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# Report from the Front: An Analyst in Iraq

Russell B. Carr

VIGNETTE 1

A 21-year-old active duty army soldier came to see me complaining of depression and missing his family. He had been in the army a little over a year and had been away from his wife and children that entire time. His wife had been telling him through e-mail that she was considering a divorce due to the prolonged separation. A few weeks into treatment, he shot himself in the chest. In a suicide note to his sergeant, he wrote that he could no longer endure the deployment. At the time of his death, he still had 11 out of 15 months remaining of his deployment to Iraq.

VIGNETTE 2

A medic "insisted" to a senior enlisted leader of about 100 soldiers that he talk to me about his sleep problems. Although on previous deployments he had frequently led his soldiers into battle, during this one, he struggled with insomnia and chronic pain from shrapnel wounds. After lengthy assurances to him that his treatment would be confidential for anything short of an emergency, he described what was keeping him awake at night. During a prior tour in Iraq, he tried to save a young Iraqi girl after shrapnel entered her eye and exploded out the back of her head.

Russell B. Carr, M.D., is a staff psychiatrist at the National Naval Medical Center in Bethesda, Md., and a candidate in psychoanalysis at the Washington Psychoanalytic Institute.

Every night, he woke up to find her standing by his bed, until he cried himself back to sleep. He wept for much of the remaining appointment. He never returned for follow-up. A few months after he returned home, he e-mailed me to report he was seeking care for "the problem we touched on" from a civilian practitioner to keep his care off his military medical record.

VIGNETTE 3

A 26-year-old National Guard soldier came to me requesting to continue treatment initiated at a Veterans Administration (VA) hospital following his first deployment. His problems arose after seeing an Iraqi family burned alive in a car in 2006. When asked about his prior treatment, he described group therapy which he did not feel was helpful and medications from a psychiatrist seen at 9- to 12-month intervals. He reported he might have received individual therapy if he had fought harder, but his therapist insisted that groups were the only format the clinic had the time and resources to offer.

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# Psychoanalysis and the “Commons”—Using Our Intellectual Resources for Public Good

Prudy Gourguechon



Prudy Gourguechon

The “Commons” is a conceit referring to a shared pool of resources that is used collectively for the public good. Water is a good example.

So is the Internet.

In this still new century, the new Commons is the collective pool of information and ideas. Psychoanalysts have a renewed opportunity to put our ideas and theories out into the informational world of the new Commons. This opportunity arises from a change in our internal culture, away from ivory tower isolation and misconceived neutrality, and the explosion of new means of communication. This shift, however, involves some trust, some letting go, and some roughing up of our old, elegantly tailored image.

I happen to hold the perhaps radical and extreme belief that we as psychoanalysts can probably find something psychoanalytic to say about a great many things in the general world of culture, ideas, arts, politics—nearly anything involving human lives. By “something psychoanalytic” I mean something about the unconscious, transference, development, or the underlying forces in relationships, as well as free choice, aggression, and the things people do to maintain a stable sense of self.

And by something psychoanalytic I also mean this: There are things we know, with certainty and based on long experience, that we can say about mental health. Essentially *psychoanalytic* contributions to the intellectual Commons as it applies to mental health include the ideas that privacy and confidentiality are essential

Prudence L. Gourguechon, M.D., is president of the American Psychoanalytic Association.

to treatment, that problems that took a long time to develop will likely take a long time to resolve, that the stories of people are as important as their symptoms, that emotional healing occurs in the context of relationship and community. We can explain much about healthy development and what happens to children exposed to trauma or raised by traumatized parents.

## PSYCHOANALYTIC SOCIAL ADVOCACY

With this background of principle, I argue that it is proper and necessary for APsaA to take an active role in commenting on the social events and issues of our time—whenever and wherever we can. Our task in being actively engaged in social issues is to find a particularly psychoanalytic, not a political, position.

We should focus our voice in the intellectual Commons by advancing arguments that specifically derive from our psychoanalytic knowledge and that are unlikely to be articulated by those without our perspective.

The election signaled a dramatic change for the country in the election of President Obama. But another vote, the approval of Proposition 8 in California, banning marriage between couples of the same sex, was a surprising and painful event for many. For APsaA, Proposition 8 stood in direct opposition to a carefully worked out and formally approved set of position statements we had adopted opposing discrimination against gay families on mental health grounds. The morning of November 6, we were able to issue a press release on behalf of APsaA denouncing the passage of Proposition 8, deriving our authority from the pre-existing psychoanalytically based positions the organization had taken in this area of social policy.

This event provided a model of how we can best wield our voice in the Commons. A dedicated committee of APsaA had spent years synthesizing research and writing position statements supported by data. These position statements were approved by APsaA's board of directors over a period of years, and were readily available to the current president and communications staff when a new and unexpected event occurred. Our public information staff is in place and experienced. The press release we issued after the Proposition 8 vote allowed for the possibility of increased exposure of “living psychoanalysis” in the media and created a tool that allowed us to connect to other organizations interested in this issue.

Psychoanalysis will not survive unless the educated public is aware of our continued vitality, is informed about some of the core principles we espouse, and can see some value to finding ways to connect to us. Well thought-out stands on societal issues, conveyed quickly as events unfold, keep our field alive in the public mind. Contributions to the conversation in the Commons, adding our

perspectives on the unconscious, transference, development, and other fundamental psychoanalytic issues, enrich and enliven that conversation and increase our professional viability.

## PUBLIC COMMENTARY ETHICS

There is more than one wrong way for psychoanalysts to comment on public affairs. The most notorious example in our field of wrongful social commentary occurred in 1964, just before the presidential election. *Fact* magazine (now defunct) surveyed over 1000 members of the American Psychiatric Association about their views on the mental fitness of Barry Goldwater to serve as president.

*Continued on page 4*

With 47 percent of the members voting, the proposed bylaw amendments for Institute Choice and Educational Flexibility were not approved. The bylaw amendment to change the fiscal year passed. A vote of two-thirds of those present is required for passage.



Secretary-elect  
Robert M. Galatzer-Levy



Councilor-at-large-elect  
Lee Ascherman



Councilor-at-large-elect  
Joseph Reppen

Robert M. Galatzer-Levy was re-elected as secretary with 866 votes; Graham Spruiell received 442 votes. Lee Ascherman and Joseph Reppen were elected as councilors-at-large, defeating Norman Clemens, David Falk, Herbert Gross, and Rion Hart.

## The “Commons”

*Continued from page 3*

Published responses included the characterizations of Goldwater as paranoid and grossly psychotic. Goldwater successfully sued the magazine.

It is ethically wrong—and not smart—to offer diagnoses about public figures. The post-Goldwater ethical principle is that no psychoanalyst should offer a professional opinion about any individual he or she has not personally examined.

Lately, I was tested in this regard. I live a block away from Illinois’s former governor, who was recently undergoing an impeachment trial. The streets were clogged with satellite news vans, camera crews, and reporters with microphones. I had a recurrent fantasy of being stopped and asked my opinion about the governor whose behavior certainly invokes both voyeurism and curiosity, and begs for an explanation. But as I toyed with my own fantasy I was

relieved to discover that the temptation to advance a psychoanalytic explanation of his behavior was actually absent. I can say a lot about the needs and fears of people in general, and would like to have more conversations with the press about these matters, but I have no idea about this particular man and what he is up to. Thus the “Goldwater rule” works internally, as well as an external prohibition.

Two new position statements were approved by our board of directors at the January meeting. One, called “Gays and Lesbians in the Military,” argues for the rescission of the military’s psychologically damaging “Don’t ask don’t tell” policy. The second, “The Inner Wars Come Home: The Traumatic Impact on Families and Veterans When Our Veterans Return,” talks about the effect of war trauma on families and children. Within APSaA, we have an excellent process for developing position statements, with much time for input and a broad and redundant approval process. I hope to see more statements coming forward. There

are one or two ideas germinating among our child analysts, and several more statements will be forthcoming in the Soldiers and Veterans Initiative. I am available to talk to any committee that would like to explore this process, and I plan to write a template for committees interested in participating in the conversation in the Commons through the development of APSaA position statements.

I know there are some members who find this kind of activity uncomfortable, or “unpsychoanalytic.” I hope you will hold us to a high standard but keep an open mind. I am asking for an expansion of the discipline to include a knowledge base legitimately conceived of as reaching beyond the consulting room. But I am also asking that our social commentary be persistently psychoanalytic. We should focus our voice in the intellectual Commons by advancing arguments that specifically derive from our psychoanalytic knowledge and that are unlikely to be articulated by those without our perspective.

# Flexibility and Integrity

Cal Narcisi and Myrna Weiss

Here is our struggle! The cry for flexibility pervades every area of our organization. How do we respond to this cry and still maintain our organizational integrity? The committees of the Board on Professional Standards and the Board itself have been conscientiously immersed in an attempt to speak to the needs of our institutes and members.



Cal Narcisi



Myrna Weiss

## MULTIPLE COMMITTEE EFFORTS

Over the past years the Committee on Institutes (COI) has developed a series of waivers, granted on an individual basis, for both immersion and time following graduation. These have permitted increased flexibility in allowing the appointment of training and supervising analysts who did not meet the originally defined criteria.

Is this all a slippery slope? Are we abandoning our standards in an attempt to be responsive both to our members and to the needs of our institutes? What effect are we having on our profession in general and on those students we train and who are our future? As the body charged with maintaining and establishing our national educational standards, these questions permeate all of the deliberations and decisions of BOPS and those of our committees.

The Committee on Child and Adolescent Analysis (COCAA) is actively discussing the impact of more flexible graduation requirements of child analysts. Eight institutes are already offering a child focused track.

The Committee on New Training Facilities (CNTF) is overseeing the development of several training programs as they move toward fully approved institute status. This process of growing new institutes necessitates a balance between flexibility and integrity.

The Committee on the Accreditation of Free Standing Institutes (CAFI) has been working with two longstanding and respected non-APsaA institutes. For the first time, BOPS

Cal Narcisi, M.D., and Myrna Weiss, M.D., are co-chairs of the Board on Professional Standards.

welcomed two non-voting representatives from the American Institute of Psychoanalysis (The Horney Institute). Intensive discussions with the William Alanson White Institute (WAWI) are ongoing. At this meeting we heard the final report of a joint task force on training models. This report clearly demonstrated a remarkable degree of congruence between APsaA and WAWI training. Based on this, BOPS overwhelmingly agreed with the CAFI recommendation to formulate a mechanism for affiliation. This affiliation will ultimately require flexibility and rigor.

In spite of all of the criticism there is no BOPS committee working more diligently and successfully to be flexible while maintaining its integrity than the Certification Examination Committee (CEC). Over the past years numerous initiatives have been created to enable our applicants to present their work in the best possible light. The Alternative Pathway to Certification is now in place. The CEC has developed a mentorship program for pre-applicants as well as for applicants. An exit survey, as well as an exit interview, has been implemented. A national system of case review is in place.

All of these innovations challenge the CEC to be even more careful as they do their work. A new small inter-rater reliability study applying the core competencies to clinical case write-ups has produced extremely encouraging results. After all, what good is a certification process if the bar is too low? What are we saying to our present and future patients if our certification process has no bearing on the quality of analytic work? How do we maintain our standards while being user friendly? These are the questions with

which we continue to grapple as a board responsible for education.

The Project for Innovation in Psychoanalytic Education (PIPE) has embedded in its title the exploration of flexibility. For years this esteemed group of senior educators has struggled with the balance of flexibility and integrity as it applies to the training analyst system. Before our next meeting we will receive their final report on the training analyst system. Their attempts continuously highlight the basic dialectic between flexibility and integrity. It is a constant challenge to implement innovations, while maintaining a meaningful training analyst system.

After this long and costly bylaw fight, we are back where we began. Perhaps we do not have to be. We do have the opportunity to come together as analytic professionals. The Educational Flexibility bylaw that BOPS put forward would offer significant opportunities for change with integrity.

Might it be possible for both sides of the current conflict to support this endeavor to remove certification from the bylaws? We certainly hope so.

Might this be a way of regaining the center? We believe so.



## Certified in Psychoanalysis By the Board on Professional Standards

January 14, 2009

### Adult

Rebecca Chaplan, M.D.  
Gail C. Eisenberg, M.D.  
Cynthia Lee, Ph.D., J.D.  
Kathleen Moore, Ph.D.  
Stephanie G. Newman, Ph.D.  
Susan Rosbrow-Reich, Ph.D.

### Child and Adolescent

Laurie S. Orgel, M.D.

