

the AMERICAN PSYCHOANALYST

Spring/Summer 2011
Volume 45, No. 2

Quarterly Magazine of The American Psychoanalytic Association

Tucson and the American Psychoanalyst

Leo Rangell

When the former editor of *TAP* invited me to write something about how the American psychoanalyst relates himself to the event in Tucson ("This is a magazine, not a journal," he added, which would make the task easier), my first reaction was to say, "No thanks, we don't, or cannot, look into that: There is no room for anything psychoanalytic in this wanton act." But on second thought, the shootings that day came from the mind of a person, and psychoanalysis is to me the essence of the science of the human mind. Nothing in the latter can be omitted; there is an explanation for the mental landscape in its totality or of any part.

Tucson was in fact one in a series, which there is no reason to believe will not continue. Before that, there were Columbine, Oklahoma, Virginia Tech, and Fort Hood. Behind each, there was a human mind gone rampant, acting under the power of distorted beliefs. Yes, psychoanalysis is quite relevant. But just where does the psychoanalyst fit in? I told the editor that I would try.

Every such exploration in the past has led to an opinion, usually an increased conviction, of the validity and applicability of the psychoanalytic theory discovered more than a century ago. A closer view of this series of events, each instance of which bursts upon the scene seemingly anew, to the shock and dismay of the surrounding environment, cannot fail to be without some benefit.

THE SCOPE OF PSYCHOANALYSIS

To pursue the thought, I would like to have us look first at some historical accounts relative to the subject as I have lived through it during my three-quarters of a century as a psychoanalyst. During the early decades of my psychoanalytic career, I was imbued with the feeling that psychoanalysis stops here, that psychopathy in any of its forms spells the limiting factor in applying analytic insights. Psychoanalysis was for the neurotic, not the psychopath.

Continued on page 15

INSIDE TAP...

- Election Results 4
- One Hundred Years of History 7-12
- Special Section on Tucson 14-21
- Research Grants Awarded 22
- Special Section on Privacy and the Courts 28-30

Leo Rangell

Fellow Members of APSAA,

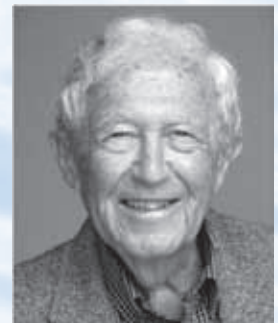
With profound regret I inform you that one of the most forceful voices for psychoanalysis has been silenced. Leo Rangell, the first man to be named honorary president of APSAA, passed away on May 28 at the age of 97. Leo had been a major, and constant, contributor to our scientific literature for eight decades, including the present one.

His oeuvre constituted over 450 publications, many of them seminal. He served as president of both APSAA and of the IPA, each on two occasions. In recent years he had also been a presence on the Huffington Post as well as on NPR. In addition I counted him as my personal friend and mentor. Leo was, in a word, extraordinary.

I extend my sympathies to the Rangell family and to his special friend and companion, Beth Kalish-Weiss.

He will be missed, but not forgotten.

Warren R. Procci, President, APSAA



- 3 Making the Impossible Profession Possible *Warren R. Procci*
- 4 APsaA Elections
- 5 Child and Adolescent Analysis: Crisis and Opportunity
Charles E. Parks
- 7 A Short History of the American Psychoanalytic Association
1911 to 2011 *Sanford Gifford and Nellie Thompson*
- 8 100 Years of Psychoanalysis: The Timeline Project
Elisabeth Young-Bruehl
- 11 Record-breaking Gala for The New York Psychoanalytic
Society and Institute

SPECIAL SECTION

Tucson

- 14 Psychoanalytic Reflections on the Tucson Shooting:
Introduction *Michael Slevin*
- 16 The Events in Tucson *Jack Novick and Kerry Kelly Novick*
- 17 “We are all more human than otherwise.”
Psychoanalytic Treatment of Psychotic Patients:
A View from the Austen Riggs Center *M. Gerard Fromm*
- 22 Science and Psychoanalysis: Making a Difference:
Your Research Contributions at Work *Rosemary Cogan and Linda Mayes*
- 24 Accreditation for Psychoanalytic Education: Current Status
Ronald M. Benson
- 25 COPE: Impasses and Failures in Analysis
Judy L. Kantrowitz and Steven H. Goldberg
- 26 Who Will Teach Psychodynamics in the Future? *By Melissa Grady*
With Lisa Cobourn, Rana Duncan-Daston, Douglas Lane, Sergio Paradiso,
and Daniel Rochman

SPECIAL SECTION

Privacy and the Courts

- 28 Cases from the Frenkel Files: Psychotherapy Notes *John C. West*
- 29 Politics and Public Policy: Ethical Versus Legal Obligations
in the Eist Case: A Shift in the Burden *Graham L. Spruiell*
- 31 Poetry: From the Unconscious *Sheri Butler Hunt*

Correspondence and letters to the editor should be sent to TAP editor,
Janis Chester, at jchestermd@comcast.net.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

President: Warren R. Procci
President-Elect: Robert L. Pyles
Secretary: Beth J. Seelig
Treasurer: William A. Myerson
Executive Director: Dean K. Stein

Honorary President
Leo Rangell

THE AMERICAN PSYCHOANALYST

Magazine of the
American Psychoanalytic Association

Editor
Janis Chester

Editorial Board
Brenda Bauer, Vera J. Camden,
Leslie Cummins, Phillip S. Freeman,
Maxine Fenton Gann, Noreen Honeycutt,
Sheri Butler Hunt, Laura Jensen,
Navah Kaplan, Nadine Levinson,
A. Michele Morgan, Julie Jaffee Nagel,
Marie Rudden, Hinda Simon, Vaia Tsolas,
Dean K. Stein, *ex officio*

Photographer
Mervin Stewart

Manuscript and Production Editors
Michael and Helene Wolff,
Technology Management Communications

The American Psychoanalyst is published quarterly. Subscriptions are provided automatically to members of The American Psychoanalytic Association. For non-members, domestic and Canadian subscription rates are \$36 for individuals and \$80 for institutions. Outside the U.S. and Canada, rates are \$56 for individuals and \$100 for institutions. To subscribe to *The American Psychoanalyst*, visit <http://www.apsa.org/TAPSUB>, or write TAP Subscriptions, The American Psychoanalytic Association, 309 East 49th Street, New York, New York 10017; call 212-752-0450 x18 or e-mail info@apsa.org.

Copyright © 2011 The American Psychoanalytic Association. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means without the written permission of The American Psychoanalytic Association, 309 East 49th Street, New York, New York 10017.

ISSN 1052-7958

The American Psychoanalytic Association does not hold itself responsible for statements made in *The American Psychoanalyst* by contributors or advertisers. Unless otherwise stated, material in *The American Psychoanalyst* does not reflect the endorsement, official attitude, or position of The American Psychoanalytic Association or *The American Psychoanalyst*.

Making the Impossible Profession Possible

Warren R. Procci



Warren R. Procci

As I sat down to write this article for *TAP*, the Sunday, March 6, *New York Times* article about talk therapy and its unpredictable future was on my mind.

The article highlights Donald Levin, a Philadelphia psychiatrist, who was trained in the era of broad-based psychiatry, as were many of us. Psychotherapy was always an integral part of professional life for these psychiatrists. Levin describes how he has changed his practice in order to be able to continue to receive reimbursement.

policies and their reimbursement patterns toward seriously shortchanging psychotherapeutic treatment. I agree with these critics for this presents yet another challenge for us.

SAFEGUARDING OUR PROFESSION

We as an organization and as a profession need to do our best to insure that a psychoanalytic career can provide one with an appropriate professional lifestyle, and I do not mean the kind of lifestyle that investment bankers may have, or perhaps even the kind of lifestyle that Levin thought he might have when he went to medical school probably 45 or so years ago. But, it is imperative that individuals coming into our field be



Photo: The New York Times

Dr. Donald Levin, like many psychiatrists, does not provide talk therapy because of insurance limits.

For those of us who wish to continue to champion the value of psychoanalytic training and psychoanalytic treatment, there are a number of responses that we can consider:

A TRIPARTITE APPROACH

We must continue to try to reverse the insurance trends. We can certainly do what we can and APsA has played its role in advocacy much more effectively than one would predict based upon our size and budget. The problem is that no matter how assertive our efforts and how vigorously we wage our arguments, we do not have much control over this sector of the economy so success may not be certain. This area is no doubt going to be especially unpredictable in the years ahead with health care reform looming and with the huge debt burden that our society is going to have to confront at some point. It is unlikely in this environment that health care is going to gain substantial new benefits in any area.

Another way we can think about this, and this is much more under our control, is to do everything we can to demonstrate the value of talk therapy and the availability of individuals to provide it, and to provide it at a reasonable fee, not at the \$600 an hour referred to in the *New York Times* article charged by "a select group of psychiatrists." And not just for investment bankers as the article also suggests. The practice survey that APsA will be conducting in the near future will, I strongly suspect, show that most of our members already engage in the practice of psychotherapy and psychoanalysis for fees that are often more modest.

Continued on page 4

...our level of devotion to psychoanalysis and psychotherapy exceeds that of many general mental health practitioners who are willing to change their pattern of practice to follow the trail of reimbursement.

