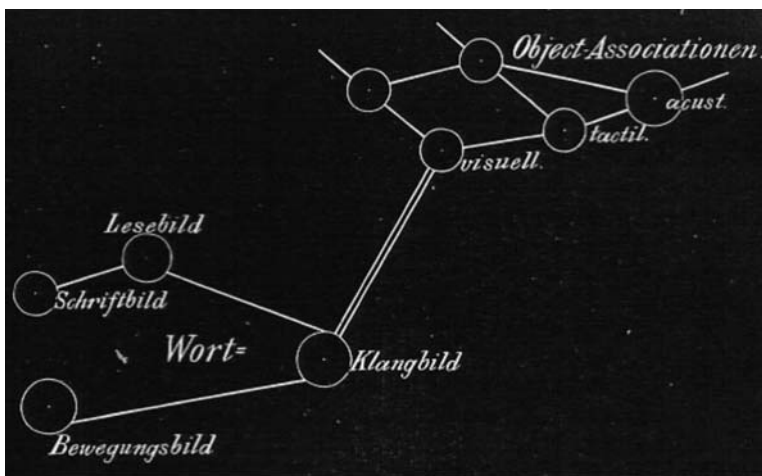
The exhibition opened at the New York Academy of Medicine in Manhattan on Freud's birthday and then moved to the Binghamton University Art Museum of the State University of New York until its close on October 20.

The exhibition shows a clear progression in the images beginning with Freud's earliest recordings of detailed observations of the neurons in fish and in fiber pathways of the human brain that he saw through a microscope. In his later images, he diagrammed abstract concepts like the id, ego, and superego

Lynn Gamwell, Ph.D. in art history, is curator of the Freud exhibition and director of the Binghamton University Art Museum of the State University of New York at Binghamton. Her books include *Dreams 1900-2000: Art, Science, and the Unconscious Mind* (Cornell University Press, 2000).

that were unobservable and inferred. This progression corresponded to Freud's shift away from his early training in a neuroanatomical laboratory to his development of psychoanalysis, in which his consulting room was his laboratory for investigating the workings of the nonconcrete human psyche.

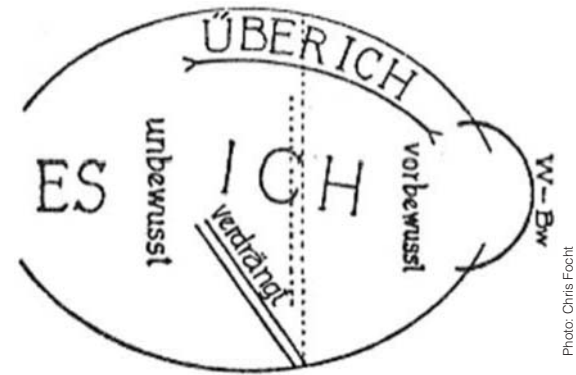
From 1876 to the early 1880s, Freud drew his earliest scientific drawings of neurons and other tissue in fish and the human brain.



Psychological diagram of the word presentation. On *Aphasia. Zur Auffassung der Aphasien*. (Leipzig, Wien: Franz Deuticke, 1891). Collection of Bruce Sklarew, M.D. Chevy Chase, Maryland.

Looking through a microscope, Freud saw light transmitted through the transparent tissue, with stained bodies standing out in silhouette. These diagrams of cells and nerve tissue are typically simple outlines of overall, flat shapes, within which the relations of the various parts are delineated and the viewer's attention is directed to some part of the cell, such as the nucleus.

By the mid-1880s Freud was working only on the human nervous system, and he had begun to think about the function of complex neural networks such as those used to produce language and memory. His drawings from this time are still anatomical, but they



The psychical apparatus, *New Introductory Lectures on Psychoanalysis, Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse*. (Leipzig, Wien, Zürich: Internationaler Psychoanalytischer Verlag G.M.B.H., 1933). New York Academy of Medicine.

became more abstract and are more like conceptual diagrams than pictures of something actually seen. For example, in his book on language disorders, *On Aphasia*, of 1891, Freud drew interconnecting optical and acoustic fields that, while suggesting a neurological substrate, were completely hypothetical.