# Awards

**Honorary Membership Awarded to Kenneth N. Levy, Ph.D.**, in recognition of his exemplary leadership among psychotherapy researchers and scholars, and to **Karlen Lyons-Ruth, Ph.D.**, in recognition of her groundbreaking interdisciplinary work in the area of attachment as it impacts development and psychopathology

**2008 Award for Excellence in Journalism—Laurie Abraham**, feature editor-at-large for *ELLE* magazine and freelance writer, for her article titled “Can This Marriage Be Saved?” that appeared in the August 12, 2007 issue of *The New York Times Magazine*

**CORST Essay Prize in Psychoanalysis and Culture—Elise Miller, Ph.D.**, for her essay, “Whose Subject? What Literary Authors Can Teach Clinicians Who Write about Patients,” presented by **Mel Lansky, M.D.**, chair of the Committee on Research and Special Training

**Edith Sabshin Teaching Awards—Peter B. Dunn, M.D.**, New York Psychoanalytic Society and Institute; **Deborah L. Cabaniss, M.D.**, Association for Psychoanalytic Medicine; **Cynthia B. Stevens, M.D.**, Washington Center for Psychoanalysis; and **Kenneth Winarick, Ph.D.**, New York Freudian Society, presented by **Anna Yusim, M.D.**, chair of the Edith Sabshin Selection Committee

**Affiliate Council Scientific Paper Prize—Robert Cohen, Ph.D.**, for his paper “Working Through the Analyst’s Contribution to the Patient’s Creative Inhibition,” presented by **Carmela Perez, Ph.D.**, president of the Affiliate Council



*Karlen Lyons-Ruth, Prudy Gourguechon, and Kenneth Levy*



*Cal Narcisi and Myrna Weiss*



*Dean Stein and Judit Meszaros (Hungary)*



*Jim Pyles*



*Judy Schachter*

# Photo Ops



*Jay Kwaver  
(William  
Alanson White)*



*Selma Duckler*



*Junipero Méndez Martínez (Mexico), Prudy Gourguechon  
and Enrique Nunez Jasso (Mexico)*



*Carmela Perez*



*Don Rosenblitt, Ron Benson  
and Deborah Peel*



*Bill Bernstein*



*Julie Jaffee Nagel  
and Louis Nagel*



*Laura Jensen*



*APF concert*

## The Psychoanalyst As Photographer

Jon K. Meyer



Jim Blair commenting on Jon Meyer's *Snake River and Grand Tetons at Sundown*


The Association saw its first major photography show at the Winter 2008 Meeting. Sixty images were shown, each one created through film and/or digital processing and printing. Although there were requests to exhibit by other artists, this exhibit was limited to our photographic work. The premise for the exhibit was that the clinical work of the psychoanalyst, which involves coming to know the patient through in-depth experience and creative communication, is analogous to the analyst-photographer's seeing the subject, coming to know it, framing it through the lens, and embracing its essence through the photographic image. This inaugural exhibit, "Psychoanalyst's Artistry: The Psychoanalyst As Photographer," lasted for one day, Friday,

January 16, and, although brief, was by all accounts a welcome addition to the meetings.

All those in the Association who wanted to share their versions of that creative process were invited to participate. Graciela Abelin-Sas, Elise Blair, Joanna Goodman, Jane Hall, William Kenner, Valerie Laabs-Siemon, Mali Mann, Paul Mosher, Lauri Robertson, Bruce Sklarew, Lana Starkman, Mervin Stewart, Heather Thompson-Brenner, and I took the plunge. Since this was a new aspect of the meetings, nothing was routine. The room was converted over Thursday night from a committee meeting space to a photographic gallery and from 8 a.m. Friday until the show opened at 9 a.m. the room was filled with photographers pitching in to unpack images, set up easels, and find suitable space and light for subjects ranging from scenes of a fox hunt with brilliant reds and greens, to

haunting landscapes, surrealistic street scenes, frozen moments encased in ice, and unique images of children and grandchildren.

One of the highlights of the show was the discussion by critically acclaimed photographer Jim Blair of *National Geographic*. Blair, who devoted two hours to the exhibit, had comments that were technical at times but emphasized the creative process with the rendering of mood and feeling. He spoke of capturing the moment, expressing the feeling, and then conceptualizing the image to convey its intrinsic emotion—much as an analyst might work with an analysand. As an example, he commented that my soft image of "Dogwood Blossoms" conveyed a feeling of "love."

At the end of a busy day, punctuated by animated discussions about where and how an image was taken, its participants reluctantly took down the exhibit. The feedback, however, was so positive that plans immediately formed to look for next year's time and space so talented members could show their artistic side and open that window on their work as analysts. 

Jon K. Meyer, M.D., is past-president of APsA; past Erik Erikson Scholar, Austen Riggs Center; professor of psychiatry and psychoanalysis, emeritus, Medical College of Wisconsin; training and supervising analyst, Washington Center for Psychoanalysis; and teaching analyst, Baltimore Washington Psychoanalytic Institute.

### Photos of Psychoanalytic Pioneers

"Sigmund Freud Through Lehrman's Lens" the book by Lynne Lehrman Weiner, just published in English, is based on "Sigmund Freud. His Family and Colleagues, 1928-1947," the motion picture documentary filmed by her father, Philip R. Lehrman, M.D. The book features 240 digitized photos from many rare shots of psychoanalysts in the film, 24 correspondences from Freud to Lehrman, 2 inscriptions from Freud's diary re PRL and LLW, an index of 500 names known to psychoanalysis and other fields, introduction by Harold Blum, M.D., and 6 essays by famed psychoanalytic historians. Book at \$60 is available at Brill Library, N.Y. Psa Inst. or from author at 25 Park Circle, White Plains, NY 10603.



## The **Psychoanalyst** As Photographer



Lana Starkman  
*"California, September 2008"*



Mali Mann  
*"Siblings"*



Paul Mosher  
*"County Fair"*



Lauri Robertson  
*"Eel Point I, November 2008"*

## The *Psychoanalyst* As Photographer



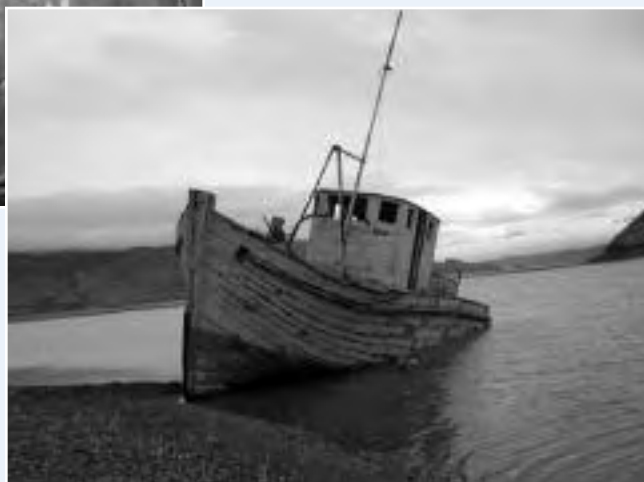
William Kenner  
*"Hillsboro Hounds"*



Jon Meyer  
*"Roaring Fork Headwaters"*



Elise Blair  
*"Street Scene, Lisbon"*



Graciela Abelin-Sas  
*"Patagonia Argentina"*

## The **Psychoanalyst** As Photographer



Mervin Stewart  
*"Auschwitz-Birkenau"*



Valerie Laabs-Siemon  
*"Snow Covered Tree"*



Jane Hall  
*"Lion Eating"*



Bruce Sklarew  
*"Awe"*

# Childhood Traumas Transformed: *Saraband*, Bergman's Final Legacy

Bruce H. Sklarew



Bruce H. Sklarew

Upon Bergman's death, Bernardo Bertolucci said that with Antonioni, at the end of the '50s, Bergman took the cinema in a direction not yet explored, toward territories

in the depths of the human spirit until then reserved for literature. Bergman "made his characters fantasies for the audience and characters his fantasies." An elaboration of this quote could be that Bergman's characters were visualizations of his fantasies that evoke angst and fantasies in each viewer.

After Bergman directed *Fanny and Alexander* (1983), he announced it would be his last film. However he then directed *After the Rehearsal* and scripted four autobiographical films—*Best Intentions*, *Sunday's Children*, *Private Confessions*, and *Faithless*. *Saraband* was billed as a 30-year sequel to the 1972 *Scenes from a Marriage* with Liv Ullmann as Marianne and Erland Jacobson as Johan. In *Saraband* (2003) Marianne's seemingly hopeful visit to Johan's country house provides the format for Bergman to continue to portray the angst of *Scenes from a Marriage* in Johan's three-generation family.

"No one leaves me," protests Henrik, Johan's son from a previous marriage, repeatedly faced with the past threat that his wife Anna would leave him and a present threat from his daughter Karin saying, "I am leaving you." This clarion protest against loss reverberates throughout the film as its central theme of unresolved

Bruce H. Sklarew, M.D., is an associate editor of *Projections: The Journal for Movies and Mind*, organizes the film programs at meetings of the American Psychoanalytic Association, and has co-edited two books on psychoanalysis and film.

mourning. The focal character, Anna, who died two years before is seen only in still photographs. She is Johan's daughter-in-law, mother of the 19-year-old Karin, and wife of Henrik. For Bergman she seems to represent Ingrid Kareblo, his most cherished and fifth wife for 24 years until her death in 1995. The film is dedicated to Ingrid, and it is her image that appears in the still photos of Anna.

Bergman presents an unusual and stately structure of 10 duets between the four characters in the film—Marianne, Johan, Henrik, and Karin whom Henrik insists on relentlessly overwhelming with his method of cello tutoring. When Johan climbs into bed with Marianne, his failure in empathy is displayed as he humiliates her by pulling away from her. Like Henrik, who shares a bed with his daughter, Johan's need for solace and comfort is exacerbated by the loss of his beloved daughter-in-law, Anna. As narrator and Greek chorus, Marianne initially beguiles the audience into anticipating a narrative of compassion and closeness that is soon dashed, typical of Bergman. She leads the viewer into a mournful narrative of angst,

bitterness, competitiveness, and engulfment, replete with anguished revelations and lacerating confrontations

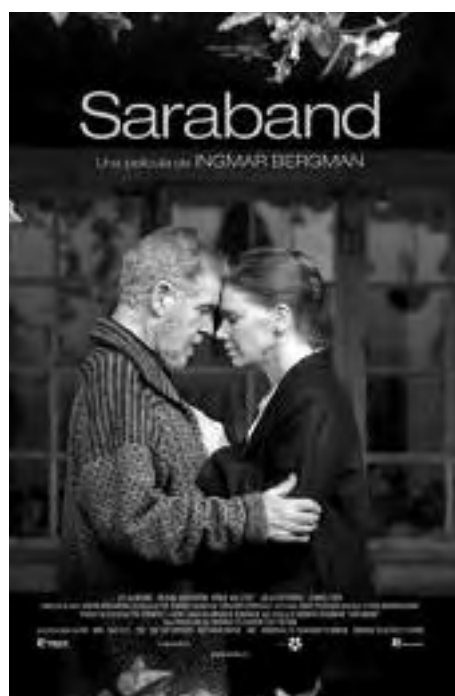
*Saraband* is Bergman's final filmic example of dealing with his childhood traumas, including exposures to dead bodies, and his terror of death by inflicting angst and destitution upon his audience through his character portrayals and disturbing images. The audience experiences a shattering helplessness and heaviness and thus becomes the recipient of Bergman's projective identification. The experience is harrowing and bleak, not cathartic. In *Saraband*, as in *The Seventh Seal*, *Winter Light*, *Cries and Whispers*, and *Autumn Sonata*, nothing is settled. *Saraband* culminates in Bergman's struggles with sado-masochism, fatherhood, mourning, and impending death.

In his last year Bergman tried to deal with his life-long fear of death by a denial of its finality as he speaks of a reunion with Ingrid in death. It is as though one motive for Bergman's making this last film was to assert a reassuring wish, as Henrik fantasized in the film, that he would find his cherished wife after death, another form of the protest, "No one leaves me."

NEXT ISSUE OF PROJECTIONS:  
*THE JOURNAL FOR MOVIES AND MIND*

One way to describe this interdisciplinary journal is that it is "parallaxic," an astronomical term that means the displacement or difference in the apparent position of an object when seen from different places. The term also has specific use in film when describing the displacement of an object first seen through the viewfinder and then shot through the lens. The concept of parallax emphasizes that no single view can give us the sense of the totality of an object but that a series of perspectives will at least take us in that direction. This idea is parallel to that of overdetermination. This approach is exemplified by Kurosawa's extraordinary film *Rashomon* (1950).