He has stopped seeing patients for 45 to 50-minute psychotherapy sessions and instead performs 15-minute medication checks. He is no longer responsive to patient requests for psychotherapeutic assistance and instead refers them to other mental health professionals. The article stirred much interest on our listserv and a number of our members were critical of Levin; I am not. He is merely doing what he considers necessary to protect a certain style of living in the current environment. This represents a challenge for us. Many of the respondents were critical of insurance companies for changing their

assured of a lifestyle comparable to those of at least some of their peer professionals, such as architects, accountants, academics, and professional managers. It is highly unlikely that one would be inclined to put in the effort to become a psychoanalyst, with all the attendant years of training, and the academic and personal demands of our "impossible profession," unless it opens a door to a lifestyle comparable to individuals who have made similar levels of effort for their own professions. A characteristic of some of us in the American Psychoanalytic Association is that our level of devotion to psychoanalysis and psychotherapy exceeds that of many general mental health practitioners who are willing to change their pattern of practice to follow the trail of reimbursement.

Warren R. Procci, M.D., is president of the American Psychoanalytic Association.

Making the Impossible Profession Possible

Continued from page 3

Indeed, I suspect many members use sliding scales for patients who may well strongly benefit from psychoanalytic psychotherapy, especially psychoanalysis, but who cannot afford even today's restricted full fees.

There are three initiatives currently on our table, all of which I support, which will be helpful to us. One is our practice survey, which will tell us something about the practice patterns of our members and how many are interested in providing psychoanalytic psychotherapy and psychoanalysis and for what level of reimbursement. Second is the development of a strategic plan for APsA, which will help us identify organizational priorities. I suspect that the enhancement of psychoanalytic ideas, training, and the practice opportunities for our members will be major items in the development of our strategic plan. Third is the psychoanalytic outcome research

being organized by Steven Roose.

It is essential that we do all that we can do to assure the continued vitality of talk therapy. Levin has a son in medical school. If we are successful maybe he will decide to join us.





Psychoanalytic & Psychodynamic Teachers' Academy

Applications now being accepted through
August 1, 2011.

For clinical teachers in:

- Psychiatry Residency Programs
 - Psychology Graduate Programs
 - Social Work Graduate Programs
- A professional development program for teachers of psychoanalysis and/or psychodynamic therapy.
 - Opportunity for reimbursed attendance and participation in a specially designed program at APsA's 2012 National Meeting in January.

For more information, visit:
www.apsa.org/TeachersAcademy





elections

Election Results



Treasurer-elect
William Myerson

TREASURER

First Round:

William Myerson—344

Arthur Farley—334

Peter Kotcher—131

Second Round:

William Myerson—405—ELECTED

Arthur Farley—397

RESULTS OF THE PROPOSED REVISED BYLAWS

The membership was asked to vote on a complete revision of the Association's bylaws to make them more current, accessible, and easier to use.

Proposed revised bylaws **WERE APPROVED.**

The balloting is outlined in the following:

Of the 805 proxies received, 800 ballots were valid to count.

FOR (APPROVE)—759

AGAINST (DISAPPROVE)—40

ABSTAIN—1

Child and Adolescent Analysis: Crisis and Opportunity

Charles E. Parks

Over the past 10 years, the Committee on Child and Adolescent Analysis (COCAA) has conducted a series of three surveys designed to assess the state of training in child and adolescent psychoanalysis at particular points in time (2002, 2005, 2010). The results of these surveys point to the serious challenges as well as the opportunities for growth within the field of child analysis today. Over the five-year period from 2005 to 2010, both the number of child and adolescent candidates

and number of child and analytic cases conducted by these candidates declined significantly. Overall, there are 20 percent fewer child and adolescent training cases and 21 percent fewer candidates in child and adolescent training than in 2005. However, from 2002 until 2005, these percentages increased. As a result, when the survey data from 2002 are compared with the 2010 data, there is a more modest, but still significant, decline. The number of child

and adolescent candidates has declined by 8 percent and the number of cases these candidates have in analysis is 12 percent less than in 2002. Currently there are 166 candidates with a total of 110 cases in child and adolescent training programs in the Association.

HIGHLY VALUED TRAINING

However, candidates clearly continue to want and value child training. A number of metropolitan areas including Boston, Chicago,

Michigan-Ann Arbor, New York, and Seattle each have 10 or more active child and adolescent candidates. Many graduate child analysts, including those who do not have large child analytic practices, believe that their child training has been invaluable for all aspects of their work. Child and adolescent training programs have provided their graduates with enhanced understanding of child development and the attendant emotional conflicts of childhood. These graduates can more



effectively respond to the needs of all of their patients and have important tools to use in advocating for the welfare of children and in countering trends toward behavior therapy and medication for children.

A variety of factors, ranging from those that emphasize challenges from the external environment (e.g., general economic conditions, difficulty securing third-party reimbursement) to those that stress factors internal to the analyst (countertransference and the absence of conviction about the efficacy of child analysis) are often cited as contributing to the challenges currently facing the field. Keeping both sets of issues in mind is necessary in attempting to further understand the nature of the obstacles to child and adolescent psychoanalysis. Potentially relevant to this understanding is a preliminary study by Leon Hoffman and his colleagues

of patterns of child analytic practice in New York City, which was published in the *Journal of the American Psychoanalytic Association (JAPA)* in 2009. In brief, Hoffman et al. found that although there were relatively few child and adolescent cases in New York City, most of these analyses were conducted by a small group of child analysts. Twenty-four percent (15/63) of child analysts were conducting a substantial portion—73 percent (41/56)—of the reported analyses. Hypothesizing that there has always been a small, active cadre of child analysts treating a majority of child analytic cases and that this group has enabled the field to endure, the authors conclude that “a systematic study contrasting the “high immersion” practitioners of C/A analysis with those

who do not conduct C/A analysis might provide the field valuable information.”

THE SOUTHEASTERN CONSORTIUM— A CREATIVE SOLUTION

To the extent that Hoffman et al.'s findings are generalizable, smaller or more geographically isolated child training programs may be particularly burdened by too few people doing too much of the work to “carry the torch.” One particularly cre-

ative response to this set of problems has been the development of the Southeastern Consortium for Child Analysis, an alliance developed to provide long-distance child and adolescent training. The Cincinnati Psychoanalytic Institute and the New Orleans-Birmingham Psychoanalytic Center are the formal sponsors of the consortium with potential child candidates applying to and enrolling in the child training program of one of these two institutes. In addition, candidates from other training programs have elected to participate in the weekly seminars when it has seemed advantageous to their training. A group of six candidates, along with one auditor, completed the first year of classes in June 2010. The success of this program has stimulated interest in developing a similar consortium on the West Coast.

Continued on page 6

Charles E. Parks, Ph.D., is chair of COCAA, secretary of the Association for Child Psychoanalysis, an adult training analyst and child and adolescent supervisor at the Baltimore Washington Institute, and holds faculty appointments at Georgetown and George Washington medical centers.

Crisis and Opportunity

Continued from page 5


The development of child-focused analytic training programs in a number of institutes allows candidates to pursue and graduate from child analytic training prior to or in lieu of training and graduation in adult analysis. Based on a carefully conducted four-year pilot study of child-focused training (11 candidates in 4 institutes), BOPS voted in June 2006 to change its training standards so that candidates could be admitted for child analytic training only. These candidates would be eligible for membership and certification in the American Psychoanalytic Association upon graduation. Since then, seven child-focused programs have been developed and approved by COCAA. Currently, there are four candidates in child-focused training. One candidate has graduated from a child-focused program. Importantly, several other candidates have chosen to pursue adult analytic in addition to child analytic training.

psychotherapy cases from the Anna Freud Centre, found evidence that psychoanalytic approaches to treatment were particularly effective for younger children and for those with more severe emotional and social psychopathology. Importantly, the clinical condition of over 60 percent of the patients with more complex psychopathology deteriorated if they were not treated with intensive psychoanalytic treatment (i.e., three times per week or more). In this review, 80 percent of more neurotic patients benefited significantly from psychodynamic treatments. While more research in both process and outcome in child analysis is essential, the existing significant body of research that indicates the usefulness of intensive treatment for children is not widely known, even to many child and adolescent analysts. Particularly given the increasing emphasis on "evidence-based treatments," reviews of this research need to be more effectively disseminated to local institutes and beyond.



SAMPLE CURRICULUM FOR ADULT AND CHILD PSYCHOANALYSTS

In recent years, COCAA has become increasingly attentive to the need for didactic training in aspects of ethical and professional conduct which arise specifically in work with children and adolescents. Two of the most recent COCAA-sponsored workshops on boundary violations and ethics in work with children and adolescents have been well attended and enthusiastically received. Current plans include developing a sample curriculum in this area with the recommendation that such training be included in the curriculum in the adult as well as child and adolescent programs of each institute. Drawing on clinical material studied in these two workshops, as well as the work of the COPE Study Group on Supervision in Child and Adolescent Analysis, Paula Atkeson and Anita Schmukler have authored a monograph on ethical practice in child and adolescent analysis, providing a much needed contribution to the literature on this important topic.

The future of child psychoanalysis depends on whether Hoffman's small cadre of highly immersed child analysts and teachers can endure. Much of the work outlined above suggests that this small group can be transformed into a larger, more vibrant child and adolescent analytic community. Child analysis has historically played a vitalizing role in the American Psychoanalytic Association. However, an enhanced focus by the entire Association, child and adult colleagues alike, is necessary if we are to take advantage of this time of challenge and opportunity. 

...the existing significant body of research that indicates the usefulness of intensive treatment for children is not widely known, even to many child and adolescent analysts.