Then by the late 1890s and early 1900s, in works such as his unpublished manuscript for "Project for a Scientific Psychology" and *The Interpretation of Dreams* (1900), Freud moved beyond pure physical anatomy and attempted to diagram psychological processes underlying his patients' neuroses. Freud continued making these kinds of ideational diagrams for the rest

of his life, drawing his last image in 1933, six years before his death at age 83. His late diagrams are different arrangements of the structural model, the id, ego, and superego.

The exhibition is accompanied by a catalogue in which all Freud's known drawings and diagrams of the mind are reproduced. The exhibition was organized by the Binghamton University Art Museum of the State University of New York at Binghamton. The celebration of Freud's 150th birthday was presented in New York in co-operation with the Arnold Pfeffer Center for Neuro-Psychoanalysis of the New York Psychoanalytic Institute and the American Psychoanalytic Association. [APSA](#)

Leadership Academy Focuses on Affiliates' Creative Potential

Georgia Royalty

Julio Calderon, president of the Affiliate Council, is dedicated to the mission of developing the leadership capabilities of Affiliates through his Leadership Academy. His vision of leadership aims at fostering the creative potential of candidates. Demonstrating one of the leadership characteristics Daniel Goleman describes in his book, *Working with Emotional Intelligence*, Calderon is interested in inspiring Affiliates to achieve in ways that are meaningful and uniquely personal, as well as inspiring enthusiasm for a shared vision. His purpose is to enable Affiliate members to define and develop their own definition of and potential for leadership as writers, researchers, teachers, clinicians, committee members, outreach activists, or media educators. The Academy offers a different skill-building workshop at each meeting.

I conducted the first academy workshop at the Seattle meetings in June 2005. The working Affiliate Group came to the realization that the prized qualities of an analyst—integrity, insight, persistence, inspiring change, motivating others, listening, communication skills, tolerance of ambiguity, honesty, openness to change—are the same qualities we think of when we think of good leadership. We all have the capabilities to play a leadership role. When the Affiliates were asked, "Is there any reason you *wouldn't* think of yourself as a leader?" an interesting discussion ensued regarding obstacles to thinking of themselves as leaders. Success neuroses, inhibitions (such as shame over the impulse to exhibit), and fearfulness that power is evil or corrupting, all came up as psychological issues we deal with along the road to thinking of ourselves as leaders.

Georgia Royalty, Ph.D., is a graduate of the Baltimore Washington Institute for Psychoanalysis. She has been an adjunct faculty member of the National Leadership Institute, University of Maryland University College, for the past 23 years.



Georgia Royalty

I then defined "vision," a necessary component of good leadership, as a powerful and vivid mental picture of what we want for the future. To demonstrate, I asked people to recall a powerful, positive, and vivid dream, experience, or childhood memory and recreate the colors, smells, sounds, and feelings associated with that image. Then, using worksheets, I asked each participant to work individually to create an equally vivid and powerful image for their future.

I then defined "vision," a necessary component of good leadership, as a powerful and vivid mental picture of what we want for the future. To demonstrate, I asked people to

Calderon is interested in inspiring Affiliates to achieve in ways that are meaningful and uniquely personal, as well as inspiring enthusiasm for a shared vision. His purpose is to enable Affiliate members to define and develop their own definition of and potential for leadership as writers, researchers, teachers, clinicians, committee members, outreach activists, or media educators.

OVERCOMING WRITING OBSTACLES

The second workshop of Calderon's academy was presented by Steven Levy, editor of *JAPA*, in January 2006. (His workshop was reviewed by Carol Levin in *The Affiliate Council Newsletter*, June 2006.) He, too, spoke of resistance to thinking of oneself as a writer stemming from Oedipal anxieties, idealizing our analytical predecessors, or feeling insecure about our knowledge of the analytic literature. To overcome these obstacles, Levy offered several suggestions. First, as proposed in the first academy workshop, Levy encouraged candidates to

discover their own unique methods of thinking about ideas and of writing. Levy reminded the candidates that it is important to avoid becoming overwhelmed and, consequently, paralyzed. He advised people to either revise the first draft oneself, solicit suggestions from colleagues and mentors, and/or hire editorial help before submitting the paper to a journal. Levy concluded his workshop by (also) having the candidates break into small groups to brainstorm a paper on a topic.