Continued on page 13





Esther Rashkin, a former fellow and now on the Fellowship Committee and professor of French at the University of Utah, revives a film classic about a five-year-old girl's trauma and complicated mourning in René Clement's French film, *Forbidden Games (Jeux interdits)*. As the Nazis invade Paris in 1940, Paulette's parents are killed by a strafing. She joins an older farm boy in interring small creatures in a burial ground with stolen crucifixes and cardboard tombstones. In addition to her psychoanalytic approach, Rashkin explores other layers such as the influence of the Vichy government and anti-Semitism.

The issue also includes essays on "Sex Eros: The Sexual Politics of Antonioni's Trilogy" by Frank T. Tomasulo and Jason Grant McKahn, "Spatial Representation in Cognitive Science and Film" by Daniel Levin and Caryn Wang, and "Blendings of Real, Fictional, and Other Imaginary People" by Henry Bacon.

Projections is available at [www.berghahnbooks.com/journals/proj/](http://www.berghahnbooks.com/journals/proj/). Articles, review essays, book reviews, and letters to the editors may be submitted to [brucesklarew@att.net](mailto:brucesklarew@att.net). The Forum for Movies and Mind is open to new chapters and provides a bibliography about psychoanalysis and film. For information call 301-652-0889 or e-mail me.

I welcome information about past and present psychoanalytic film discussion for



mental health professionals and the public for a future column in TAP.



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

January 14, 2009

Waldorf-Astoria, New York

### Training and Supervising Analysts

Steven E. Clarke, M.D.  
Minnesota Psychoanalytic Society  
and Institute (Provisional)

Bernard Michael Edelstein, M.D.  
Boston Psychoanalytic Society  
and Institute

Penny M. Freedman, Ph.D.  
Florida Psychoanalytic Institute

Ellen O'Neil Helman, M.S.W.  
Florida Psychoanalytic Institute

Mali A. Mann, M.D.  
San Francisco Center for Psychoanalysis

Kay Q. McKenzie, M.D.  
Cleveland Psychoanalytic Center

Charles E. Parks, Ph.D.  
Baltimore Washington Center  
for Psychoanalysis

Susan P. Sherkow, M.D.  
Berkshire Psychoanalytic Institute (NTF)

Stephanie Dee Smith, M.A., L.I.C.S.W.  
Boston Psychoanalytic Society  
and Institute

### Geographic Rule Training Analysts

Nancy J. Chodorow, Ph.D.  
Pittsburgh Psychoanalytic Center

Charles F. Entelis, M.D.  
New York Psychoanalytic Institute

Robert Michels, M.D.  
New York Psychoanalytic Institute

Jack A. Miller, M.D.  
Berkshire Psychoanalytic Institute (NTF)

Ellen Rees, M.D.  
New York Psychoanalytic Institute

### Geographic Rule Child and Adolescent Supervising Analysts

Stanley J. Leiken, M.D.  
Seattle Psychoanalytic Society  
and Institute

Jill M. Miller, Ph.D.  
Seattle Psychoanalytic Society  
and Institute

Jack Novick, Ph.D.  
Seattle Psychoanalytic Society  
and Institute

Kerry Kelly Novick  
Psychoanalytic Institute of the Carolinas

Kerry Kelly Novick  
Seattle Psychoanalytic Society  
and Institute

Anita G. Schmukler, D.O.  
Western New England Institute  
for Psychoanalysis

## New Academic Associate January 2009

Claudia Meininger Gold, M.D.

# Why Bother?

## A Psychoanalytic Graduation Speech

Wendy Jacobson

Why bother to pursue analytic training? After all, it is quite a demanding endeavor and has become a rather unfashionable one, at that. My hope in sharing my answer to this question is to consider the enormous value of our accumulated body of knowledge, along with certain challenges we face.

First, some caveats. In preparing these remarks, I searched online for guidance. One Web site said graduation speeches should reflect upon “the best practices... given the unique demands of a particular era,” addressing: “Issues of Concern,” “Paths of Action,” “Tools for Change,” and “Keys to the Good Life.” More about these aspects in a moment.



Wendy Jacobson

misery in his twilight years. As a political animal, he never found balance between work, love, and play. While acknowledging his bitter end might have been influenced by guilt

over mistakes such as Vietnam, she tactfully painted a larger portrait of his psychological limitations and the price he paid for them despite manifest worldly success. She cautioned her graduates against falling into such traps.

And the fact that we have not come up with better ways to present ourselves might speak to how, as a field, we have gone from the ferment, excitement, and, indeed, hubris of our younger years to a relative paralysis, isolation, and—yes—success neurosis of our more mature ones.

Another site had the top 50 graduation speeches of our time...I must tell you, the sampling here was tremendous. Here's a line from Jon Stewart's at his alma mater. He explained, "I came to William and Mary because as a Jewish person I wanted to explore the rich tapestry of Judaica that is Southern Virginia."

Browsing through the top 50, I was struck by the plethora of psychological themes. For example, at Dartmouth, presidential historian Doris Kearns Goodwin described LBJ's

Wendy Jacobson, M.D., is training and supervising analyst at the Emory University Psychoanalytic Institute, where she gave an expanded version of this talk. She is clinical professor of psychiatry and behavioral sciences at the Emory University School of Medicine.

I could go on with more examples, but let me get to my main point—my “Issue of Concern.” As psychoanalysts, we have something of incredible power to offer, but we have failed to convey in modern terms its potential to influence the larger world. Rather in recent times we have been on the ropes, on the defensive, the subject of considerable derision and parody—dismissed, co-opted, beleaguered, and collectively rather broke. Not surprisingly, in this atmosphere, we have been grappling with fears of extinction, a position which slowly may be turning into a self-fulfilling prophecy. This would be tragic.

As I say this, I am not naïve to psychoanalysis' huge influence. No question we had a good beginning. We all know about the heyday. But a little success can be a dangerous thing, and, relatively speaking, we have had a little success.

In a sense, we have failed the brilliant beginning we were given despite rich and myriad developments in our field because we have not sufficiently conveyed what we have to offer. We have done beautifully in developing our (for want of a better word) “product” but failed rather miserably in selling it. This, I believe, is the challenge we face, not only for our own sake but for the sake of the world. It is a high stakes game.

Think about it. For the most part, with the exception of a narrow band comprising mostly our patients, if the lay public knows anything about us at all, it is probably that we make the unconscious conscious, or do dream analysis, or help recover childhood memories, or understand one's Oedipus complex.

Forgive me, but who cares if we make the unconscious conscious or explore how the past influences the present if we do not bring it to life and make it meaningful? If we do not help people see how it can be worthwhile, what pitfalls it may help them to avoid or opportunities to realize?

Unfortunately, these dated descriptions of what we do amount to rather anemic pabulum in present day terms. And the fact that we have not come up with better ways to present ourselves might speak to how, as a field, we have gone from the ferment, excitement, and, indeed, hubris of our younger years to a relative paralysis, isolation, and—yes—success neurosis of our more mature ones. We have failed to make ourselves sufficiently relevant in the broader culture.

### PATH OF ACTION

Let us think for a moment about how to describe our work, the patterns we study and elucidate. This, I suppose, is my “Path of Action,” to define in modern terms what we actually do and have to offer.

Ours is an exceedingly broad synthetic and integrative discipline. We do so much more than making the unconscious conscious or understanding dreams, slips, and how the past influences the present. Of course, these are some of the hallmark things we do, but, by themselves, these descriptors can seem frankly silly, useless, or irrelevant if not put in a fuller context.

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# Maintaining a Psychoanalytic Practice in a Tough Economy

Charles A. Burch

We psychoanalysts face unprecedented challenges these days in maintaining a full-time private practice. The more we can discuss these challenges and questions openly and thoughtfully, the more likely we will be able to successfully create or develop potential solutions. Doing so, however, is often problematic, since we do not like acknowledging in public forums, or even to individual colleagues, that we are having trouble keeping our clinical hours filled. I am not only addressing whether or not we have enough analytic patients, as it is well known now that most analysts across the country or around the world, do not spend the majority of their clinical hours doing four or five times per week analysis. Clearly, there are some analysts who have a full schedule of analytic patients but they appear to be a minority.

Here is a snapshot from my practice. Carla, a 35-year-old married woman with one young child, was referred to me by a colleague three months ago. She is completing a mental health degree and felt it important to have her own treatment. Her husband had to take a job in another state, since he did not think his company in Michigan would survive much longer. Carla actually wants psychoanalysis but her insurance only allows for 25 sessions per year. Since she and her husband support two residences and she is still in graduate school, she cannot afford any more than her co-pay of \$35. Per week. Thus, we meet on a weekly basis using her insurance.

Mike, another recent referral, is a 30-year-old single man who recently lost a girlfriend due to his angry outbursts. He was emotionally and

physically abused for years by his father. His prior attempt at treatment ended unsuccessfully. In order to see me, he cannot use his insurance as I am out of network and he was told he could get no reimbursement if he sees me. We worked out a fee he could afford, more than a third less than my standard fee. Despite these accommodations, he eventually chose to see someone else so that he could use his insurance.

I am aware that both of these patients would be advised to have more intensive treatment, preferably analysis, but neither will for now, if ever. If I can, I will reduce my fee further to enable one or both to come in more frequently. These are no longer unusual situations in my practice. I am glad to have these referrals, am still receiving a decent fee, even though it is increasingly rare to have someone able to pay my standard fee.

The current economic turmoil, now officially a recession, is another wave of powerful external forces that is profoundly affecting practices across the spectrum of experience. For many years, I felt strongly insulated from these forces. In addition to seeing individuals in psychotherapy and psychoanalysis, I also treat couples. My practice had rolled successfully along for years but the severe economic struggles have finally caught up with me and many of my colleagues.

The question we face now is whether or not the recession will become a tidal wave, wiping out psychotherapy and psychoanalytic practices as it has many other businesses. We appear to be experiencing a third wave of external forces that profoundly affect practice.

## THE SMORGASBORD AND THE HMOS

The first wave, which occurred when I entered the mental health field in the late 1960s and early 1970s, was the rapid development of alternative modes of therapy. Drug treatment is now sought and frequently recommended for nearly any problem. Cognitive-behavioral, brief

psychotherapy, group therapy, hypnotherapy, trauma treatments, dialectical behavior therapy, and others are all part of the mental health therapy cafeteria. Who knows which of these many alternatives will survive over time but, as many have noted, we are no longer the only game in town and not necessarily the dominant one.



Charles A. Burch

The second wave was the insurance industry's move from indemnity insurance to so-called managed care, in which mental health benefits were severely cut or restricted. Long-term psychotherapy, let alone psychoanalysis, was brought under much closer scrutiny. The number of sessions per year, the dollar amount covered, and the frequency of treatment sessions are all regulated by insurance companies. Of course, there will always be those patients who can and are willing to pay out of pocket and that was how many of us built successful practices. Even that, however, has changed under these severe economic pressures.

Therefore, the question before us is: What are the ways to cope with and adapt to these challenges individually, as well as at a local society and national level? Individually, we can think about whether or not we are using the full range of our training and skills to our best advantage. For me, this has meant doing psychodynamic couples therapy, something I worked into my practice during an earlier recession. At many times, these couples referrals kept me going. In my area, there are simply not that many analyst colleagues who do couples work. Clearly, most of us try to create some niche by which we are known among our primary referral network, our analytic colleagues. The stretching of ourselves out of familiar comfort zones may be inevitable, if we are to maintain enough work. Joining insurance panels, reducing fees, seeking new sources for referrals may already be underway for most of us.

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## Why Bother?

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Take, for example, the troubled character patterns that are our daily bread and butter: the castrating hysteric, the covertly stubborn defiant obsessional, the orally hungry needy tormenting borderline, the self-defeating masochist, the disavowed or not so disavowed sadistic narcissist. These and a few others, with lots of interesting permutations and combinations, are the categories of people that make up the world. *This* is what we make conscious—the patterns that disable and limit people—the ones that give ulcers either to the individuals themselves or to recipients in their orbit.

We understand these patterns and with painstaking effort help the afflicted come to understand them in themselves and others. We help them respond strategically instead of reacting impulsively or holding back endlessly. We help people separate the wheat from the

not excessively, and rejoice to the utmost when warranted. We help people grow, change, integrate, modulate, decrease self-absorption, regard themselves accurately, take themselves seriously but not too seriously, free up emotional energy in the service of creativity and mastery—in short, become their best selves.

The reverberations go well beyond the individual, fostering richer and fuller family life, as well as functional and productive organizations, all with enormous ripple effect. Our work can help break the kinds of destructive cycles which, if left untreated, keep echoing through the generations.

Ideally we do our work in a context specific way, knowing why, in any given instance, we are being interpretive, confronting, gratifying, or the like. Hopefully we make these choices skillfully, having a rationale rather than arbitrarily adhering to a set of rules. This, along with the rest, constitutes the artful complexity of what we do.