SUCCESSFUL AND SUPERIOR TREATMENT

Recent systematic reviews of the evidence base for psychoanalytic child and adolescent treatments cite a growing research literature on the efficacy of such treatments. Key findings from the literature include (1) beneficial effects of psychoanalytic therapy on a broad range of outcome measures for children with a wide range of psychological disorders, (2) the need for intensive (as opposed to less intensive) approaches to prevent clinical deterioration in some cases, and (3) sustained, or even enhanced, improvement at long-term follow-up, including follow-up in adulthood. In an article published in JAPA in 1996, Peter Fonagy and Mary Target, on the basis of their reviews of the clinical records of 763 psychoanalytic and psychoanalytically-oriented

The annual COCAA-sponsored workshop in January 2011, titled "When Child Analysis Is Indispensable," involved further exploration of the potential advantages of intensive psychoanalytic treatment through the detailed comparison of therapeutic process and outcome in a four times per week, as opposed to a twice weekly, treatment of two different neurotic patients. This comparison highlighted the centrality of enhanced opportunities for and therapeutic usefulness of work with transferences as they arose in the relationship with the analyst in the four times per week treatment. COCAA is also exploring the possibility of developing a national registry of child analytic cases. Such a registry would begin to provide more information about the nature of current child and adolescent cases and treatment outcomes, including long-term follow-up.

Editor's Note: In this issue, this article replaces the regular BOPS column by Colleen Carney and Lee Ascherman.

A Short History of the American Psychoanalytic Association 1911 to 2011

Sanford Gifford and Nellie Thompson

The American Psychoanalytic Association was founded on May 9, 1911, at the Bellevue-Stratford Hotel in Baltimore. James Jackson Putnam of Boston reluctantly accepted the presidency, and Ernest Jones, who had arranged the meeting at Freud's request, became secretary. A. A. Brill, who had previously founded the New York Psychoanalytic

enthusiasm for Freud's theories and later that spring at a meeting of the American Psychotherapeutic Society, each gave vigorous presentations in praise of psychoanalysis. Putnam spoke about childhood sexuality and Jones proclaimed that free association was "in almost every respect the reverse of treatment by suggestion."



Sanford Gifford



Nellie Thompson

analysis. Jones continued his North American exile as a roving missionary for analysis, in touch with both Putnam and Freud until his return to England in 1912.

For many years the annual meeting of the American Psychoanalytic Association coincided with the spring meetings of the American Therapeutic Society, to which many early analysts also belonged. In 1924 this link with the meetings of the advocates of the pre-analytic psychotherapies of suggestion came to an end, and subsequent APsA meetings coincided with meetings of the American Psychiatric Association. A. A. Brill added a second annual meeting of the Association to take place in New York, originally between Christmas and New Year's. As neither our Association nor the International Psychoanalytical Association limited its membership to physicians, the psychologist G. Stanley Hall was president of APsA from 1917-18.

MEDICALIZATION VS. LAY ANALYST DEBATE

During the First World War, William Alanson White proposed that the Association merge with the American Psychiatric Association, but this was rejected by Brill and Clarence Oberndorff, an early NYPS member, who had written "psychoanalysis was cradled in Boston but raised and grew up in New York." When Brill became APsA president in 1919, APsA, like the New York Society, became opposed to lay analysis. In 1925, Carolyn Newton, who had been analyzed in Vienna by Otto Rank, was deprived of her "guest privileges" at the New York Psychoanalytic Society. Freud responded to American opposition with his eloquent defense of lay analysis in 1926.

... "psychoanalysis was cradled in Boston but raised and grew up in New York."

—Clarence Oberndorff

Society (NYPS) on February 12, 1911, was not present because he preferred to maintain an independent relationship with Freud and the International Psychoanalytical Association (IPA). The monthly meetings of the New York Psychoanalytic Society met in Brill's apartment on Central Park West, in other analysts' apartments, and at the Boulevard Café. Members vied with each other in giving papers and denouncing "quacks" who practiced analysis without being physicians.

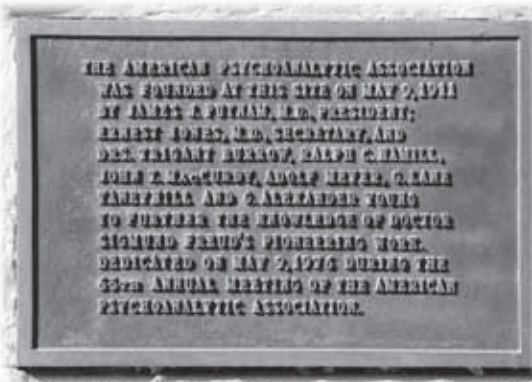
Two years earlier, in a letter to Freud, Ernest Jones described his first meeting with Putnam in Boston, at the house of Morton Prince, a leader of the psychotherapy movement. Jones and Putnam shared an

1909 HISTORY IS MADE AT CLARK UNIVERSITY

As we all know, at the invitation of G. Stanley Hall, Freud traveled to Clark University in Worcester, Massachusetts, in September 1909, and delivered the Clark Lectures. The proceedings have been described many times, in greatest detail by Saul Rosenzweig ("The Historic Expedition to America," 1992). Putnam invited Freud to stay at his Adirondack camp and established an intimate correspondence with him that lasted until Putnam's death in 1918. In 1914 Putnam founded the Boston Psychoanalytic Society and wrote some 20 papers advocating

Sanford Gifford, M.D., is director of Archives at the Boston Psychoanalytic Society/Institute. For many years he has served as co-chairman of the History, Archives, and Library Committee of APsA.

Nellie Thompson, Ph.D., an historian and member of the New York Psychoanalytic Society and Institute, is curator of the Brill Library's Archives and Special Collections. Her research interests include the role of women psychoanalysts in the psychoanalytic movement.



APsA plaque at the Stratford Hotel

Continued on page 10

100 Years of Psychoanalysis: The Timeline Project

Elisabeth Young-Bruehl



Elisabeth Young-Bruehl

Christine Dunbar and I went to the Anna Freud Centre and the Freud Museum in September 2008 to celebrate the publication of a 20th anniversary edition of my Anna Freud biography. During our London visit, we also went to the Tate Modern, where we were fascinated by a timeline of 20th century art installed as a 50-foot long mural in the entrance hallway. Later that day, examining a miniature of Sara Fanelli's timeline which we had bought in the museum store, Christine Dunbar announced very emphatically: "Psychoanalysis needs one of these."

This seed of inspiration fell on the ground of a conviction we share as former candidates and current teachers: The great weakness of most psychoanalytic institute curriculums is that the articles and books assigned are organized only by topic (or

course title) and sometimes by author: There is no attention to historical context or to how the story of psychoanalysis's history is, tacitly, being told. If there is an acknowledgment of the field's history, that usually means only a required course on Freud. A candidate may eventually begin to get a sense of intellectual and clinical lineage over time. But, until that point, "the field" is just something overwhelming, like a jigsaw puzzle without its picture. A timeline, we thought, could be that missing picture.

Elisabeth Young-Bruehl and Christine Dunbar are members of the Toronto Psychoanalytic Society and co-founders of Caversham Productions in Toronto.



Sara Fanelli's timeline of 20th century art featured at the Tate Modern in London.

But how could a timeline render such an exceedingly complex and embattled history? Could we do it without being simplistic, without producing just a "one damn thing after another" picture? Sara Fanelli had represented 20th century art without any context—art for art's sake, as it were—and we knew that would be completely impossible for our field, which has had such a two-way interaction with world history.

DARWIN GIVES WAY TO PLUTARCH

We felt that a timeline of psychoanalysis should be Darwinian, showing descent from an original ancestor, Freud; and showing graphically the evolution, by the mechanism of splitting, of different groups and concerns. But it should not accept the assumption of so many Freudians that the early schismatic history of psychoanalysis produced groups—Adlerians, Rankians, Jungians—that simply had no place in the later history or stopped evolving or became extinct. However, we did not want to imply that the sub-speciation of psychoanalysis was a "survival of the fittest" phenomenon; so we did not use the Darwinian tree trunk with branches metaphor.

Further, we did not want to fall into any metaphor of Progress beyond Freud (or Devolution from Freud) or fall into accepting any kind of a successor to Freud or true inheritor of Freudian ideas. So we organized

Continued on page 9



Tate Artist Timeline, a handwritten timeline by Sara Fanelli that covers the 20th century and lists all the major artists and movements.

our story on what might be called Plutarchian principles, showing "parallel lives" or lifeforms of psychoanalysis. The basic parallel relationship shown is among groups that concentrated theoretically on intrapsychic life; groups more focused on social/environmental influences upon people; and groups that tried to explore interactions of inter-psychic and intrapsychic life. The nature/nurture controversy (and our own sense of the falseness of that dichotomy) subtends our big picture.


WWI AND WWII:
THE IMPORTANCE OF TRAUMA

Our first draft was made by Scotch-taping together 10 heavy watercolor pages ("the decade panels") and making entries in pencil along banner-like bands of color. This was not a success, but we learned a great deal from the failure, particularly about how important it would be to show clearly the two periods

in which psychoanalysis went into semi-moratorium in continental Europe, during WWI and during WWII. These traumas had defining impact upon how different analysts and schools of analysis related to the role of environmental influences in human development. We wanted our graphic to suggest the importance of trauma.

With a new set of relations among color bands, which had become like Anna Freudian "developmental lines," we started again. This time we were satisfied, and could then work by accretion and adjustment, adding more and more entries from our "cannot imagine the timeline without X" files. Then, in a crucial meeting with our designer, Isabelle Rousset, we were prompted by her remark that we could, you know, use the verso of this thing. We did not have to follow the Sara Fanelli precedent of making a beautiful fold-up scroll, perfect to be mounted on a wall. "You are thinking too

much like book people. This is not a book, it is an object in space, you can walk around it, like in a museum."

So, on the verso we offered a narrative introduction which sets out our organizational principles and accounts, frankly, for our bias (which is toward contributors in the Anglophone world after WWII). After the introduction, there are 19 brief narrative histories of particular topics that we think are key to understanding how psychoanalysis has evolved. These, we thought, would be particularly helpful for students coming at this history without much preparation and thus unable to interpret at much depth the timeline itself. The narratives also extended our ability to argue for historiographical consciousness; they could prompt readers to reflect, as we ourselves had tried to do, on how this story was being told. You can visit the final result on the Web at cavershamproductions.com. 