WORKING WITH MEDIA

Dottie Jeffries, director of public affairs for APsaA, and Patrick Cody, community liaison for the Baltimore Washington Center for Psychoanalysis, offered the third workshop of the Leadership Academy during the June 2006 meetings of the Association. Focusing on educating Affiliates on working with the media, they opened the workshop by establishing what knowledge, experience, and media skills the Affiliates already possessed. The leaders were impressed with the many individuals

who had previous media experience: One Affiliate had run a show on public access television, another's family was actively involved in radio, and others had already published op ed articles.

While the group understood our profession's prudent cautiousness about presenting ourselves to the public, the participants also understood that it is important to work with the media to improve the image of psychoanalysis, and they recognized the individual marketing benefits. The leaders pointed out

Continued on page 42

Announcing...

APSAA's

Affiliate Membership Drive

**October 15 – November 15
2006**



APsaA's goal is to recruit 100% of the *new* Fall 2006 candidates as Affiliate Members. The first year of Affiliate Membership is absolutely free and includes a complimentary subscription to *JAPA* so there is no risk in joining. Applications are available from institute administrators or contact the National Office (membership@apsa.org or 212-752-0450 x26).

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

Through Psychoanalysis to Pediatrics: A Scholar's Quest to Integrate Two Disciplines

Claudia Meininger Gold

The quest to integrate pediatrics and mental health has engaged me for many years. The journey began in 1979, when I was a 17-year-old volunteer at



Claudia Meininger Gold

New York Hospital Cornell Medical Center Westchester Division, and has led to my current position as a scholar with the Berkshire Psychoanalytic Institute and practicing pediatrician. After that spring/summer of 1979, when I had the opportunity to observe my beloved mentor Paulina Kernberg (who has recently died) teaching and working with children, I decided to be a child psychiatrist. However, I was turned on to the magic and wonder of child development when, while working as a research assistant with Kernberg between my first and second year of medical school, I took a course she taught on the subject to child psychiatry residents. My interest then turned to pediatrics. I saw the tremendous potential for helping children from the perspective of a professional who has a relationship with a family over time and can watch development unfold.

While I have been on my personal quest to integrate pediatrics and mental health, the field of pediatrics has been on a similar quest. The term "behavioral pediatrics" first appeared in the pediatric literature in the early 1970s, following the major advances in immunizations of the 1960s, which resulted in

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a significant decrease in morbidity and mortality from acute infectious diseases. Currently it is estimated that 30 percent of visits to the pediatrician involve some behavioral or psychosocial concern.

Following my residency in pediatrics, a fellowship in developmental and behavioral pediatrics, with its focus on research and multidisciplinary evaluation in the tertiary care setting, did not answer my original question of how to address mental health issues effectively in the primary care setting. A child psychiatrist I worked with gave me the idea of getting supervision for my behavioral cases in my primary care practice. My first experience with supervision, with Michael Jellinek, chief of child psychiatry at Massachusetts General Hospital, was deeply meaningful and helpful in my work at a community health center in Revere, Massachusetts.

Over the next 10 years, I practiced pediatrics in various settings. Then beginning in 2001, following a move to the Berkshires, three events occurred which helped the pieces of the puzzle of mental health and primary care fall into place. First, I began therapy with a senior staff member at Austen Riggs. With him I learned firsthand the value of the relationship itself. This had a profound effect on me personally, and I was also able to bring this experience to my clinical work. Then in 2003, when Otto Kernberg came to speak at Austen Riggs, I reconnected with Paulina. She praised my efforts to address the mental health needs of children in a preventive model, and agreed to do supervision with me. Our work together coincided with the third event, the acceptance of the first class at the newly formed Berkshire Psychoanalytic Institute. With Kernberg's encouragement, I had begun to do more behavioral pediatrics, and was eager to learn. I was accepted as a scholar with the institute and began to have regular supervision with a faculty member.

BUILDING EMPATHY

It was then that I began in earnest to develop my own ideas, based on the combination of my clinical experience and studies with the institute. When I learned of Winnicott's concept of "true self" and "false self," I saw great relevance to my work. I sensed that when a child presents with a behavior symptom, something was preventing the parent from seeing the child's "true self," and the symptom was a manifestation of the "false self." The work of Paul and Anna Ornstein on parenting as a function of the adult self, helped me to understand why I was able to help some families and not others. When a caretaker experienced empathy from me in the clinical setting, he/she was free to access what was preventing him/her from empathizing with the child. When I tried to give advice, the standard approach of pediatricians to behavior problems, without understanding the caretaker's experience of this particular child at this stage of development, my words seemed to fall on deaf ears.