Thus far I believe we have failed to find the power of persuasion and imagination needed to make the utility and sophistication of what we do more widely understood and appreciated.

chaff, see the forest through the trees, find the leading edge, sort through competing priorities, and make rightful claims and necessary renunciations. We help them develop an ethical flexibility of mind and attitude, knowing when to be a stickler and when to give a wink and a nod, when to finesse a situation and when to play strictly by the rules, when to speak up and when to suck it up. We help people navigate power dynamics, make adaptive distinctions and discriminations, and pick their battles. A psychoanalytic “read” can “pull” for good outcomes and help avoid blunders or traps. We help tame our baser instincts and harness optimal aggression, assertion, competition, intimacy, and sexuality instead of ending up mired in destructive, cut-throat aggression, impotent rage, or dehumanizing sexuality. We help people be patient or impatient as circumstances dictate, suffer appropriately but

### DOCTORS OF COMPLEXITY

In essence, then, we are doctors of the complexity of the mind. We contextualize, narrate, synthesize, and integrate. We “complexify,” then we simplify, boiling psychological matters down to their essence. We are doctors of the complexity of context specificity within the framework of broad psychoanalytic knowledge, including knowledge of the life cycle, human development, conflict, and compromise.

And it may just be that this very complexity is our major obstacle, not the inevitable resistances to the subversive and painful aspects of our work. Indeed, people desperately want and need the help we have to offer to escape their psychological traps and prisons. Let me return for a moment to those top graduation speeches mentioned earlier. On the subject of complexity, Bill


Gates spoke at Harvard about the challenges his foundation faces in tackling world poverty and its scourges. He remarked, “The barrier to change is not too little caring; it is too much complexity.”

Conveying the complexity of our endeavor in accessible ways may just represent our greatest challenge. We have a system of elegance and power, but can we find ways to break it down into meaningful and manageable pieces, and bring its value to life in new and exciting ways? We have the tools, the “Tools for Change.” The challenge is how to extend our reach. It is not implausible to say that much of the failure in the world is a failure of psychology, a failure to make our principles relevant and achievable as tools of enlightened self-interest.

By now some of you are probably thinking how this sounds like some foolish utopian dream. But indulge me a bit further. Think about the cumulative effect in psychological terms of “one small step for man, one giant leap for mankind.” No matter what the starting point, small shifts can make a big difference.

Are there disappointments and inadequacies in our psychoanalytic knowledge? Sure. I am not suggesting we promise more than we can deliver. Obviously we cannot prevent all misery or catastrophe. We all know there are malignant carcinomas in our field as in any other, and how civilization sows the seeds for its discontents.

But, at its best, contemporary psychoanalytic theory and practice may well be the best we’ve got for much of what ails us. Too many people need it, or some aspect of it, often in piecemeal or indirect ways. Thus far I believe we have failed to find the power of persuasion and imagination needed to make the utility and sophistication of what we do more widely understood and appreciated. In this sense, we have failed Freud’s legacy and the collective power of persuasion and provocative imagination of other greats in our field. But if we can meet the challenge of conveying broadly the value and integrity of what we have to offer, it might just provide “Keys to the Good Life.”

So, let us celebrate our glorious field and this fine rite of passage for our graduates...and ask again, “Why bother?” For me, at least, the answer is, to have a life worth living. 



## Tough Economy

*Continued from page 15*

Once a solid practice is established, many analysts have tended to stay within the two main sources for referrals: patients or former patients and analytic colleagues. The use of Web sites, blogs, and other Internet based connections has helped many but may not work for others. My point is that a passive stance regarding these problems will lead nowhere. Sitting back and waiting for the phone to ring may have worked in times past but that does not appear to be the case now.

We also may be called upon to think about what we do in terms of its effectiveness. More new patients in recent years have asked me straight away: Have I treated these problems before and what is my rate of success in doing so. While there are obviously underlying dynamic meanings to such questions that eventually got addressed, I do not think we can brush them aside as only initial resistances.

## COPING, ADAPTING, AND COUNTERTRANSFERENCE

There are some countertransference vulnerabilities to bear in mind. For example, when faced with declining subscriptions in our practice, we may have more difficulty dealing with a proposed termination or the move to cut back on treatment hours. Several colleagues have mentioned to me with much concern about the pending termination of an analytic patient, losing four or five hours per week at once and also stating there is no one in the wings to replace those hours. Clinical exigencies of patient work may collide with our own pressures to make a living. Moreover, we might find ourselves taking on certain kinds of work for which we may not be prepared, thinking that we can learn as we go. One colleague told me how he took on some "expert" testimony work in order to supplement his income and soon realized he had little actual preparation to do so. We might accept a referral of a friend or relative of a patient that

under other circumstances we would pass along but may find a way to justify taking the referral. I am sure there are many more instances we can enumerate.

Finally, while psychoanalysis may have lost its once preeminent place in the mental health world, those of us who have done the training know that we have been incredibly well trained in the most in-depth treatment of the psyche ever developed. This superb training has served me well, no matter what form of treatment I am doing and will continue to do so. We all may have to adapt to changes we have not yet assimilated, but if prior experience has some predictive value, we will be able to make a successful adaptation.

APSA

*Editor's Note: The patient information in the clinical vignettes has been disguised to preserve confidentiality.*

# In Memoriam

D. Wilfred Abse, M.D.  
*November 4, 2005*

Julian I. Barish, M.D.  
*September 14, 2005*

Hyam Bolocan, M.D.  
*March 6, 2006*

Harold Boverman, M.D.  
*September 17, 2008*

Donald L. Burnham, M.D.  
*July 27, 2008*

Roy M. Coleman, M.D.  
*November 4, 2008*

Joseph T. Coltrera, M.D.  
*December 2, 2008*

Henry M. Evans, M.D.  
*October 16, 2008*

George S. Goldman, M.D.  
*November 8, 2008*

Louis A. Gottschalk, M.D., Ph.D.  
*November 27, 2008*

Stuart T. Hauser, M.D., Ph.D.  
*August 5, 2008*

David R. Hawkins, Sr., M.D.  
*June 8, 2008*

Bernard Holland, Jr., M.D.  
*December 4, 2008*

Mildred Hartshorn January, M.D.  
*January 5, 2009*

Morton Johan, M.D.  
*May 11, 2008*

Richard G. Johnson, M.D., Ph.D.  
*January 17, 2008*

George C. Kaplan, M.D.  
*September 14, 2008*

Jay Katz, M.D.  
*November 17, 2008*

Warren Samuel Kennison, M.D.  
*October 20, 2008*

Angelo J. Madonia, M.D.  
*June 24, 2007*

Louis J. Micheels, M.D.  
*June 6, 2008*

Stanley S. Needell, M.D.  
*September 20, 2008*

Else Pappenheim, M.D.  
*January 11, 2009*

Peter Richter, M.D.  
*September 1, 2008*

Samuel Ritvo, M.D.  
*December 3, 2008*

Hilda Rollman-Branch, M.D.  
*December 11, 2008*

Isaiah A. Rubin, M.D.  
*August 3, 2008*

Robert John Sayer, M.D.  
*August 13, 2008*

Morton E. Schwab, M.D.  
*June 30, 2008*

Michael Spevak, M.D.  
*November 20, 2008*

Hans Hermann Strupp, M.D.  
*October 5, 2006*

Richard West, L.C.S.W.  
*December 20, 2008*

# Canadian Health Care System Not the Answer for U.S.

## Single Payer No Panacea

Joseph Berger

The Assembly or parliament of the American Psychiatric Association (APA) met in Washington DC just three days after the federal election, and not surprisingly there was a lot of discussion about "health care reform." There were attacks on the current U.S. system and expressions of dissatisfaction from many psychiatrists.

When such discussions take place, almost inevitably suggestions are made about moving to a single-payer system and looking at how health care is funded and managed in Canada. As a Canadian representative to the APA Assembly I have often been asked to make presentations and to comment, so some readers might have heard or read what I have said in the past.

But let me briefly tell a story my favorite rabbi used to tell often. He was leaving his house one Sunday when his young son said to an older sister, "Where is Daddy going?"

A "single-payer system" is a euphemism for what we have in Canada right now, which is socialized medicine, and which many members of the public and many doctors including the current and immediate past presidents of the Canadian Medical Association want us to move away from.

In the Canadian system health care is managed by the provinces, not by the federal government, and is funded by us, the taxpayers. The provincial governments set up government controlled insuring agencies that pay most doctors directly. A very small number of psychoanalysts still bill their patients directly,



Joseph Berger

A "single-payer system" is a euphemism for what we have in Canada right now, which is socialized medicine...

"Daddy is going to Pittsburgh," replied the sister. "And why is Daddy going to Pittsburgh?" "He's going to give a talk." "What is he going to say?" "Oh, you know, he says the same thing wherever he goes." Rabbi Wein used this as the entry to his talk saying, "I do say the same things, not because there is nothing new, but because so many of the 'old' things are worth repeating and perhaps looking at in a fresh way."

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but they are only allowed to bill at the government-set rate for psychotherapy. There are a few procedures such as cosmetic surgery, for which doctors can bill completely outside the system, and independent assessments for legal or insurance purposes can also be billed individually, but again these only apply to a small minority of physicians.

The advantages of such a single-payer system are that a doctor need only send in to the one (government) insuring agency documentation of services provided once a month, and the doctor will usually be paid in full. The paperwork/administration for both government and doctor is much lessened.

For patients, the biggest advantage is that they have unlimited access to medical care at

no apparent immediate cost to themselves at the time of the service.

However, access does not necessarily mean *prompt* access, and socialized systems are notorious for long waits for immediate services such as in emergency rooms, but more frequently long waits for appointments with specialists, for investigations, and for elective surgery.

There is, of course, a cost; taxes are much higher than in many other countries, and a number of the provinces including Ontario, the largest, have an additional prorated "health tax," which means that higher income earners pay even more than everyone else.

The Clinton administration tried to introduce significant health care reform with proposals that many people saw as being socialistic. So let me make it clear; a single-payer system for a country the size of the United States can only mean government as the "payer," and that inevitably means government control—which is the case for any socialized system.

### BOUNDARIES, INTRUSIONS, AND PAYMENT

Furthermore, Americans have to understand that government control inevitably comes not just with lower rates of pay, but also with increased restrictions and regulations and increased powers for your licensing and disciplinary bodies. Anyone who denies this is simply ignorant of the histories of socialist administrations all over the world.

The implications for psychoanalysts and for psychodynamic psychotherapists are considerable. The notion of billing your own patients directly and preserving the tight boundary of the patient-doctor interaction and the autonomy and individual responsibility of the patient become progressively eroded. The remuneration falls more and more below what it should be according to the experience, reputation, longer training, greater competence, and contributions to the profession of the therapist. It falls far below what people of comparative experience, education, and qualifications in other professions can earn, even though those other professions carry far less responsibility for people's lives.

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## Only in America

Bob Pyles



Bob Pyles

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, and that among these are Life, Liberty, and the Pursuit of Happiness..."

A replica of the Declaration of Independence hung in a prominent place in the living room of my home when I was growing up. My father would test my brother and me on being able to recite the preamble, which he regarded as the two most important paragraphs in the history of human freedom.

The inauguration of Barack Hussein Obama as the 44th president of the United States is the ultimate fulfillment of the ideal of the Declaration of Independence, freedom from tyranny, slavery, racism, and segregation. Jefferson remarked, when the Constitutional Convention of 1787 failed to resolve the issue of slavery, "I weep for my country when I reflect that God is just." True equality is yet to come, but let us not underestimate the gigantic symbolic importance of President Obama's arrival in the White House, not only to the minority citizens of our own land, but also to the worldwide community. We can all say with pride, "Only in America."

Regardless of party loyalty, we can all rejoice as fellow Americans, because it is truly a triumph of the American spirit. As I watched the deeply moving inaugural ceremony and address, I reflected that only two years ago, it seemed that we were headed toward one party rule. That shocking turnaround of the

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

mid-term election, I wrote about in a previous column entitled "Madison Had it Right" [TAP 42/2], reflecting Madison's sense that the political pendulum would swing one way or the other, but our system would always allow for the center to eventually hold.

I also reflected how far we have come on the issue of racism, and fair treatment of all of our citizens, from my experiences as a young boy in the rural South, the "Tobacco Road" section of North Carolina.

I remember vividly the separate drinking fountains, "white" and "colored," the back of the bus, and separate schools and restaurants. What I remember most was my black nanny, Grace. My family was what we would call "dirt poor," but the blacks were worse off by far than we. As little money as we had, we were still able to employ a black woman to do some cleaning and take care of me. I was very close to Grace. She was like a furnace radiating warmth and heat. As I came later to understand, like Freud's nanny, she was my oedipal mother.