A Short History

Continued from page 7

In 1929, at the Oxford Congress of the International Psychoanalytical Association, there was a threat that our Association might withdraw from the IPA, but Ernest Jones arranged a compromise. Brill allowed some non-M.D.s (i.e., non-psychiatrists) to become affiliate members, provided they agreed not to practice analysis. The conflict was not resolved, however, and during the 1930s many Americans analyzed abroad were denied membership in the New York Psychoanalytic Society and APsA, while eminent non-psychiatrists like Erik Erikson were admitted by means of a grandfather clause.

THE INFLUENCE OF WW II

In 1932, the Association was reorganized as a federation, instead of an association of individual members, with its constituent members the New York, Boston, Washington-Baltimore, and Chicago societies. In 1938, at the International Psychoanalytical Association meeting in Paris, some Americans proposed that European analysts emigrating to the U.S. should not be recognized as training

Meanwhile, in contrast to the Paris proposal, New York and all the local analytic societies in America warmly welcomed the huge influx of refugee analysts. An Emergency Committee on Relief and Immigration was established in March 1938, chaired by Lawrence Kubie, then secretary of APsA. Soon Bettina Warburg was appointed his co-chair and Bertram Lewin served as treasurer. The committee's mandate was to help refugees with travel expenses, visas, and finding jobs. In fulfilling this task, they often urged émigrés to settle in communities with less well-established analytic societies that might be in need of training analysts. But the Bulletin of Information the committee distributed to émigrés also emphasized that émigré analysts, no matter what their status in Europe as training analysts, were expected to present their credentials to training institutes recognized by the Association in order to be recognized as training analysts here. In fact, many émigrés quickly became training analysts, resulting in the rapid Europeanization of American analysis. In Boston, for example, the recently arrived Europeans soon outnumbered their American counterparts.



Group photo 1909 in front of Clark University.
Front row: Sigmund Freud, G. Stanley Hall, Carl Jung;
back row: Abraham A. Brill, Ernest Jones, Sándor Ferenczi.

In the 1930s, another divisive issue had emerged, still related to the lay analysis dispute. This was a proposal that psychoanalysis be made a "specialty board" within the American Psychiatric Association. Defining analysis as a subspecialty of psychiatry was a drastic move toward the further medicalization of analysis, which came to be called "certification," in a different sense from the later certification of members. Ives Hendrick and Bertram Lewin were its chief advocates, while it was strongly opposed by most European analysts. The certification proposal was defeated in the mid-1950s, and by 1976, after decades of controversy, there was a gradual reduction in American resistance to lay analysis. George Pollock's proposal for an academic doctoral (Ph.D.) program in psychoanalysis was a step in that direction. Though it was defeated, the vote in the Association's membership showed substantial support. It was followed by Robert Wallerstein's program for a doctorate in mental health, which proved more successful, and many of his candidates became analysts.

Nevertheless, in spite of repeated proposals to modify the physician (psychiatrist) requirement, a powerful faction within APsA had repeatedly blocked any changes by referring each proposal to be reconsidered by one more committee. Affiliate and associate members were admitted in 1976, and finally at the May meeting, Herbert Gaskell's proposal was approved by 67 percent of the membership. But even in this opening to non-psychiatrists, the language of the

Continued on page 12

...many émigrés quickly became training analysts, resulting in the rapid Europeanization of American analysis. In Boston, for example, the recently arrived Europeans soon outnumbered their American counterparts.

analysts without being approved by the Association. This was a highly insensitive proposal, at a time when European analysts were fleeing from the Nazis in Germany and Austria. This restriction on the membership of foreign analysts formed part of a proposal to abolish the 1925 International Training Commission. Once again, Ernest Jones proposed a compromise, to postpone consideration until the next IPA Congress, but the Second World War supervened and there was no IPA Congress until 1946. By this time, according to Robert Wallerstein, the postponement had been forgotten.

RELAXATION OF INDIVIDUAL AND SOCIETAL REQUIREMENTS

In 1946, another reorganization in our bylaws reestablished APsA as an association of individual members. The M.D. (psychiatrist) requirement for membership was reaffirmed, but "affiliate status" was allowed for psychologists and other non-psychiatrists who signed waivers that their use of analysis was limited to research. Another restriction, that each city should have only one institute, was rescinded, opening a new era of multiple institutes within the same city, allowing institutes to split.

*Record-breaking Gala
for
The New York Psychoanalytic Society and Institute*



Photos: Leo Sorel

ON FEBRUARY 26, The New York Psychoanalytic Society and Institute's Centennial Gala hosted 370 guests and raised over \$360,000 to celebrate 100 years of service as the nation's oldest psychoanalytic organization in the Americas and its influence on the cultural and intellectual life of New York City. Funds raised from the gala will support the ongoing mission of The New York Psychoanalytic Society and Institute (NYPSI), which is to provide the highest level of psychoanalytic training to mental health professionals, promote excellence in psychoanalytic research, and offer a range of educational, advisory, and affordable therapeutic service programs to the New York community.

The Centennial Gala, held in the Metropolitan Club, also served as the official kick-off for the NYPSI Second Century Campaign which will focus on raising \$1,000,000 for expanding its child and adolescent therapy programs, in-school clinical services, community outreach, and facilities upgrades.

In honor of the Society's centenary, the Office of the Mayor, City of New York, issued a proclamation for "The 100th Anniversary celebration of the New York Psychoanalytic Society and Institute" in recognition of the organization's founding on February 12, 1911, and as a testament to the courageous and important work psychoanalysts do on a daily basis and to the vital services offered to all New Yorkers.

The Centennial Gala was the best attended and most profitable gala in recent memory thanks to the tireless efforts of the gala co-chairs Themis Dimon, Maxine Gann, and Carla Solomon.



Board of Directors
The New York Psychoanalytic Society and Institute

A Short History

Continued from page 10

proposal still professed to preserve the “essentially medical nature of our organization.” Further relaxation of restrictions on non-physicians was hastened by a suit four psychologists brought against the Association, the New York and Columbia Institutes, and the IPA, based on anti-discrimination statutes that the plaintiffs were denied membership “in restraint of trade.” In 1990, the parties settled, allowing non-medical applicants to apply for full psychoanalytic training. Another progressive change took place in 1991, when homosexuality was no longer considered pathological and gay men and women were accepted for analytic training.

THE ROLE OF CERTIFICATION

In 1932, Robert P. Knight, then secretary of APsaA, had declared that membership in our Association was a sufficient credential to be a psychoanalyst, and graduation from an approved institute guaranteed membership in APsaA. But after the 1946 reorganization, membership was linked to a certification process: To become a member, one had to be certified through an application to the Board on Professional Standards (BOPS).

The application process required submitting credentials and case reports, but by 1951 a substantial number of graduates had refused to comply with this requirement. In 1972, the Membership Committee was renamed the Certification Committee, and the Executive Council with its elected members

questioned whether the Board on Professional Standards, with its narrower membership by appointment, had the right to restrict membership. After some controversy, the authority of BOPS was confirmed. Noncertified analysts were offered limited membership for three years, renewable for another three years with proof that the member was seeking certification. Over time, and following “delinkage” between limited membership in the Association and certification in 1992, one-third of the membership (not including candidate members) lacked certification and could not vote on bylaws or hold office. In 2001, voting restrictions were removed. By 2002, candidates were given full voting membership.

In recent years there has been concern about our membership numbers and finances. At one time, any analyst over the age of 70 was considered to be retired and was granted (free) life membership. Life membership was later discontinued, and various inducements were offered “Senior

In 2001, voting restrictions were removed.
By 2002, candidates were given full voting membership.

Members” to continue paying at reduced rates. New members have increased from two sources. The first source is non-psychiatric members. The Association now includes members who are psychologists, social workers, non-psychiatric physicians, and academic researchers, in addition to psychiatrists. The second source is graduates of American institutes recognized by the International Psychoanalytical Association but not belonging to APsaA.

In addition to our controversies about the certification of members and the authority of BOPS, there has been debate on training analyst status. Various remedies have been proposed, including returning TA status to the analyst’s local society, where her or his work is best known. The Standards for Education and Training in Psychoanalysis recently underwent a comprehensive revision. This resulted in a more flexible system which allows for a potential candidate to continue a personal analysis, and have it serve as a training analysis, independent of the analyst’s TA status. This is contingent on the analyst meeting criteria for suitability and eligibility.

In conclusion, it can be said that while many of these recurrent organizational issues are yet to be resolved, they have been addressed in some manner for the last 100 years. In recent years, some of these challenges have been met, and even resolved, in a spirit of cooperation and creativity. **APSA**



You can follow the evolution of psychoanalysis on APsaA's Centennial Timeline at www.apsa.org/centennial.aspx.



Editor-in-Chief *Journal of the American Psychoanalytic Association (JAPA)*

The American Psychoanalytic Association invites applications for the position of Editor-in-Chief of the *Journal of the American Psychoanalytic Association (JAPA)* for an initial 5-year term with a possible renewal for a second 5-year term. In December 2013, Dr. Steven Levy will end his term as Editor-in-Chief of the Journal. The new Editor-in-Chief will officially assume responsibility for the Journal in January 2014, but must be prepared to start working with the incumbent Editor in January 2013 to assure an orderly transition of leadership. The Search Committee will select a new Editor in June 2012.

JAPA is one of the world's most respected publications in psychoanalysis, offering insightful and broad-based original articles, ground-breaking research, thoughtful plenary addresses, in-depth panel reports, and perceptive commentaries. Included in each issue is the esteemed *JAPA* Review of Books, which provides comprehensive reviews and essays on recent notable literature. For over 50 years, *JAPA* has been the leading source of information on topics including clinical issues and new methodologies, education and professional development issues, interdisciplinary studies, and emerging theories and techniques.