As I now read the current work on attachment, mentalization, and affect regulation, I see great potential for application of this work in the primary care setting. Expanding on the concept of empathy, it is my hypothesis that something in the caretaker's experience is preventing him/her from holding the child's mind in mind. The resulting affect dysregulation in the child manifests as the behavior symptom in the pediatricians office.

When I redefine my task as pediatrician from "managing behavior problems" to "facilitating empathy," meaningful change often happens in one or two visits. I play and talk with the child while giving the caretaker an environment in which to tell his/her story, thus holding both the caretaker's and the child's experience simultaneously. In this way, I am able to help a caretaker access what is preventing him/her from holding the child's mind in mind. For example, a mother is unable to control her 2½-year-old daughter's aggressive behavior toward her 1-year-old brother. In the first visit, Mom realizes that her own anger at her own younger sibling has prevented her from setting effective limits with her daughter. Armed with this insight, she is able to come into her role as mother.

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Congressman


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so unusual that it was highlighted in congressional newspapers.

Nonetheless, Barton's statement was a bald admission of party-line voting. And indeed, knowing they had the majority of seats (by four), many of the Republicans were not in the room for the debate, and would only file in to vote against the Democratic amendments. This was most notable in the case of Mary Bono (R-45th-Calif.). Clearly in the presence of bloc voting, only the interests of the party are served, rather than the interests of the people.

Predictably, in votes entirely along party lines, the Markey amendment did not pass, and two different versions of H.R. 4157 were approved.


One will go to the House floor for enactment, and eventual reconciliation with the Senate version. What the Markey amendment achieved was to force the Republicans to take a public position in opposition to privacy, and to greatly raise the profile of the issue.

For some time, we have worked with Markey's staff on privacy and other issues. During a break at the hearing, I was able to talk with him directly about our Association, and the enormous source of energy and knowledge we have in our members. He and his staff are very interested in continuing our working relationship with his office. Our Association is fortunate to have such a champion for medical ethics and privacy. It gives us the opportunity to contribute significantly to try to achieve an IT bill that actually serves our patients, while protecting their privacy. 

Leadership Academy

Continued from page 39

two sides to the media: controlled media, which is paid advertising, and uncontrolled media, which involves the press. They encouraged us to use both to educate the public about psychoanalysis. For example, one of the most manageable ways for all of us to play a part is to write op-eds or letters to the editor. The workshop leaders demystified and decreased the intimidation factor of working with journalists by explaining that a journalist's job is to cover, in a fair and objective manner, all sides of an issue. They do not know our perspective and they do not know that we are educated sources of information unless we tell them. On the other hand, it is legitimate to acknowledge when we do not know the answer to a journalist's question offhand, and to offer to get back to them or refer them to an expert in the area.

Calderon is making plans to offer a research-focused workshop of his academy for the January 2007 meetings. He hopes the Leadership Academy offers a forward-thinking, positive option for Affiliates to devote their energies to and develop their talents for service in our Association. He is aware of the reality that today's Affiliates are tomorrow's leaders of our Association, and is determined to provide opportunities to develop a vibrant community of leaders. 

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.

Scholar's Quest

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Not only does the conflict between mother and daughter soften, but the siblings are free to find pleasure in their relationship.

By working in this focal way, the rapidly progressing train of development can get back on track. Often significant issues are uncovered in the caretaker and family which may need more in-depth therapy. However, there can be resistance to therapy and, once in therapy, change takes time. The pediatrician has the opportunity to use the powerful insights about human development offered by psychoanalytic theory in a preventive way in real time. 

Task Force

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The task force believed that having developed a detailed knowledge of the issues surrounding reorganization and heard the views of the wide range of members, we could be useful to other groups within the organization by sharing that information as those groups attempted to address the problems of governance. We let our avail-

As an alternative to the task force's proposal a group of members identifying themselves as "Alliance 21" put forward the "ASAP" proposal which is essentially a recommendation to proceed slowly in a stepwise fashion to reorganize APsA. It proposes initially minimal changes to bring the Association in compliance with New York State law, that the Council continue as the board of directors and that BOPS successor be a committee of the corporation, responsible to the Council like other committees.

educational function will be primarily located in a committee of the corporation, but accreditation and certification will be conducted through a subsidiary corporation, and there will be a Council on Science and Scholarship. This Renew the American proposal will be voted on by the membership in the fall.