The inauguration of Barack Hussein Obama as the 44th president of the United States is the ultimate fulfillment of the ideal of the Declaration of Independence, freedom from tyranny, slavery, racism, and segregation.

But nonetheless, no matter how many times it was explained to me, I could not understand why she could not eat with us at our table.

Fast forward to high school, when school integration began to move into high gear; I was the editor of our school paper. I was not allowed to publish op-ed pieces on the subject of race, on the grounds that it "was not our concern." My father was outraged at the resistance to integration and the threats to close the schools. His response was to write Jonathan Swift style letters to the editor of the local paper, lampooning the white supremacists. We got threatening phone calls, and on one occasion, a cross burned on our lawn.



At that point, we lived a few miles from Charlottesville, Virginia, on land that was part of the estate of Thomas Jefferson's father, Peter Jefferson. He had built a church for his slaves, which still stood on the back part of our land. My father became a great patron and friend of the black congregation and would often attend church there.

In spite of being raised in that kind of a home, when I came north to medical school at Harvard and saw my first racially mixed couple, I have to admit it was a shock. Our bacteriology professor was a black man from South Africa. When he gave his first lecture, I was startled to hear a rich British accent coming out of his mouth.

These experiences made it clear to me that even in the kind of home I grew up in, the racial stereotypes were still with me.

I believe the deepest and most profound insight I experienced was in the writings of William Faulkner. I had the good fortune to have Faulkner as a teacher at the University of Virginia, where he was writer-in-residence. I came to know him quite well and had many conversations with him. His writings are permeated with the sense of doom and foreboding of the South, which he clearly felt was based on the ancient sin of slavery and which could only partially be expiated by the blood of the Civil War.

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## Only in America

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Certainly the election of President Obama does not mean that racism has been entirely eliminated. As psychoanalysts, we know that racial prejudice is as old as humankind itself and finds its roots in our first identification of what is "me" and "not me." Freud made this clear in his "Group Psychology," the first work to clearly identify the primal need to identify with one's own group, at the expense of others.

However, what does seem clear is that we can pause for a moment and feel good about how far we have come. And then, taking a deep breath, we get back to work.

In our advocacy efforts we have been in close touch with first, the Obama transition team, and now his administration. President Obama has made it clear that a reform of the health care system is very high on his agenda. Central to his plan is the establishment of a system of electronic medical records. He has said that within five years all health records should be electronic. We are working closely with contacts in his administration and in Congress to try to insure that privacy safeguards are included in pending legislation. Funds to the tune of \$20 billion for electronic medical records have been included in the stimulus package, which is on a fast track to pass. Promotion of the information technology (IT) industry is also touted as one way of stimulating the economy.

We are working with the Obama team to insure that this does not happen at the expense of privacy or the right to contract privately. We have sent open letters to the Obama team advising them of those matters that are critical to our patients and our profession. Those letters have been signed by other professional groups we are working with, including the NASW, the American Psychological Association, and the American Psychiatric Association. The letters can be found on the Association Web site.

As we move into this new era, we will need the help and support of all our members to ensure the success of a health care reform that will benefit all of us, patients and therapists alike.



Thanks to John Schott for the inspiration for this article.

## From the Unconscious

Sheri Butler Hunt



One summer, I watched a tiny spiderling grow and develop into a robust, substantial creature. It reminded me of patients who are hesitant and timid about aspects of themselves that they are reluctant to reveal or fully utilize. But, with the aid of the psychoanalytic process, the patient can gradually unfold and come to rely on important facets of the self.

### SPIDER

This spider in the corner,  
I have watched it all summer.  
It's grown leggy, plump and bolder.

I admire its tenacity  
But I question its judgement—  
Half in and half out of its den.

It could have stayed hidden.  
What animal hunger  
Or edgy, arachnid curiosity tempts it out?

I don't want to kill it,  
After admiring it all summer.  
What if it lays eggs?

It might mother  
A brood that wants  
Run of the whole damn situation.

—Sheri Butler Hunt

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## Infant Learning and Psychoanalysis

Andrew J. Gerber

New studies show that infants learn by watching adults in complex ways that may have important implications for psychoanalytic theory and treatment. Much of



Andrew J. Gerber

the history of how we understand infant learning is dominated by the influence of the Swiss philosopher and developmental theorist Jean Piaget. He explained child development through stages progressing from understanding the world predominantly via movement and the senses (the sensorimotor stage, birth to age 2) followed by the gradual evolution of logical thinking and manipulation of abstract ideas (pre-operational, ages 2-7; concrete operational, ages 7-11; and formal operational, ages 11 and above). Piaget's theories, though powerful in describing a normative pathway, conspicuously minimized the role of social interaction and attachment figures in cognitive development. Thus, they have been difficult to integrate with theories of pathological social and emotional development and have limited relevance to more sophisticated models of parent-infant interactions.

Several contemporary developmental theorists have gone to an opposite extreme by explaining infant learning through the concept of "primary intersubjectivity." As represented in the work of Daniel Stern, Colin Trevarthen, Andrew Meltzoff, and proponents of "mirror

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neuron" theories, led by Vittorio Gallese, this approach suggests that infants learn by first sharing the subjective physiologic and mental states of the other, and then abstracting rules from that experience. Though bearing some resemblance to Freud's notion of "primary identification," these theories take this notion further by emphasizing the role of primary shared experience as *preceding* and even in adults often *overriding* more nuanced and psychologically processed ideas about self versus other. As such, they have direct implications for our understanding of psychopathology and therapeutic action, and have recently been cited as supporting an intersubjective or self-psychological view of psychoanalysis.

### MOTHERESE

However, recent experimental work suggests that the most accurate model of infant learning adheres neither to the description of Piaget nor to that of primary intersubjectivity.



In a classic experiment, Piaget showed that if a one-year-old infant is repeatedly shown that an object is hidden in one location he continues to look for it there even if he is subsequently shown the object being hidden in a different location. (For the sake of simplicity, we will use the male pronoun to refer to infant subjects and the female pronoun to refer to adult demonstrators, even though in practice both male and female infants and demonstrators were used). Piaget explained this "perseverative search error" by postulating that the infant's development of "object permanence" is not yet complete by one year of age and that the infant conceives of the location of the object as a consequence of the search process, not the hiding of the object. In other words, the infant believes that the act of searching "produces" the object in the location where he has repeatedly seen it appear, so it makes sense for him to continue to look there.

Gyorgy Gergely (pronounced "Joory Gairgay"), a psychoanalyst and developmental psychologist working at the Central European University in Budapest, reported a surprising twist on this experiment in a 2008 *Science* paper. He and colleagues compared the results of the typical task, in which the infant and demonstrator interact normally during the hiding of the object, to two variants: (1) the demonstrator does not look at or talk to the infant while she is hiding the object, and (2) the demonstrator's body and face are hidden behind a screen while she is hiding the object. In Piaget's version of the experiment, when there is normal social interaction, the infant searches for the object in the wrong place 81 percent of the time. However, in both variants of the task, where there is no social communication, the infant's error rate drops to 41 percent. Gergely and colleagues interpret this result, which has no ready explanation in Piaget's framework, in the context of a theory they call "natural pedagogy." They hypothesize that when infants are directly addressed with social cues (such as through eye contact or through the typical way of speaking that caregivers spontaneously use with infants, often called "motherese"), they automatically expect to be taught about generalizable properties of an object type (i.e., "where is this kind of an

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## Infant Learning

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object usually found?”). In contrast, when an infant does not receive social cues, he automatically expects to be taught specific facts about the current environment (i.e., where is the object found in this particular situation?). In the typical version of the experiment, social communication with the demonstrator fools the infant into thinking that he is being taught (incorrectly) to look for the object in the same place each time. In Gergely’s variants, the absence of social cues frees the infant to look for the object (correctly) in the place that it has just been hidden. Thus, the social context of how an infant learns is highly significant to what he learns.

way to accomplish this goal) and (2) while the demonstrator used her head to turn on the light, her hands were free. When the demonstrator’s hands were free, the results were the same as Meltzoff’s, i.e., 69 percent of infants tried to turn the light on with their heads. But when the demonstrator’s hands were occupied, only 21 percent of infants tried using their heads and the rest used their hands. Thus, Gergely argues, when an infant observes a person performing an action, he does not simply identify the demonstrator as “like me” and directly imitate her (Meltzoff’s account). Rather, the social context of the interaction between demonstrator and infant engages the system of natural pedagogy and induces the expectation that he is going to learn new and relevant information. When

They do this neither by simple learning principles nor by direct imitation. Hence, there is also no reason to believe (as would seem highly unlikely given the sophistication that such a talent would require) that infants have an inborn ability to identify their own subjective internal states and compare these to those of other individuals, as is sometimes hypothesized by intersubjectivists. Rather, healthy infants appear to be good at choosing the correct level of generalization when they are observing and learning from another individual’s actions. It seems likely that this skill is highly adaptive and leads later on in development to the ability to identify mental states in the self and others.

Of course, many questions remain. What kind of variation exists in this learning flexibility and how does it affect emotional and social development in both healthy and pathological ranges? How are the process and content of unconscious fantasy and defense mechanisms related to the role that social context plays in learning in infants, children, and ultimately in adults? What does this teach us about the social context of learning in psychoanalysis and psychotherapy? For example, is transference change a kind of generalizable learning that sometimes is helped by and is sometimes inhibited by social cues? Finally, how might we use our understanding of these systems to choose the best therapeutic parameters for individual patients? The implications for psychoanalytic theory and treatment are exciting to consider.

\* \* \*

Readers are invited to contact the author at [gerbera@childpsych.columbia.edu](mailto:gerbera@childpsych.columbia.edu) for suggestions on further readings.

APSA

...is transference change a kind of generalizable learning that sometimes is helped by and is sometimes inhibited by social cues?

### JUST LIKE ME?

Gergely is equally skeptical of theories that suggest that learning is entirely based on social context, as is sometimes predicted by primary intersubjectivity. In a 2002 *Nature* paper, he described a clever twist on Andrew Meltzoff’s classic demonstration of imitation in 14-month-old infants. In the original Meltzoff experiment, a demonstrator showed an infant that he could turn on a light by touching his forehead to it. A week later, two-thirds of these infants spontaneously tried to turn the light on by touching their own foreheads to it, whereas infants who had not seen the previous demonstration never did so. This result was interpreted as meaning that an infant learns through imitation that is induced by identification of the other who is perceived as “just-like-me.” Gergely first repeated this experiment in two different contexts: (1) while the demonstrator used her head to turn on the light, her hands were occupied by holding a shawl around her shoulders (suggesting that she used her head to turn on the light because it was the best available body part in this context, and not because it was the best general

the demonstrator’s hands are free, and therefore could have been used to turn on the light (which the infant knows is the typical thing to do), the infant learns “this light ought to be turned on by touching it with the head!” However, when the demonstrator’s hands are otherwise occupied, the infant concludes that this is the reason she is using her head, and that if her hands were free (as the infant’s are) she would have used her hands. Gergely demonstrated that social context is necessary for inducing this pedagogical stance by repeating both versions of the experiment (i.e., with and without the demonstrator’s hands occupied), this time without any social cues between demonstrator and infant. In both these situations, infants used their hands. Thus, without the proper social cues, the pedagogical stance is not activated.

In both experiments, Gergely’s deceptively simple modifications of classic and well accepted studies have subtle but important implications for our understanding of the mind. Children as young as one year of age are already applying rational learning principles to observations they make of people and objects.





# Enriching Critical Thinking in Teaching and Learning

Robert Alan Glick and Lawrence Inderbitzen

Good psychoanalysts do not necessarily make good teachers. Given the amount of time devoted to classroom teaching, the challenges of integrating the “tripartite model,” and the fact that we are, for the most part, a group of untrained, amateur educators, we should pay more attention to teaching our teachers to be effective educators. Larry Inderbitzin, former COPE chair, was concerned about this problem and invited me to join him in establishing a COPE Study Group on Teaching and Learning. We sought out a group of analytic educators and formed the study group about three years ago.

Since COPE has had longstanding study groups on supervision, we decided to examine didactic teaching and the analyst-teacher in the classroom, in the hope of generating useful ideas and suggestions.

As usual, it took a few meetings for the group to define a focus and to cohere as a working group. We read and discussed some of the educational literature because professional educators study educational theories and methods more than analysts do. This enriched our understanding of Inderbitzen’s focus on the development of critical thinking as an essential element in deep learning. We realized we did not want to simply transmit the

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“received wisdom of psychoanalysis” to our students, to be absorbed, digested, or ignored. We wanted to learn more about how to develop, in our students and in ourselves as teachers, the ability to critically examine and deeply understand psychoanalytic models of mental life and development and apply them to clinical theories of technique and process.