Candidates should be recognized as leaders in psychoanalysis with openness to a range of theoretical and clinical interests and viewpoints. Candidates should possess an understanding of and interest in psychoanalytic writing; strong leadership qualities; intellectual vision; interpersonal skills; and experience relevant to editing a leading scholarly journal. Candidates must have the ability to tactfully assist contributors in the development of their submissions to the requisite level of excellence in order to meet the Journal's high standards.

Interested individuals should submit a letter describing the nature of their interest in the position, and a current CV detailing editorial experience. Send completed application materials to Dean Stein at the National Office (deankstein@apsa.org) no later than **October 31, 2011**.

NATIONAL OFFICE: 309 East 49th Street, New York, New York 10017 • Phone: 212.752.0450 • Fax: 212.593.0571
www.apsa.org

Psychoanalytic Reflections on the Tucson Shooting

Introduction

Michael Slevin

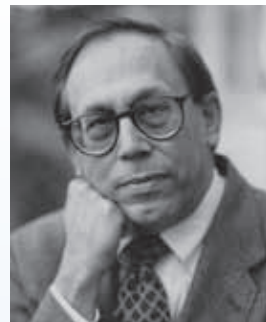


Our cover article is by Leo Rangell; he wrote it last winter. I learned with deep regret on May 28 that he had died at the age of 97. Until his death, although his body had begun to fail him, his mind was sharp. He contributed an article with grand sweep and analytic precision—a rare combination. He brings up to the present time his work from

the 1970s on what he named the “compromise of integrity,” wrapping into it his then-ongoing analytic work with patients. His many contributions, to the literature, to the institutions of psychoanalysis, and, I note, his patients, led to his being honored at the recent APsA conference in San Francisco, held two weeks after his death, as the first honorary president of the American Psychoanalytic Association. It is an honor he intended to receive in person and richly deserved. On a personal note, he was non-flagging in his devotion to his colleagues and the following generations. A decade ago, when I edited the *Affiliate Council Newsletter*, a modest publication, he contributed a front page article. This year, he again responded with alacrity, lucidity, and relevance to an invitation to write for *The American Psychoanalyst*. With characteristic exuberance, he expressed to me his pleasure in making this synthesis and contribution. I only regret it is being published posthumously.

* * *

Michael Slevin, M.A., M.S.W., a former TAP editor, graduated as academic associate from the Baltimore Washington Institute for Psychoanalysis, where he completed as a clinician the Adult Psychotherapy Training Program. He works at Sheppard Pratt and has a private practice.



Michael Slevin

In January, Congresswoman Gabrielle Giffords was shot in the head outside a grocery store in Tucson, Arizona, where she was meeting with her constituents. The man who shot her was tackled by bystanders and arrested. His Web site showed him to be severely mentally disturbed. Psychoanalysts have worked hard, beginning with Sigmund Freud, to understand mental illness. But Freud understood psychoanalysis



to be a general psychology. Further, beginning with Freud, psychoanalytic theory and praxis has engaged with society, both to understand it and to act in it. From the consulting room to the society at large, psy-

choanalysis has been an art and theory of social engagement. There was much talk at the time of the shooting of Rep. Giffords about inflamed civic discourse and its impact on the gunman. This, I thought, is an important national discussion to which psychoanalysis could contribute. On further reflection, I thought, this event was an octopus with many tentacles. So I asked four distinguished analysts to weigh in. Leo Rangell, Gerald Fromm, and Kerry and Jack Novick responded with rich articles which show how productively psychoanalysis, working outward from the consulting room, continues to engage with the cultural moment. As a secondary benefit, it is especially appropriate that they are a window into the vigorous history of psychoanalysis in this, the 100th anniversary year of the American Psychoanalytic Association.



APsA

American Psychoanalyst

Continued from page 1

When it came to behavior acted out against society, where it was the values, mores, and ethics of the group that were impinged upon, analysis was to lay down its arms.

At the time of the first active definitions of analysis and discussions of its range and scope, roughly around 1954, besides internal refinement, its border in relation to the outside world was being drawn. While Leo Stone was writing his well-known "Widening Scope" paper, extending the reach of the analytic instrument to include psychosomatic states and a good deal of borderline phenomena, Anna Freud, in the same round of discussions, was writing about "the narrow scope" as well. The goal and motivation of her approach was to be ever vigilant to the danger of overextension of the applicability of analysis, leading ultimately to subsequent disappointment and disillusion. If the criteria were strict enough to begin with and analysts did not stray too far, such negative effects could possibly be forestalled.

The one exception during this historical period that kept a window open to antisocial behavior was the respected work of August Aichhorn, who early established the field of adolescent delinquency as within the purview of psychoanalysis. Interestingly, Anna Freud is said to have been particularly close to Aichhorn, in a personal way. Since the target area was seen as within the spectrum of early development, this interest may have been borrowed from an empathic attitude toward child



August Aichhorn



Anna Freud and August Aichhorn

analysis. For whatever reason, only an adolescent turning to an antisocial sphere continued to draw the interests and formulations of the psychoanalyst.

This remained that way for me until a series of events and experiences led me to enter this behavioral area with the full force of psychoanalytic theory and application. While the mainstream had always remained aloof and even overtly opposed to shifting its interest to the mental behavior of the psychopath or even criminal, my own life positions had kept me struggling against such automatic distancing and separation. Although I had gravitated toward being at the center of the classical segment of analysts, I have described elsewhere the conflicts I had from the start of becoming an analyst in accepting a definitive cleavage between psychological and sociopolitical life.

BEHAVIOR OF AN INDIVIDUAL WITHIN A GROUP

My years as president of the International Psychoanalytical Association (IPA), as well as previously of APsA and even more local levels, had always presented to me observable phenomena which counteracted such divisions, impressing me more with the overlap between the two, particularly in behavior within a group, which was the case in each of these milieus. Administrative life in our field pressed upon my consciousness an awareness of combined behavior; the individual psychological admixed with conflicting forces within the social group.



Still, I doubt that this switch of focus would have come about without a one-of-a-kind, compelling event. That came in the form of the most disturbing scandal at the top level of government seen by the existing public in many a decade, which was the news of the Watergate incident. The event itself was not the worst that ever happened; in fact it is referred to as "a two-bit burglary," but it broke into news reports with relentlessly increasing intensity—the Senate Investigating Committee under the crusty Senator Sam Ervin was just beginning to meet in Washington, concomitant with my second outgoing presidential address to the IPA in 1973.

And it came to one psychically prepared, or well groomed, as to the Nixon character. I had begun to be "a Nixon watcher" 25 years before, when he and I arrived in California in 1946 after World War II. In his early political campaigns and skirmishes, for Congress against Jerry Voorhees and for the Senate against Helen Gahagan Douglas, which introduced him to the public domain, Richard Nixon was said not to have defeated his opponents but to have killed them. At least both their political careers were over—in neither case for valid reason. Nixon waved accusatory documents in front of the TV audience without any attempt at proof (that one was a Communist, the other pink to her underwear), ruthlessly and recklessly riding the passion of the times.

Continued on page 20

The Events in Tucson

Jack Novick and Kerry Kelly Novick

When we mentioned that we were writing something about what psychoanalysts had to offer in relation to the events in Tucson, our well-informed, non-analyst friend said, "What events?" This brought home to us the continuing centrality of Freud's revolutionary discovery of the operation of defenses. The news cycle has "moved on." This reinforces denial, repression, and splitting affect from ideas, all among the earliest defenses Freud described. As psychoanalysts, we know that change does not occur unless people have the courage and strength to put aside their defenses and engage with reality.

THREE MISTAKEN ASSUMPTIONS ABOUT ADOLESCENCE

If we engage with reality there are several denied truths that we can assert. The first is to counter the prevailing cultural and frequent psychoanalytic idea that adolescence is normally a time of intense turmoil, akin to mental illness. This idea encourages people to rationalize pathological behavior as expectable in adolescence. The accused perpetrator of the Tucson shootings behaved very strangely for years before the events. No one is served by normalizing pathology and waiting for it to be outgrown.

The second mistaken idea is that the goal of adolescence is separation from parents and other adults. This leaves young people potentially floundering, turning only to peer

Jack Novick, Ph.D., and Kerry Kelly Novick are International Psychoanalytical Association training and supervising analysts and child supervisors on the faculties of numerous psychoanalytic institutes around the country. *Fearful Symmetry: The Development and Treatment of Sadomasochism* was reprinted in paperback in 2007, as was *Working with Parents Makes Therapy Work* in 2011. *Good Goodbyes* appeared in 2006. They are founders of the award-winning Allen Creek Preschool in Ann Arbor, Michigan, and have recently published *Emotional Muscle: Strong Parents, Strong Children*.



Jack Novick



Kerry Kelly Novick

culture and isolated from reality corrections to magical, omnipotent ideas. There is no other stage of life in our culture when important people accept being completely excluded, depriving the adolescent of the wisdom of others. "Get off my back!" and "it's none of your business" are accepted as "natural" for adolescents, rather than as signals of trouble and distress. As analysts, we can offer the alternative formulation that the goal of adolescence is transformation of the relationship to others and to the self.

Every postmortem account of terrible events of violence perpetrated by individuals includes a list of presaging activities or speeches that should have been taken more seriously.

This leads into a third mistaken belief—that everything an adolescent says or does has to be kept secret. Analysts and non-analysts have all generally confused privacy and secrecy, with sometimes terrible results in both clinical and non-clinical realms. Privacy is a given of mental life, a fact and a right to be respected. It is a developmental achievement for small children when they realize they have a private mental life, that their thoughts belong to them alone. Knowing that no one can read their minds creates the possibility of the pleasure of sharing oneself with others.