Other proposals, including one for another task force have been put forward.

Early in our work, the task force decided to take no position on plans other than our own and so, as a group, we take no position on any of the proposals.

So where does this leave us? After careful study the majority of the task force believe that steps need to be taken promptly to reorganize the governance of the Association. We stand by our recommendations. We also hope that the information and thought that went into our considerations will be used as others struggle with this question. The next step depends on whether or not the membership approves the Renew proposal. If this does not happen, the task force's work remains available for consideration in its own right or as input into further efforts at reorganization.



After careful study the majority of the task force believe that steps need to be taken promptly to reorganize the governance of the Association.

ability to serve as sources of information in this regard be known. Perhaps because this offer was misunderstood as an effort to press for passage of the task force's proposal it was vigorously rejected and the task force was not invited to any of the several discussions of reorganization that occurred in the following months.

Another group consisting of the president, president-elect, secretary (soon to be president-elect) and the chair of BOPS collaborated to put forward a set of bylaws that were in some regards similar to the task force proposal. These bylaws differed from the task force's proposal mainly in that the Board of Directors will be directly elected by the membership, the

In Memoriam

Daniel W. Badal, M.D.
April 6, 2006

S. Reaves Lee, M.D.
March 2, 2006

Arnold A. Rogow, Ph.D.
February 14, 2006

Margaret Brenman-Gibson, Ph.D.
May 10, 2004

Herbert Linden, M.D.
March 16, 2006

Donald V. Stevenson, M.D.
April 27, 2006

Abraham H. Gottesman, M.D.
September 20, 2005

Theodore Lipin, M.D.
October 6, 2005

David A. Thiele, M.D.
December 4, 2005

William I. Grossman, M.D.
June 22, 2006

Stanley Lituchy, M.D.
February 11, 2006

Paul H. Tolpin, M.D.
April 11, 2006

Paul M. Howard, M.D.
January 20, 2006

Harold S. Orchow, M.D.
February 25, 2006

E. Burton White, Jr., M.D.
December 11, 2005

Paulina F. Kernberg, M.D.
April 12, 2006

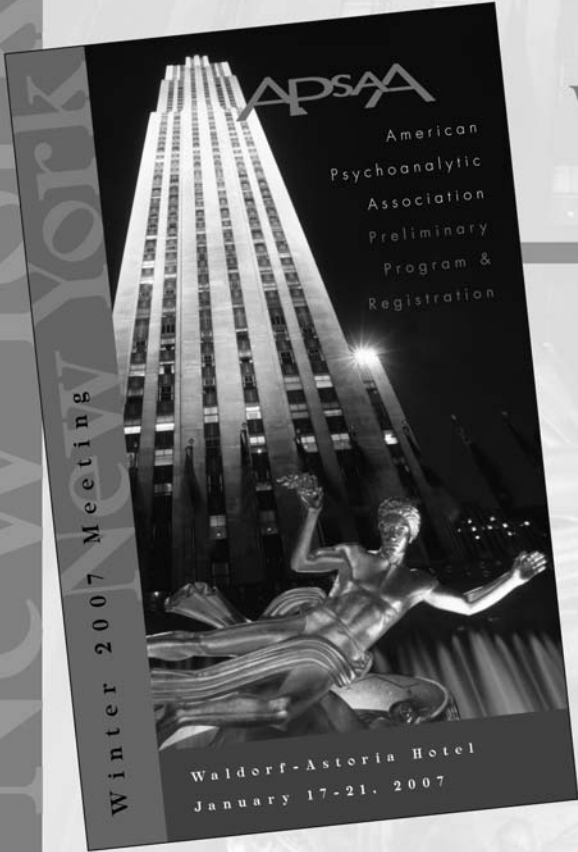
Richard H. Pembroke, Jr., M.D.
January 4, 2006

Max Warren, M.D.
June 19, 2006

María K. Kramer, M.D.
July 16, 2005

Sydney Lawrence Pomer, M.D.
March 4, 2006

New York



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Registration

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Winter 2007 Meeting

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