## THE FOUR QUESTIONS

One group member characterized this as a “good news/bad news” approach. She outlined “the four questions” of critical thinking applied to the teaching of theory:

1. What deficiencies of the current theoretical model did the new one seek to correct?
2. How did the new model correct them?
3. How did the new model affect clinical technique?
4. What are the deficiencies of the new model?

With this in mind, we began to discuss various educational problems with attention to specific methodologies.

One of the first issues was defining educational goals. We asked Deborah Cabaniss, who is conducting a multi-institute collaborative project on the use of clearly defined clinical learning objectives, to present her Learning Objective Project as a method of facilitating learning and assessing the effectiveness of teaching. She defined core clinical psychoanalytic competencies that could be used to structure clear constructive feedback. Students and teachers could assess what knowledge and skill should be acquired at each stage of training.

In a subsequent meeting, we turned to the continuous case seminar. The group discussed specific examples of teaching problems in these seminars, which have long been seen as

requiring little teacher preparation and coordination and as an easy and preferred teaching assignment. The primary goal is to help candidates use the case to integrate their growing knowledge of theory, technique, and process. Rather than simply demonstrate what an expert would do, the teacher should reveal the critical thinking that underlies the connection between theory and technique. The group used these discussions to examine problems of classroom group process, latent and explicit transference/countertransference process, teacher and student preparation, the “candidate in trouble” dilemma, and others. We developed a draft of pedagogical guidelines for structuring and conducting clinical case and continuous case seminars to include:

- Prior preparation and discussion with the candidate presenter about the case and the goals of the class to ensure candidate comfort and to avoid “supervision in the group”
- Discussion of the seminar plan with the case supervisor
- Development of a teaching focus and goals for the conference
- Appropriate teacher preparation
- Clearly articulated structure and goals at the beginning of the seminar about how the clinical material will illustrate principles of theory and technique
- Attention to the class group process, given the diverse levels of experience and comprehension
- Use of critical thinking model in classroom discussion
- Use of feedback in and after the class

## MASTER CLASS

The group has gone on to consider the idea of master classes: Is there a way to have our “master teachers” teach us how they teach? Can we develop vehicles to disseminate the skills and methods of our best teachers on topics of general concern to all institutes? The group has discussed the possibility of generating a library of educational resources, e.g., master class seminars for educators, distance education approaches that would allow institutes to have access to master teachers via video conferencing.

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## An Analyst in Iraq

*Continued from page 1*



Russell B. Carr

I am an active duty navy psychiatrist and also a candidate in psychoanalysis. I completed my residency in June 2008. I write this article in Iraq where I am part of a U.S. Army

mental health unit, called a Combat Stress Control Team. These teams have evolved over the years to maintain the fighting force by preventing illness and to treat reactions to combat in theater. There are many such teams scattered across Iraq. In addition to me, this team includes a psychologist, a social worker, and three enlisted psychiatric technicians. We work on a base with approximately 4,000 military personnel. Although these units were developed to identify and deliver brief care for acute reactions to combat, in the current environment these "prevention" teams render extended treatment via individual and group therapy, and medication management from those teams with a psychiatrist. We also conduct "walk-about" where we go to units and make ourselves available for informal meetings with soldiers and commanders.

this sort of work is empathic listening. I do see selected soldiers for weekly therapy in traditional appointment lengths, but even then I must usually work within a focused, short-term model. Due to time constraints, I often have to settle for prescribing medication and referring soldiers to another team member or a group for therapy. Ironically, a combat zone supplies the best access to care for many of these soldiers. Our team always sees soldiers the same day they seek help. To see a mental health professional at a stateside military mental health clinic, the wait can be as long as 30 days. My psychoanalytic training has also shown me what is possible with long-term, intensive treatment, and I encourage many soldiers to seek it, even outside of what the military system can offer; once they are back home.

### MENTAL HEALTH NEEDS BEYOND PTSD

The three vignettes exemplify the issues I encounter in Iraq. The situation here has improved since the harrowing accounts of bombings that pervaded the news prior to 2008. The mental health needs of service members have shifted from the immediate effects of combat to dealing with long and repeated deployments. Most of the active duty army personnel I see are completing 15-month deployments. For those who have been in the army for more than a few years, this is usually their second, third, or even fourth deployment to Iraq or Afghanistan.

Ironically, a combat zone supplies the best access to care  
for many of these soldiers.

Sometimes this means traveling to smaller bases by convoy. In severe crises, soldiers are medically evacuated to Landstuhl Regional Medical Center in Germany.

On average, I see 9 to 15 soldiers per day, which means I usually cannot spend a full session with most of them. This is no place to practice psychoanalysis. However, I do use my psychoanalytic training: understanding but not interpreting the actions of soldiers, educating our techs and other clinicians, and simply in listening. One of the best skills I have developed from psychoanalytic training for

Most will face another deployment within 12 months of returning home. Currently, the most frequent problems that soldiers present in theater are marital problems. Many have spent three of the last five years away from home. The strain for both partners after repeated deployments can become tremendous.

Many of these soldiers are also dealing with post traumatic stress disorder (PTSD) from prior deployments. These symptoms often become worse upon returning to Iraq. At first, I was shocked to learn that soldiers are returning to combat zones after being diagnosed

with PTSD. There is no rule that strictly prohibits deployment with a diagnosis of PTSD. The decision is, instead, based on symptom severity. Pre-deployment screenings are mandatory but are frequently based on self-reports, unless a complete medical record is available. VA or non-military facilities rarely inform the military of a soldier's psychiatric treatment history. With active duty soldiers, records of mental health issues might be available but are often incomplete. Sometimes soldiers, under pressure from their chain of command, their buddies, or themselves to deploy, will minimize or not even report symptoms. At such times, those involved in the pre-deployment screening can become too eager to be team players. Under the pressure to reduce manpower shortages with a shrinking and vulnerable population of soldiers, the threshold for blocking the deployment of an individual service member increases. If soldiers have been treated for PTSD but say they want to deploy again, they are often given a six-month supply of medications and sent "down range."

Military personnel have no choice about obeying orders to deploy. However, some seek deployments for various reasons: patriotism, career advancement, increased pay, or camaraderie with their buddies. In addition, soldiers with mental health problems, particularly PTSD, describe other reasons they might volunteer for deployment: creating emotional distance from a troubled relationship or problems at home, proving to themselves that they are "OK," or getting back to a place where they feel comfortable. The previous trauma often leaves them feeling alienated from others and the divide between them and loved ones seems impenetrable. Only when they return to a combat zone does life once again feel real to them. Thus, soldiers may under-report symptoms or prior treatment.

Screening reservists prior to deployment becomes even more complicated. Most turn to the VA for assistance following a deployment, but some obtain care through their civilian health insurance. When the soldier in the third vignette reported being unable to obtain individual therapy at a VA hospital, I considered how his own resistance to treatment may have interfered with his care. However, his

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story is not unusual. I frequently hear from frustrated service members about waiting months between appointments at their local VA.

Besides limited resources, stigma can also prevent adequate care, both prior to and during deployment. A service member's concern that psychiatric diagnosis and treatment may have a negative career impact represents a

how I have helped individual soldiers. I ask you to think of ways to support them as well. Your help may occur at the public policy level by petitioning Congress for more funding for the VA and military mental health care. It may be through research or education. In my experience, military mental health care practitioners are eager to learn better ways to take

My psychoanalytic training has also shown me what is possible with long-term, intensive treatment, and I encourage many soldiers to seek it, even outside of what the military system can offer, once they are back home.

mixture of real and imagined fears. Even in cases where a chain of command supports the idea of treatment, the reality of the associated lost productivity contributes to subtle and not so subtle discouragement of getting that care. Although the risks in seeking treatment may be real, the greater effects of the failure to do so are often not factored into decisions about seeking help.

In an attempt to reduce stigma, military television channels here in Iraq run at least three to four commercials per hour advocating for mental health care and encouraging service members to get help. Another reason for these advertisements is that even official suicide rates are high in Iraq and Afghanistan. A U.S. Army annual study of the mental health of troops in Iraq, called the Mental Health Assessment Team (MHAT) Report (downloadable at [www.behavioralhealth.army.mil/index.html](http://www.behavioralhealth.army.mil/index.html)), documented the 2007 suicide rate as 24 per 100,000 soldiers, compared to a 2005 civilian rate of 11 per 100,000. The 2007 MHAT also found that 68 percent of suicides that year were linked to partner relational problems. Protracted separations from family members lead to marital breakups, depression, and at times, as my patient felt, a profound hopelessness with no end in sight.

#### YOU CAN HELP

Due to the burden on the current system, providing more to soldiers than symptom control with medications and brief therapy is often difficult. However, I am at times proud of

care of soldiers, and the psychoanalytic community has tremendous potential to develop treatments and provide education. Finally, consider treating someone like one of the soldiers I described at a reduced fee or for free so that they will get more than just symptom control. I challenge you to break out of the 99 percent of Americans who are not directly involved with our two current wars. Help some of those men and women who have defended our freedom get better care. If you feel you cannot get involved, consider how the senior enlisted leader in the second vignette described his experience with PTSD, its treatment, and the military: "I continue to take drugs to get me through the night and pray for daylight where work can occupy my time. I fear the day that there is no longer a use for me in the army and I can't find a job to occupy my mind...."



*All individuals have given their permission for material from their treatment to be included in this article.*



*The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of the Army, Department of Defense, nor the U.S. Government.*

## Make a Difference Now

The American Psychoanalytic Association has launched its own **Soldiers and Veterans Initiative**. Readers are invited to visit [www.apsa.org](http://www.apsa.org) to get further information on opportunities to help. There are links to research, advocacy, and treatment avenues to make a difference.



### *In the next issue of TAP*

The next issue of *TAP* will feature excerpts from the Presidential Symposium given by Jonathan Shay, M.D., Ph.D., entitled "The Long Haul: Healing the Wounds of War." Shay is author of *Achilles in Vietnam* and recipient of a MacArthur Fellows Award.

# Promoting Financial Growth and Development

Warren Procci

Last year was a devastating one for our financial markets. Illusions about the security of our various forms of wealth were shattered. Indeed, many of us have found our longstanding sense of trust in these institutions to be deeply eroded. Few of us and few of our organizations have been immune. Even the most solidly respected bastions of higher education with superb oversight, such as Harvard and Yale, have seen their endowments diminish. While I have long felt APsaA should have a program of development—it was an essential element of my campaign philosophy—last year's events cinched it for me.

I will describe an incident that impressed upon me the importance of development for our organization. I have served as a trustee of Wagner College, my alma mater, for many years now. While I was being recruited, the president came cross-country to speak personally with me. He outlined the college's improvements in enrollment. SATs were much higher than they had been a decade ago. Wagner had shifted from a commuter college to a residential campus with first a regional and now a national student base. There was an increase in the caliber and academic productivity of the faculty. However there was one crucial element, he told me, which stood in the way of the college taking the next and necessary step to attain near "elite" status. That was an endowment. The school was tuition dependent, which simply did not allow Wagner to accumulate the resources necessary for enhancing the school's ability to upgrade its programs and its physical plant. The analogs of this tuition dependent college and our dues dependent professional association are obvious. Wagner needed a process of development.

APsaA also needs this. We are all proud of our organization and even more so of our profession. Psychoanalysis has grown considerably

in its more than a century of existence. From a highly controversial, new technique, at times at the margins of clinical work, and the province of a few unusual and highly imaginative innovators, it has now grown into an accepted part of mental health practice and a fixture in our academic and cultural mainstream. Nobody blinked an eye when psychoanalyst Glen Gabbard provided a popular weekly psychoanalytically oriented blog during the run of the last couple of seasons of *The Sopranos*. No one blinks an eye when psychoanalytic thinking is brought to bear in fields such as art, literature, drama, and philosophy. Psychoanalytic ideas have enriched our world in so many ways.

Unfortunately, the growth and development of psychoanalysis as a discipline and as a pillar of mainstream cultural life has not been matched by a comparable growth in the practice of psychoanalysis or in the growth of APsaA, our professional organization. In fact, our membership base is stagnant and our periodic surveys of the practice of psychoanalysis reveal a slow but persistent decline. It has become abundantly clear to me during my six years as your treasurer that our resources are not growing in a way that matches our most ambitious vision for the needs of the profession or of the discipline.

As I see it, while our current resources will most likely be able to provide quite adequately for the basic needs of APsaA as a professional organization, they cannot fuel the growth engine necessary to nurture and propel psychoanalysis the discipline towards anything near its full potential. As one way of combating this, I am proposing that we begin a program of development post haste. However,



Warren Procci

while I do consider it absolutely essential, I do not think we are in a precipitous position, at least not yet. I believe we can and must do this in a well considered and deliberate manner that allows us to proceed in a stepwise way and to succeed.