Psychoanalysts have always emphasized the distinction between thoughts and actions. When five-year-old Hans stood up to his

father's moralizing and insisted that thinking is not the same as doing, Freud exclaimed in a footnote, "Well done, little Hans! I could wish for no better understanding of psychoanalysis from any grownup" (1909). The distinctions between wishes and actions, between pretend and real, between magic and effective action, between grandiosity and ambition, between omnipotence and competence, are fundamental assumptions and contributions of psychoanalysis.

Thoughts are private; actions are public. It is not a breach of privacy or confidentiality to tell an adolescent that his action plan or actions cannot be kept secret. He or a responsible adult, whether a parent, therapist, college counselor, or teacher, has the duty to seek assistance to forestall dangerous behavior. Every postmortem account of terrible events of violence perpetrated by individuals includes a list of presaging activities or speeches that should have been taken more seriously. Their possible significance should not have been denied or minimized. People of any age should be held responsible for their activities and what they say.

PUBLIC EDUCATION BY PSYCHOANALYSTS

As psychoanalysts conversant with the operation of defenses and the interference they can pose to competent functioning, our organization is well positioned to both educate the public and offer alternatives. The American Psychoanalytic Association has recently joined many other professional organizations in making a definitive statement against corporal punishment. In that statement APsA described the dynamic and defensive roots of the impulse to overpower and intimidate children, the futility and destructiveness of doing so, and suggested a more realistic and humane set of solutions.

Continued on page 19

“We are all more human than otherwise.”

Psychoanalytic Treatment of Psychotic Patients: A View from the Austen Riggs Center

M. Gerard Fromm



M. Gerard Fromm

“We are all more human than otherwise.” Of all the memorable statements made by Harry Stack Sullivan, this one—with its pithy Irish eloquence—might best summarize

his years of working with and learning from psychotic patients. The news these days, from Tucson and elsewhere, appalls us so deeply that it tests our willingness to take seriously Sullivan’s remark. It strains our capacity for empathic understanding as it also frightens us about our own human vulnerabilities.

We all know the statistics. The vast majority of deeply troubled people are never violent toward others. Their violence, if it can be called that, is toward themselves and their connections to the world. They withdraw from human discourse and seem to simply want to be left alone. What we may have lost sight of, in today’s mental health climate, is that many people suffering major mental illness, including psychotic conditions, are quite treatable. From my vantage point at the Austen Riggs Center in Stockbridge, Massachusetts, where close to a quarter of our patients present with psychotic problems, the variability of these conditions, the surprising and sometimes idiosyncratic paths toward recovery, and the patient’s longing to escape isolation impress themselves upon us regularly.

M. Gerard Fromm, Ph.D., is director of the Erikson Institute for Education and Research, Austen Riggs. He is on the faculties of the Massachusetts Institute for Psychoanalysis, the Berkshire Psychoanalytic Institute, Harvard Medical School, and the Yale Child Study Center.

INFLUENCE OF ROBERT KNIGHT

Riggs became a psychoanalytic hospital in 1947 when Robert Knight, eventually the president of the American Psychoanalytic Association, brought a cohort of impressive young analysts—David Rapaport, Roy Schafer, Margaret Brenman, Merton Gill, and eventually Erik Erikson—to study and treat what came to be understood as borderline conditions. Many of these patients had clear psychotic liabilities. Knight’s successor, Otto Will, brought with him years of experience at Chestnut Lodge in Rockville, Maryland, and a wish to treat the overtly psychotic patient in the context of Riggs’s open therapeutic community setting. In this article, I will touch on the roots of Will’s effort, its conceptual frame, and its evolution at Riggs.

In some ways, the thread of Riggs’s work with psychotic patients began in Berlin, in 1923, the year of *The Ego and The Id*, the year Winnicott began his 40 years of mother-child consultations at Paddington Green Hospital, the year Sullivan opened his unit for psychotic patients at Shepard-Pratt, and the year 33-year-old Frieda Reichmann began her psychoanalytic training at the Berlin Psychoanalytic Institute. Led by Karl Abraham, the Berlin Institute combined a scientific attitude, a standardized training program, and intellectual rigor with an avant-garde spirit, a socialist



Robert Knight

inclination to offer free analyses to the poor; and an encouragement of innovation, especially in the treatment of psychotic patients.

Frieda Reichmann had already run a hospital unit for brain-injured soldiers, where she learned that neurologically damaged people differed markedly, one from the other; in their pathologies and their paths toward recovery. In Berlin, she was inspired by Ferenczi’s examination of countertransference impediments to a patient’s progress and Georg Groddeck’s insistence that no patient was beyond hope. And she was inspired by Freud in whose work she found a confirmation of her own intuition: “I had known from the first day I was in psychiatry that something funny went on in the doctor-patient relationship, but nobody seemed to know anything about it and nobody talked about it. . . . And this man said he knew it happened!”

TRANSFERENCE AND PSYCHOTIC PATIENTS

Where she eventually differed from Freud was in his conclusion that psychotic patients could not form transferences. Indeed, her experience led her to a near-opposite conclusion: that they could *only* form transferences, that psychotic fragmentation represented the ongoing disaster of pathology in the earliest phases and relationships of life, and that the task of the analyst included differentiating herself out of this chaotic matrix and into the role of, as Clare Winnicott put it, “the other person.” Forced to flee the gathering storm in

Continued on page 18



Austen Riggs Center

Continued from page 17

her beloved Germany, she wound up at a small hospital outside Washington, D.C. She would spend the remainder of her career at Chestnut Lodge, treating psychotic patients, promoting the interpersonal perspective of Harry Stack Sullivan, and, in the late '40s, welcoming Otto Will to the Lodge staff.

Will had heard Frieda (now) Fromm-Reichmann speak while he was working at St. Elizabeth's Hospital, amidst its 8,000 patients. Listening to "her version of the 'mentally ill,' I began to see individual persons in the masses that were crowding the facilities of the federal hospital." At the Lodge, he undertook a training analysis with Sullivan and then with Fromm-Reichmann. Theories were not fancy at the Lodge, Will's included. Patient and therapist meet and while a story unfolds, "bonds of attachment form. Attempts are made to understand how and why each participant experiences what is happening between them. The self is revealed—to some extent—and the question 'Who are you?' begins to be answered. Then comes separation." Attachment, self-revelation, mutuality, change, separation, the most basic aspects of human relationships. This was the evolving Sullivanian framework of understanding at the Lodge, including the need-fear dilemma and twin dangers of annihilation or abject loneliness for people whose early development has included profound boundary disturbance. As Will wrote in 1982, "What is now called attachment theory is a vital part of my own work as a therapist."

INFLUENCE OF OTTO WILL

When he came to Riggs, Will brought with him a number of Lodge staff, most notably Martin Cooperman, whose concept of the "defeating process" recognized that when a patient feels deeply injured by his therapist, he may destroy the therapy in response. Like Will, Cooperman held the core conviction that therapist and patient were "in it together" and, like Winnicott, believed that the earlier the trouble, the less the patient would be able to think in two-person terms. Cooperman saw any move backwards as an



Austen Riggs Center, Intensive Psychotherapy in an Open Therapeutic Community

unconscious communication that something had gone wrong in the relationship with the therapist. Tracing things back to the injury or disconnection interrupted regression and got the therapy process moving forward again.

This fine attention to the mini-history of the therapeutic relationship was mirrored in a different way by Françoise Davoine and Jean-Max Gaudilliere, who began a series of visits to Riggs in 1978, the year that Otto Will completed his tenure. Their outpatient work with psychotic patients had led them toward seeing meaning in the "area of death," so intrinsic to both the patient's and the therapist's experience of such treatments and so related, they thought, to the Big History of social catastrophe in the families of patients. Indeed, they discovered in the work of Thomas Salmon, a World War I psychiatrist, a version of the principles that had come to underlie their approach: simplicity (no jargon), proximity (being with the traumatized person's raw experience), immediacy (depending on intuition and on the seeming coincidences within the transference), and expectancy (the dimension of hope, of getting better because those at the front need you).

In their 2004 book, *History Beyond Trauma*, Davoine and Gaudilliere argue that psychosis and trauma go hand-in-hand, and that the psychotic patient is madly conducting a research into the rupture between his family and the social fabric, a rupture brought about, more often than we realize, through large scale trauma (wars, mass displacements, societal regression), betrayal by those in authority, and suppression of the truth. They agree with Lacan that psychosis is a

disorder "at the most personal juncture between the subject and his sense of being alive." Their work powerfully links the clinical arena with the historical and the political, and suggests that the patient's psychosis is not simply an attack on the social order, but at a deeper level, a frantic effort to bring a foreclosed social order into existence.

Recently, a chronically and quietly psychotic patient, following the death of her mother "wanted to be psychotic for awhile" and so discontinued her medication. She became uncooperative and incomprehensible, and required the highest level of containment Riggs can provide. When she decided to resume her medication, she did so finally feeling "real." Indeed, her breakdown came to seem like a breakthrough. "I want to find my voice. I want to be heard," she said, and she seemed to have integrated anger for the first time. She also had advice for her therapist: "If it happens again, tell me you are not my mother." There is indeed a Big History of trauma and betrayal in the generations before her, but in the Little History of the therapeutic relationship, this is a patient who lost her mother at a time when her therapist did as well, and a new twosome seemed now to be forming from this context of death both parties were now in.

FREUD'S ARCHAIC HERITAGE AND VIOLENT ERUPTIONS

With psychotic patients, we often find major traumatic histories, problems of unbearable loss, and obliterating forms of denial in the preceding generation or two.

Continued on page 19



The patient-to-be seems to receive the dissociated fragments of this history and to be charged, in the double sense of both an energy and a duty, to represent it, and with luck, to communicate it to someone. Davoine and Gaudilliere, as did Cooperman, offered a frame for the treatment of such patients that recognized meaning in a potentially dissociated history, the history of the therapeutic dyad itself or the larger histories shared by both parties. Not only did they show us how psychotic patients can be treated successfully with psychoanalytic psychotherapy; they also show us how psychosis—far from being a violent disorder in itself—is actually an effort to bring varying levels of interpersonal violence to the light of understanding.

How are we to understand the violent eruptions that, rarely but very publicly, come from people who seem to be psychotic? The work at Riggs suggests that we should look for the interrelatedness of the mini-history of the individual's life with the larger history of their family and societal context. What tragic history is the individual

carrying as the representative of what Freud called the family's "archaic heritage"? But there are larger questions as well, including the one that surfaced immediately after the Tucson shootings: How susceptible are vulnerable individuals—perhaps especially those with fragile boundaries, concrete thinking, and impulse problems—to the rage and incendiary speech of those around them?

PROBLEMS WITH THE DISEASE MODEL

And perhaps there is a yet larger question, which builds on the work of psychoanalyst Michael Robbins with psychotic patients. Robbins argues that a simplified psychiatric approach to the psychotic patient, within a disease model, is actually enacting the disorder

at a sociocultural level. For example, thought disorder is split off from the person, to be treated as a symptom without meaning, mirroring the psychotic person's depersonalized splitting of his thoughts from his feelings and from his relationships to people. Similarly, though studies document degree of denial as a pathogenic factor in high-risk families, multiple forces have pushed the treatment culture toward its own denial of interpersonal, developmental factors in the shaping of psychosis and toward seeing the psychotic patient as an isolate, ironically mirroring a primary defensive strategy while it replicates pathogenesis.

It would be a small step further to wonder about the free-floating rage, intolerance of difference, and paranoia in our society and to consider the possibility that it is not only projected onto vulnerable people, but perhaps into them as well. Indeed, the rationalizations that allow for such unlimited access to weapons—really weapons of mass destruction—in our country seem full of the denial, splitting, projection, and even delusional thinking we ordinarily associate with psychotic processes. To other civilized countries, this looks insane. What happens if we take that diagnostic term seriously? Does it make any sense to think of a collective societal process as psychotic? What would be the implication for its psychotically vulnerable members?

APSA

The Events in Tucson

Continued from page 16

It may now be time for us to stand up for sweeping gun controls in our society. Immediate responses to the murders and assassination attempts in Tucson included huge increases in gun sales, hoarding of the multiple ammunition clips used by the accused killer, and higher attendance at Glock stands at gun shows. We have a duty to puncture the omnipotent defensive delusion that having a gun keeps you safe and we should foster more effective and realistic social controls.

Psychoanalysis has always been a general theory of development, both normal and pathological. We are equipped by our training to diagnose and treat pathology in children

and adults. We also know what is needed for normal, optimal development. Interdisciplinary research with developmentalists in allied fields offers understanding of important distinctions, for instance, between assertion and aggression, which operate in distinctly separate parts of the brain. Society needs these ideas to support the everyday work of raising children who are equipped to meet life's challenges and frustrations with strength, assertion, and creative problem solving, rather than violent, magical eruptions of destructive action, as we saw yet again in the Tucson shootings.

As analysts, we can provide parents and teachers with tools for better understanding of building inner strength, what we have called "emotional muscle." Rather than

medicating children into submission, we can enlist them as partners in their own growth from birth through adolescence into a shared, responsible adulthood.

APSA

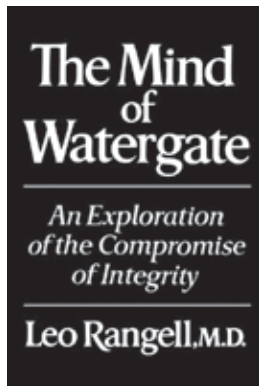


American Psychoanalyst

Continued from page 15

THE MIND OF WATERGATE

My book, *The Mind of Watergate*, published a few years later was not about Nixon but about the American people. The American populace elected a



man as president by the second largest landslide in history whose nickname for over a quarter-century had been "Tricky Dick," and who had been linked to the Watergate robbery for some six months prior to the election. The subtitle of my work was *An Exploration of the Syndrome of the Compromise of Integrity*.

The sociopolitical experience was incorporated into the psychoanalytic lexicon. As a widespread psychological phenomenon, by this time in the unfolding of the psychoanalytic century, the paradigmatic neurotic syndrome initiated at the previous turn of the

advocates. "C of I," as I abbreviated the new syndrome, could be seen everywhere, and was completely explainable under the tripartite psychology of Freudian theory. The places to look and what is seen are different, but these are only some of the variations that are possible. In one case it was an overactive id, in this new syndrome a deficient or corruptible superego. In neither case are we speaking of extremes but the center. C of I is to crime as neurosis is to psychosis—both are at the crowded, central, more "normal" segments of the population curve.

From the top layers of government or corporate life to everyday man, from the deceit handed the American public through five presidents about the Vietnam War; to tax evasion and other ego-syntonic, corrupt behavior in ordinary people, trust was deserved in very few places. It is the diagnostic task of the analyst to pinpoint psychopathology and to attempt to discover the nature of its etiology. Every source of information can be valuable in leading to insight, and therefore to control and eventually master. And it is important to keep visible and examine both ends of the etiologic spectrum, at the pole of society as much as at the pole of the individual.

C of I is to crime as neurosis is to psychosis—both are
at the crowded, central, more "normal" segments
of the population curve.

century had been replaced by another syndrome, of equal frequency and intensity. Hysteria and its parallels had given way to the syndrome of the compromise of integrity. This was as ubiquitous as were the former neuroses, as built-in to the human psyche and, above all, as capable of being absorbed and explained under the umbrella of total psychoanalytic theory.

The new, as the old, was subsumed under the supremacy of the structural view and the metapsychological formulations described by Freud. I did not share in the widespread practice of giving up these central formulations, as had some of their previously strongest

Empirically, while audiences, to either the spoken or written forms of these messages, unanimously agreed as to the premise, any reference to action which seemed to be called for was met with apathy or an inner silence. Clearly, the task or the consequences which would be expected to follow insight meet the strongest resistance. And in this case, I am moved to comment, "As it well should"; the obstacles to action are obvious and not to be minimized or skipped over lightly. While the press, when it attends to the issue, writes emotionally about the breakdown of the mental health system, it is difficult to counter with any rational program

that holds out much promise. It is—and this should be admitted—hardly possible or expectable to monitor, let alone check, an impulsive act by one misguided individual, prepared to execute an act with the aid of modern weaponry that can wipe out multitudes in seconds.

THE ROLE OF UNDERSTANDING

Nevertheless, I will answer the quest of the editor to examine the role that psychoanalysis might play by turning to Otto Fenichel's pithy aphorism about the multiplicity of psychoanalytic technique, "You can do anything as long as you understand it," which I would supplement with "Understanding helps, whether or not you can cure; perhaps that will come." It is still desirable to understand acts against society, establishing a platform upon which to view and study the occurrences, while the ability to master, or better prevent, such situations must await future developments.

In seeking such help, we can neither dismiss the endemic ranting and rhetoric of a whole political party nor the selective incorporation of the pathological ideas by a single individual, be it a Jared Lee Loughner, or Major Nidal Hasan, Sirhan Sirhan, or John Hinckley or the Oklahoma bomber Timothy McVeigh, or the Virginia Tech shooter Seung Hui Cho, or going further back in history, to a John Wilkes Booth. Each can supply us with unexpected findings, ideas, and leads.

Not to be overlooked is the study of "ordinary" group behavior; that results in the election and backing of a Bush the second, who is not above taking the country to war on what turned out to be a pretense, or other presidents similarly inclined, or the retention and adulation of a Kissinger, who comes away from dark and unreliable behavior with a clean slate, or a disgraced governor rewarded with further important and visible public functions, corporate executives at the center of scandal, religious and moral leaders who disappoint with clay feet—or disastrous financial advisers who destroy peoples' economic lives. There is no end to the list. Political leadership and unbridled aggression are routinely coupled.

Continued on page 21

UNCONSCIOUS VOLITION
AND RESPONSIBILITY

Yet in the meantime, there was also an important change on the psychological landscape which was clarified but conspicuously resisted. That has to do with the subject of unconscious volition, from which emanate the issues of responsibility and accountability for one's actions, unconsciously as well as consciously initiated or motivated. In the middle years of this psychoanalytic century, Heinz Hartmann, David Rapaport, and Kurt Lewin all have held that a psychology of action has been absent from the psychoanalytic body of theory. Following decades in which I described the process of unconscious decision making, I wrote "A Psychoanalytic Theory of Action," filling this gap in theory.

In this description, I wrote that all action has its origins in unconscious motivation, yet no external behavior has a valid claim to freedom from responsibility. As Freud stated about the dreamer being responsible for his dreams—who else?—so does it follow that the individual is responsible and accountable for the gamut of his acts, not just those overtly conscious. Man is more responsible for what he does than he thought—while at the same time also



Sirhan or Hinckley been allowed to go scot-free? The area has always been under a theoretical cloud. In spite of new reasoning, it cannot be denied that psychotic acts are under less control than neurotic or normal ones, and that some judgment as to the quality and relative degree of mastery needs to be exercised.

SUPERORDINACY OF
SUPEREGO PATHOLOGY

While emphasis on the id occupied the early years, and ego psychology was well entrenched during the middle period, we have not even begun to plumb the variations and vicissitudes of superego development, within psychoanalysis or out. The superordinacy of superego pathology in today's world needs hardly to be argued, as citizens worldwide watch events unfold in the powder kegs of the human map, the Middle East, North Africa, as previously in the dictatorships of South America. There is a whole world waiting here for what we can say, as we bear witness to a Mubarak or a Kadafi, as previously to General Pinochet in Chile.