## ATTITUDE CAMPAIGN

We will need to accomplish several tasks as we move ahead. First, we need what might best be called an "attitude campaign." We have never really embraced this concept before and I suspect that many of our members are averse to the idea of asking other colleagues for money or of even giving money of their own, beyond dues, to a professional organization. We must begin a national organizational conversation that shifts our attitudes in the direction of championing the importance of giving to APsaA. This conversation must occur at both the local and national level. This raises another important point since a number of our local organizations are engaged in development efforts. We must establish cooperative or complementary endeavors with our component groups as well as with our APsaA Foundation so that we can benefit.

## STANDARD PRACTICE FOR NON-PROFITS

Second, we need to establish an annual fund in APsaA. This is a standard practice among most non-profits and all of us, no doubt, are highly attuned to that annual note we get from our various alma maters as well as to that dreaded yearly weeklong pitch from NPR. Of course, we will need to craft our effort in a way that encourages strong participation and minimizes negative feelings. We do not want anyone reaching to turn off our equivalent of the radio dial.

Third, we must make it clear that these efforts at development are not organized for the coffers of our operating accounts. Rather they will be used for innovative efforts that will attract new initiatives, new ideas, and generative individuals and organizations to our discipline. Contributors are much more likely to support new and creative projects rather than our daily operations.

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Warren Procci, M.D., is president-elect of APsaA.

## Financial Growth

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Fourth, we should start discussing how to begin a program of planned giving. Psychoanalysis has been good to many of us and many of us could well be interested in providing gifts to our field as we consider our legacy to the world we will leave behind us. Once again, this is more likely to occur if it is clear that our gifts are going towards some generative program, which can expand the field and the discipline. We may well need to think of ways of honoring the legacy of those who have bequeathed such gifts to us by providing various naming opportunities so that we can celebrate and perpetuate their generosity.

Fifth, if we can establish a solid program of internal development, we will be in a strong position to seek such gifts from external sources. In addition, we also will need to establish ties to various external organizations, agencies, and interested individuals that can enrich psychoanalysis in ways other than the monetary.

Just so you know, I am not without experience in these efforts. I have been an active participant in a number of fundraising efforts at Wagner College as part of my service on their board of directors for the past nine years.

While we clearly have a challenge ahead of us, I do think we can, and must, make a good start at achieving these goals. I hope to hear from many of you and I hope that a good number of you will also actively wish to join with me in working towards the accomplishments of these goals.

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### PSYCHOANALYSIS AND UNDERGRADUATE PSYCHOLOGY: A DIFFERENT PERSPECTIVE

The 10,000 Minds Project [Sonnenberg, "New Education Division to Boost Public Interest in Psychoanalysis," *TAP* 42/4] appears concerned with finding ways to expose undergraduate psychology majors to psychoanalytic theory while neglecting the need for psychoanalysts to become conversant with recent theories of academic researchers that may require reformulation of a psychoanalytic theory of mind, like mating strategies theory (Buss, 2008), the adaptive unconscious (Wilson, 2002), or psychology of emotions (Eckman, 2003; Oatley et al., 2006). In years past, academic psychology was boring because it studied superficial topics with methodical rigor. Yet times have changed, making for exciting class material. For example, in my Motivation and Emotion course, we use a CD-ROM that trains students to accurately recognize leakage of different emotions through observation of micro-facial expressions. In my Evolutionary Psychology course

TAP welcomes letters to the editor. Letters must be less than 350 words long. Letters will be printed as space allows and at the discretion of the editorial board.

we study men and women's short- and long-term mating strategies and then conduct an informal observational study of sex differences in nonverbal aspects of flirting and courtship.

Psychoanalysts cannot adequately supervise research on psychoanalytic topics without being conversant with current techniques that experimental psychologists employ to study unconscious processes. I have used mindset priming to activate the oedipal conflict through primal scene exposure, thereby successfully manipulating attitudes towards infidelity (Hunyady, Josephs, and Jost, 2008). It is not enough to expose undergraduates to psychoanalytic theory, its applications, and current research backing, presumptuously assuming that the best and the brightest cannot help but find it more compelling than the alternatives, without serious engagement with the emerging intellectual competition for their hearts and minds.

**Lawrence Josephs, Ph.D.**

*Lawrence Josephs is a professor of psychology at Adelphi University and a member of the North American editorial board of the International Journal of Psychoanalysis. He is also a research associate of the American Psychoanalytic Association.*

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## Canadian Health Care

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In our current system a very experienced mature therapist with many years of experience, teaching, and publications, is paid exactly the same rate per session as the young person who graduated yesterday afternoon.

When there is just one payer—government—payments are subject to political whim and to the outcome of intense political fighting between different departments of government

over slices from the same budget pie. Each department claims that its needs are "unique," "special," and definitely "more important" than any other.

### CANADA ENVY

Some frustrated American psychiatrists have been looking with envy at the Canadian system. I have been telling them that many Canadians look with envy at the level of excellence of American medicine, which at the top level is unequalled anywhere in the world. Canadians

look with envy at the degree of freedom that still remains in the American system, at the comparative absence of the long delays and waits characteristic of the Canadian system.

I do emphasize that every civilized society should have a publicly funded universally accessible health care system. But it is vital to preserve the private alternative which allows the freedom to compete, innovate, and excel.

I understand that the American system needs considerable serious improvements, but the Canadian system is not the way to go.

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# From Behind the Couch...Panic

John W. Schott



John W. Schott

The world is now experiencing the most severe financial panic since the Great Depression of the 1930s. In finance, panic is defined as widespread financial or commercial apprehension provoking hasty action.

The key to understanding panic is to appreciate that panic states cause an almost irresistible impulse to act. This differentiates panic from fear in which individuals while frightened

amygdala is so great that the radiations stay primarily within the limbic system where they remain at an unconscious level thereby depriving the cortex the opportunity to do its work.

Another way to look at it is that the affect (the feelings) generated in the unconscious is so strong that action must be taken immediately to give relief. This impulse is so powerful that it never reaches the conscious level to be moderated by the cortex. For many years this idea was a theory of psychoanalysis, but now research with f-MRI machines has verified it. The end result of this is that in a financial panic judgment goes out the window. Inevitably this sends values well below "fair value" as more and more investors sell at any price.

The key to understanding panic is to appreciate that panic states cause an almost irresistible impulse to act.

can think their way through a crisis. Not so in panic, where the emotional state is so dystonic, so painful that the only solution is action.

The pathway for fear starts in the hippocampus which then radiates to the amygdala which in turn radiates to the frontal cortex. While this is very esoteric information for all except neurologists and neuroanatomists, it is crucial in understanding panic because such a pathway is primarily unconscious. The hippocampus and amygdala are parts of the limbic system, the part of the brain involved in emotions and memory. The limbic system operates primarily on an unconscious level while the final stop on the fear pathway, the frontal cortex is part of the conscious mind. The cortex is the gray matter of the brain, the thinking/reasoning part. What occurs in panic is that the activation of the hippocampus and

Combating panic is the single most difficult problem for investors. Here is a simple outline of steps to combat panic, but the reader is reminded that hard work must go into this plan.

1. *Develop a written plan.* Do this now. If you need help, call your financial planner and/or financial representative. Having this in writing is crucial because if panic sets in it is highly likely you will react and not remember a plan that is only in your head.
2. *Make sure your plan has an asset allocation appropriate to your age.* The older you are the higher percentage of fixed income you should have. Your asset allocation should take into account geography, i.e., percentages allotted to the U.S., Europe, Asia, and developing markets,

and allocation by market capitalization, i.e., large caps, mid-caps, and small caps. Doing this will give you a portfolio with non-correlated assets preventing the current situation in which a whole portfolio may be crashing. Be sure to re-adjust your assets annually on your birthday.

3. *Practice fighting panic in your mind.* This is based on the psychological principle of deconditioning. If you regularly imagine handling a problem, you will be better able to cope if and when that problem presents itself. It is this part of the plan that requires regular practice. If this kind of exercise is foreign to your experience, work with it and appreciate that it takes time to master. Get help with this from a friend or advisor who is sophisticated about psychology.
4. *Talk to friends who have similar investment plans and needs.* Be sure this is someone who is of your approximate financial standing. If you have \$100,000, it isn't helpful to talk to someone with \$10 million.
5. *Utilize your financial team.* Consult your financial planner frequently especially in developing your written plan. Also consult other experts who are available to you. Don't hesitate in doing this. The advisory team may welcome this as much as you do. Remember we are all in the same boat. Support during a panic is essential to financial survival.

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APSA



John W. Schott, M.D., is a member of the Boston Psychoanalytic Society. He is director and portfolio manager at Steinberg Global Asset Management in Boston and Boca Raton, Florida. He also publishes a monthly newsletter on investment psychology, The Schott Letter.

# NAPsAC Hails IPA Congress Featuring Convergences/Divergences of Practice

Harriet I. Basseches

Your NAPsAC Board—representing all the IPA groups in North America—encourages analysts to mark their calendars and plan to attend the 46th IPA Congress to be held this July in Chicago, celebrating a great American city. Moreover, the American Psychoanalytic Association has chosen to forgo its Annual Meeting in June 2009, making the IPA Congress the meeting to attend. It will bring together analysts from all over the globe to present and participate in dialogues with a variety of formats to highlight and discuss the differences and similarities among the many strands of psychoanalysis being practiced today. The activities, including pre-congress and congress events, will begin July 27 and continue to August 1, 2009.

## PRE-CONGRESS ACTIVITIES

The pre-congress will offer attendees the opportunity to participate in one of five Working Party Workshops, which, depending on the one chosen, will last from a half day up to two days in intense exploration of the clinical material of the presenter. Each will create an atmosphere of inquiry—completely absent of supervisory judgment—into the analytic process using one of the following five topic foci:

- Comparative Clinical Methods
- Specificity of Psychoanalytic Treatment
- Initiating Psychoanalysis
- Clinical Forum
- Education (for IPA training analysts only).

Each workshop has a fee of \$75.00 to participate.

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Harriet I. Basseches, Ph.D., FIPA, *outgoing chair of NAPsAC, is an IPA Board representative, member of the IPSO-IPA Relations Committee, member of the Baltimore Washington Institute for Psychoanalysis, training and supervising analyst in the New York Freudian Society, and in private practice, Washington, DC.*



Harriet I. Basseches

The Working Parties sponsored at the 45th IPA Congress in Berlin were extremely well received. Analysts experienced them not only as collegial and pleasurable but as deepening their own analytic understanding no matter what their stage of personal analytic development. Participating in one of these workshops has the potential of energizing the individual working in psychoanalysis and, beyond that, of stimulating psychoanalysis itself as a field.

NAPsAC is part of the planning for these IPA Pre-Congress workshops and will continue to sponsor similar Working Parties (as they are called because they are truly work groups) with the intent to follow up on these IPA pre-Congress events as interest develops. All of the workshops are designed to combine in the groups analysts from diverse analytic and geographic backgrounds.

## CONGRESS THEME

The congress is stressing the theme of dialogue among diverse analytic and geographic backgrounds to emphasize convergences and divergences in practice. Psychoanalytic practice, influenced by expanded theoretical postulates, is also influenced by changes in social realities and exchanges with other disciplines. Thus, the panels and papers will provide a rich diet from a menu of varied points of view. There is also an emphasis on providing an opportunity to hear from a broad spectrum of participants rather than only a select few. Although the presentations will be very thoughtful and of high quality, a given presenter may only present once in the program, as well as, possibly, functioning as a chair once.

## HIGHLIGHTS

The opening panel will consist of a presentation of a clinical case by Cecilio Paniagua (Spain), with discussants Marillia Aisenstein (France), Arnold Goldberg (USA), and Leonardo Peskin (Argentina). The moderator will be the IPA president Claudio Laks Eizirik (Brazil). Keynote lecturers will include Antonino Ferro (Italy), presenting "Transformations in Dreaming and Characters in the Analytic Field"; Juan Pablo Jiménez (Chile), "An Approach to Psychoanalysts' Practice Based on Its Own Merits"; and Warren Poland (USA), "Problems of Collegial Learning in Psychoanalysis: Narcissism and Curiosity." The three major lecturers will be Ron Britton (UK), Leopold Nosek (Brazil), and Robert Paul (USA). The analysts invited to take part in the "Meet the Analyst" dialogues include César Garza Guerrero, Ilse Grubrich-Simitis, Arnold Modell, Anna Ornstein, Janine Puget, and Jean-Claude Rolland.

Other panels, small discussion groups, and courses include such topics as hysteria, borderline states, psychosis, depression, perversion, and psychosomatics as well as dream interpretation, transference/countertransference, the analyst's subjective objectivity, enactment, the analytic process, working through, the setting, termination, telephone analysis, structural change, adoption, lesbian/gay parenthood, and virtual reality in analysis, among others.

The Congress Program Committee is chaired by Abel Fainstein from Latin America, along with Monica Siedmann de Armesto, secretary general of the IPA, ex officio. The co-chair from North America is Glen Gabbard, and from Europe is Liliane Abensour, with the candidate organization (IPSO) represented by Kate Schechter. The Pre-Congress Subcommittee of the Congress Program Committee is chaired by Elias da Rocha Barros from Latin America and includes Abbot Bronstein from NAPsAC.

## CHICAGO ATTRACTIONS

Chicago boasts many museums and restaurants, but don't miss seeing recent developments such as the monumental sculptures in Grant Park and Millennium Park, new buildings by the world's most renowned architects, or the new facilities of the Art Institute designed by Renzo Piano. To see more on Chicago, go to [www.ipa.org.uk/default.aspx?page=609](http://www.ipa.org.uk/default.aspx?page=609).

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# Else Pappenheim (1911–2009)

## A Remembrance

Elisabeth C. Frischauf

The neurologist, psychiatrist, and psychoanalyst Else Pappenheim died January 11, 2009, at her home in Manhattan. She was 97.

Else Pappenheim was born May 22, 1911, in Salzburg, Austria, the daughter of Edith Goldschmidt-Pappenheim and Martin Pappenheim, M.D., a colleague of Sigmund Freud. She grew up in Vienna, attended the innovative Schwarzwald-Realgymnasium and, in 1929 started the study of medicine at the University of Vienna. After receiving her M.D. degree, she worked as an intern at the neuropsychiatric clinic in Vienna.

The aftermath of the 19th century and the first decades of the 20th century in Vienna was a seminal time of intellectual, political, social, and artistic ferment. Pappenheim was culturally connected to it through her training in psychiatry, neurology, and psychoanalysis—and by being a woman physician.

In March 1938, upon watching Hitler's goose-stepping storm troopers marching through the streets of Vienna, she emigrated to the United States via Palestine, where her father had a practice. She began her life in the United States in Baltimore, where she worked under Adolf Meyer, president of the American Psychiatric Association and one of the most influential figures in psychiatry in the first half of the 20th century. She passed the tough Maryland state medical examination and obtained a job as a psychiatrist in a Maryland psychiatric hospital, where she was placed in charge of the women's ward. In an early protest against discrimination against women physicians, she refused, at an official banquet, to be seated in the nurses' section.

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Elisabeth C. Frischauf, M.D., is an adult, child, and adolescent psychiatrist in New York City. She is the daughter of Else Pappenheim.

In 1941 she moved to New York City, and in 1946 she and Stephen Frischauf, an electrical engineer who had emigrated from Austria in 1938, were married after his return from U.S. Army service in World War II. The couple moved to New Haven, Conn., in 1947, where Pappenheim taught at the Yale Medical School, and her husband attended law school at the University of Connecticut to become a patent attorney.

The couple returned to New York City in 1952, where Pappenheim supervised mental health professionals at Hunter College and at the Fashion Institute of Technology of the State University of New York. During this time she increasingly started to question the practicality of Freudian psychoanalysis as too costly and time consuming to resolve mental health problems in all but a few patients. In public forums she began to ask, "How could a school teacher afford classical analysis?" and urged psychiatrists to be practical in helping patients. In 1964 she joined Kings County Hospital and the State University of New York Downstate Medical Center as an attending physician and associate professor of psychiatry and neurology.

Pappenheim described her work at Kings County Hospital as "the "happiest times" in her professional life, as it gave her the opportunity to teach future clinicians, as well as to help a wide variety of patients from many cultures, most of whom were poor.

In addition to a small private practice, Pappenheim also served on the attending staffs of the Hospital for Special Surgery, Roosevelt Hospital, and St. Claire's Hospital, all in Manhattan.

In 2004, a collection of her papers, letters, and biographical material was published in a German language book by Nausner & Nausner (Graz, Vienna).



Else Pappenheim

The book, *Hölderlin, Feuchtersleben, Freud: Beiträge zur Geschichte der Psychoanalyse, der Psychiatrie und Neurologie (Hölderlin, Feuchtersleben, Freud: Contributions to the History of Psychoanalysis, Psychiatry, and Neurology)*, includes extensive commentary by Pappenheim's co-author and editor, Bernhard Handlbauer. He is a Salzburg psychotherapist and historian, who worked closely on the book with Frischauf.

A 2004 book tour by Pappenheim and Handlbauer was widely attended in Vienna and resulted in extensive coverage and interviews in newspapers, magazines, and radio in Europe. Interviewers commented on her varied and wide experiences, and her subtle humor.

In spite of the painful experiences of her forced emigration, Pappenheim retained her love for Vienna, which, in later years, she visited annually, often accompanied by her family. She was well read, both in English and German literature, was a good pianist, and loved classical music, particularly Bach.

In the days following her death, numerous obituaries were published in the European media, including notices in the Austrian and German press. Her friends, patients, students, home help, and everyone she came in contact with appreciated her warmth, caring, and helpfulness. In addition to me, my mother is survived by her husband, her son, Peter, and her grandchildren Emily Haeckel and Henry Bridge.

APSA

## Critical Thinking

Continued from page 23

### FURTHER ISSUES AND QUESTIONS

Many other issues and questions weave through our meetings:

- Integration of the curriculum; having teachers for the different tracks meet to discuss the relations among the courses
- Differences in teaching theory and clinical technique in classes devoted to overviews and to subjects in depth
- The iterative process in training: how the curriculum teaches topics repeatedly at deepening levels of sophistication
- Problematic use of readings in seminars: what the candidates actually read and how to effectively employ readings in a class
- Candidate and teacher evaluations and how to use them effectively for constructive feedback
- Questions of specific institute culture or organizational/systemic problems that impact the teaching process, e.g., insufficient teachers, political crises, ideological struggles, teacher and student motivation

The study group's ongoing goal is to explore and create tools for our teachers that can enrich our educational process. We welcome ideas and suggestions.

If you have an interest in the issues of teaching and learning, please contact Robert Michels, chair of COPE, at [michels@med.cornell.edu](mailto:michels@med.cornell.edu).



## NAPsaC

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### REGISTRATION

To book online go to [www.ipa.org.uk/congress](http://www.ipa.org.uk/congress)

Main location: The Hyatt Regency McCormick Place. To see the congress venue, go to [www.mccormickplace.hyatt.com/hyatt/hotels/index.jsp](http://www.mccormickplace.hyatt.com/hyatt/hotels/index.jsp).

NAPsaC will keep you posted on any late developments and announcements. We hope to see you in Chicago at the wonderful IPA Congress.



## New Members

January 2009

### ACTIVE MEMBERS

Kate Beiler, Psy.D.  
Steven D. Bennett, Ph.D.  
Elena Bezzubova, M.D., Ph.D.  
Sarah Birss, M.D.  
Rachel Blakeman, J.D., L.C.S.W.-R.  
Adam M. Brenner, M.D.  
Stephanie Brody, Psy.D.  
Thomas E. Byrne, M.D.  
Dionyssios Caralis, Ph.D.  
Sandra S. Carlson, L.C.S.W.  
Daria Colombo, M.D.  
Susan Donner, M.D.  
Mari-Lynne Earls, L.M.F.T.  
Daniel E. Fast, M.D.  
Dale A. Firestone, M.S.W.  
Candace Fleischmann, L.C.S.W.  
Simona Grabel, Ph.D.  
Lynne Harkless, Ph.D.  
Deborah Harms, Ph.D.  
Robin Benoff Jacobs, M.S.W.  
Joshua Kellman, M.D.  
Lee Lainer, M.S.W., L.C.S.W.  
P. David Leviadin, M.D.  
Jane B. McCormack, Ph.D.  
Janet M. Mooney, M.S.W.  
Adam S. Narva, Ph.D., J.D.  
Derek J. O'Brien, M.D.  
Nancy Olson, M.D.  
Stanley E. Osmunson, Ed.D.  
Cynthia Blaise Playfair, M.D.  
Gregory V. Roeben, M.D.  
Ruth Rosines, L.C.S.W.  
Erika Schmidt, L.C.S.W.  
Jan Seriff, Psy.D.  
Stephen Hoyt Snyder, Ph.D.  
Adele Tutter, M.D., Ph.D.  
Miriam G. Winikoff, M.Ed.

### AFFILIATE MEMBERS

S. Carolyn Acker, M.D.  
Alexa Albert, M.D.  
Patti M. Amsel, M.S.W. L.C.S.W.-C.  
Helen Anthony, Ph.D., L.P.  
Brenda Bauer, Psy.D.  
Leora Benioff, Ph.D.  
Elizabeth Biggart, Ph.D.  
Patrick D. Blanchfield  
Howard M. Bliwise, M.D.  
Kelly M. Bradham, Ph.D.  
Anna R. Brandon, Ph.D.  
Kirsten Butterfield, Psy.D.  
Rosa Aurora Chavez-Eakle, M.D., Ph.D.  
Kuan-Yu Chen, M.D.  
Maria Cecilia Dahn, M.D.  
Cristina L. Davis, M.A.  
Randolf D. Dipp, D.O.  
Perrin Elisha, Ph.D.  
R. Robert Eskuchen, M.D.  
Samuel Fadare, M.D.  
Roberto Figueroa, M.D.  
Susan A. Fine, Psy.D.  
Mary A. FitzGerald, M.S.W., L.I.C.S.W.  
Annarita Gentile, L.S.W., A.C.S.W.  
Deborah J. Gunton, Ph.D.  
Luke Hadge, Ph.D.  
Julie Hahn, Ph.D.  
Kendle Hassinger, M.S., L.P.C.  
Joanne Hoffman, M.D.  
Sachi Inoue, Ph.D.  
Cora Johnson-Stabile, M.D.  
Rachel R. Kalvert, M.S.W.  
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Suzanne Klein, Ph.D.

David L. Klein, M.D.  
Jung-In Ko, M.D.  
Nikki L. Kraslin, Psy.D.  
Graciana Lapetina, M.D.  
Byeong Yong Lee, M.D.  
In-Soo Lee, M.D.  
Kristin L. Leight, M.D.  
Adam D. Libow, M.D.  
Glenn J. Maarse, Ph.D.  
James M. Mason, M.F.T.  
Melody Moore, Ph.D.  
Pamela Netzel, M.D.  
Rachel J. Norwood, M.D.  
James J. Paskowitz, M.D.  
Alma Catherine Phibbs, M.S.W.  
Catherine Hill Phillips, L.I.C.S.W.  
James H. Powers, M.D.  
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Chester Smith, M.Ed.  
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May Tsui, M.D.  
Jennifer Unterberg, Ph.D.  
Laura A. Westen, Ph.D.  
Donna R. Weston, Ph.D.  
Jeffrey Yost, M.A.

## IPA Congress in Chicago



To coincide with the centenary of Freud's visit on the occasion of his Clark University lectures, the IPA will be holding its biennial Congress in Chicago. With the theme *"Psychoanalytic Practice: Convergences and Divergences,"* the Program Committee wants you to share your clinical experience with some of today's most important psychoanalysts: Anna Ornstein, Antonino Ferro, Arnold Goldberg, Cecilio Paniagua, César Guerrero, Claudio Eizirik, Ilse Gubrich-Simitis, Janine Puget, Jean-Claude Rolland, Juan Pablo Jiménez, Leonardo Peskin, Leopold Nosek, Marilia Aisenstein, Robert Paul, Ron Britton, and Warren Poland.

Recent research shows the efficacy of psychoanalytical therapy for some of the most frequent psychological problems. As reported in JAMA, "the therapy can be effective against some chronic mental problems, including anxiety and borderline personality disorder." This gives us the hope we need to keep working on a field that has been cited as relieving "symptoms of those problems significantly more than did some shorter-term therapies."

With a variety of themes that includes: eating disorders in adolescence, couple and family psychoanalysis, new parental configurations, transracial adoption, migration, clinical practice in social crisis, building up subjectivity, neurosciences, encopresis, "telephone analysis," the focus will be on clinical practice and how various theoretical models, as well as our different cultures, psychoanalytic traditions, societies and realities, give rise to different practices.

Famous for its architecture, its beautiful urban landscape, its museums and concert halls, its parks and beaches, Chicago is also an important center in the history of the psychoanalytic movement. Franz Alexander, Thomas French, Therese Benedek, Maxwell Gitelson, and Heinz Kohut are significant figures in Chicago's psychoanalytic tradition and have impressed an indelible stamp on contemporary psychoanalysis.

***We look forward to welcoming you to the 46th IPA Congress!***



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