All this goes on while the field itself engages in a global lament that the day for psychoanalysis is over. It is of course to be kept in mind that, as with psychosis, antisocial behavior needs to first be converted to neurosis, to ego-dystonic suffering, en route to self-amelioration. Adaptations need to be understood and utilized.

Hopefully, I find that a change is occurring on the couch, which is where we should continue to look for trends. All of my remaining patients speak frequently of living a life of integrity. That is what would be warming today. [APSA](#)

Political leadership and unbridled aggression
are routinely coupled.

being less so. Ambivalences and contradictions have always resided side by side in analytic thinking.

UNCONSCIOUS VOLITION
AND RETRIBUTION

Analysts have known this without knowing it (viz., Christopher Bollas). While expressing the view, since the historic Leopold and Loeb case in the '20s, that man is not responsible for his unconscious, have they not automatically required some degree of retribution for crimes committed under unconscious influence? Has

This subject was recently energetically joined by William Meissner (2009), in a lengthy paper on unconscious volition shortly before his death in 2010. My related writing on hypocrisy in 2000 was followed by Anton Kris in 2005 on the subject, who also joined my papers on unconscious choice conflicts by emphasizing either-or dilemmas in 1977. The matrix behind this cluster of subjects, the interstices that bind them together—unconscious decisions, actions chosen after unconscious volition, hypocrisy, coherence, and consistency—have to do with the status of superego functioning.



Making a Difference: Your Research Contributions at Work

Rosemary Cogan and Linda Mayes

APsaA's Fund for Psychoanalytic Research was established in 1976 and is dedicated to the support and nurturing of psychoanalytic investigative scholars and to the facilitation of a spirit of investigative inquiry based on psychoanalytic theory and principles of mental functioning. Below are summaries of the research projects to which the fund provided financial support in its recent grant round. For more information about the Fund for Psychoanalytic Research, please visit

http://www.apsa.org/Programs/Research/Fund_for_Psychoanalytic_Research.aspx.



Rosemary Cogan



Linda Mayes

RESILIENCE IN MILITARY MARRIAGES

Jessica Borelli, Ph.D., and David Sbarra, Ph.D., at the University of Arizona, are studying resilience in couples experiencing military deployment. Grounded in psychodynamic principles, the research will investigate resilience in military personnel and their spouses and marital relationships before, during, after, and three months after one spouse has been deployed to Afghanistan or Iraq. The work combines the interests in marital resilience of an investigator with a sophisticated background and training in adult attachment interviews and reflective functioning and a co-investigator with longstanding work in attachment and in physiological measures. The measures include narratives of

the non-deployed spouse and physiological measures, and symptoms and quality of life before, during, and after the deployment of one spouse. This work is potentially very significant beyond the important issue of deployment because the larger issues concern understanding the stability and well-being of intimate relationships. We are proud that APsaA is able to support this conceptually and clinically promising research work and anticipate that our help will provide grounding for the researchers to successfully obtain research funds from other sources in the future.

CHILDREN'S DEVELOPMENTAL PLAY INSTRUMENT

Saralea Chazan, Ph.D., in private practice, working with the Pacella Parent-Child Center of the New York Psychoanalytic Society, will carry out a project to standardize training in work with the Children's Developmental Play Instrument (CDPI): Pacella Adaptation for Toddlers and Preschool Adaptation. Working with existing videos of parent-child play, the investigators will formalize training in scoring scales for affective, cognitive, narrative, and

developmental components of the play activity of mainstream children. From this work will come a DVD and new manual to train raters interested in using this scale. Several groups are already using the CDPI and several groups have expressed an interest in using the measure, designed to provide a common measure across various observation sites. Chazan is a psychotherapist associate of the American Psychoanalytic Association and a research associate at the Pacella Parent-Child Center. Support from APsaA will help to further this work which continues the legacy of important psychoanalytic work with children.

CONTINUATION OF ANALYTIC PRACTICE AFTER GRADUATION

Sabrina Cherry, M.D., Columbia University and a faculty member at the Columbia Center for Psychoanalytic Training and Research, with Luke Hadge, Ph.D., Juliette Meyer, Ph.D., Lionel Wininger, B.A., and Nicole Yoskowitz, B.A., are following the career paths of analysts who have graduated from the Columbia Center for Psychoanalytic Training and Research. They have found that half of graduates continue new four-times-per-week analytic cases and half do not. They are interviewing graduate analysts, and in this project are particularly interested in graduates who do not continue intensive analytic work even though they are motivated to do so. The researchers are also interested in how non-immersed analysts view their work and psychoanalysis. Support from APsaA will assist this research team to interview graduates each year and expand the number of graduates followed in this longitudinal work which the researchers anticipate will help institutes plan training and educational programs.

Continued on page 23

Rosemary Cogan, Ph.D., is professor of psychology at Texas Tech University, Lubbock.

Linda C. Mayes, M.D., is Arnold Gesell Professor Child Psychiatry, Pediatrics, and Psychology, Yale Child Study Center; special advisor to the dean, Yale University School of Medicine; and on the Anna Freud Centre's directorial team.

SUPERIOR RESULTS FOR
TRANSFERENCE-FOCUSED THERAPY

Ken Levy, Ph.D., Pennsylvania State University, **John Clarkin, Ph.D.**, Cornell University Medical College Institute and Research Faculty, Columbia Psychoanalytic Institute, and **Kevin Meehan, Ph.D.**, Long Island University, are following-up patients with borderline personality disorder (BPD) after treatment in a randomized clinical trial with supportive psychotherapy, transference-focused therapy, or dialectical behavior therapy. The initial work found that patients in transference-focused psychotherapy showed significant changes in reflective functioning, which did not change in patients in the other two groups. The researchers intend to follow-up the patients eight years after having completed treatment. They hypothesize that social cognitive measures (including reflective function and coherence of mind) may be the mechanisms central to change in the treatment of patients with BPD. The researchers will use work resulting from APsaA support to help gain external research funds from other sources.

EFFECTIVENESS OF INTERPRETATION
ACROSS TREATMENT MODALITIES

Trevor Olson, Ph.D., is working at the FIT for Active Living Program in Saskatoon, Saskatchewan. The research here is a study of the effects of defense mechanism interpretations in an ongoing randomized control trial comparing the effects of psychodynamic therapy, cognitive behavior therapy, and supportive clinical management. From existing transcripts of dynamic and relationship anecdote paradigm interviews before treatment began and at the end of treatment, and from therapy transcripts, the investigator will study the relationship between the accuracy of a defense interpretation and the patient's subsequent use of the defense in the session and the accuracy of defense interpretations and treatment outcome in each of the three treatment modalities. The investigator views this APsaA support as helping provide a platform for a research career by supporting time for intense research work with a very sophisticated existing research team that will enable him to move toward becoming a successful independent researcher in the near future.

PSYCHOANALYTIC PSYCHOTHERAPY
IN A COMMUNITY MENTAL
HEALTH CENTER

Meghan Tiedemann-Fuller, Ph.D., is now in practice in Napa, California, and is a member of the American Psychoanalytic Association. She plans to study the effects of long-term psychoanalytic psychotherapy treatment provided to community mental health patients with complex mental disorders including personality disorders and mixed Axis I and Axis II disorders. Patients seeking services at the Access Institute, which serves low-income and uninsured residents of San Francisco, will be recruited and followed during treatment with a variety of self-report, interview, and projective measures at the beginning of treatment and at one year or 50 sessions of treatment and, if possible, at one year after treatment has been completed. In this project, support from APsaA joins support from the International Psychoanalytical Association (IPA) in making this research program possible.


SUPPORTIVE VS. ANALYTIC
TREATMENT IN PATIENTS
WITH EATING DISORDERS

Dana A. Satir, M.A., a doctoral candidate at Boston University, has received support for the second year of an ongoing study of the treatment of eating disorders. Working with **Heather Thompson-Brennar, Ph.D.**, she is testing responses to alliance-focused treatment for anorexia. The treatment focuses on the rigid defensive functioning and the interpersonal problems of people with anorexia and integrates two manualized treatments: supportive treatment with goals involving weight restriction and analytic treatment focused on transference and interpersonal dynamics in and outside of treatment. The intensive measures include self-report measures and interview measures coded for a full range of domains at intake, during treatment, and post-treatment assessments. At the end of the first year of the project, the work was well under way with the integrated treatment protocol manualized, several patients in treatment, and other patients scheduled to begin treatment.

IMPULSIVITY AND RESILIENCY AMONG
THOSE ATTEMPTING SUICIDE

Jane Tillman, Ph.D., is a staff psychologist, **A. Jill Clemence, Ph.D.**, is a clinical research associate, and **Jennifer Stevens, Ph.D.**, is a staff psychologist at Austin Riggs Center in Stockbridge, Massachusetts. The research here concerns states of mind in people who have recently survived near-lethal suicide attempts and are hospitalized at Austin Riggs Center. Participants will complete questionnaire data and structured interviews to reflect their current state of mind and their state of mind before the attempt. The two sets of materials and the responses will be compared with data from normative samples. The investigators anticipate that participants will be more impulsive and less resilient than normative data and will have lower affect tolerance and recall fewer reasons for living. The team hopes that APsaA support will help in understanding an important clinical and social problem.

CHILD ATTACHMENT INTERVIEW

Robert Ziegler, L.M.S.W., is a family consultant at the Harris School in Houston and a member of the Houston-Galveston Psychoanalytic Society. He has been awarded funds to receive training at the Anna Freud Centre in administering the Child Attachment Interview (CAI). As part of his commitment on this grant, he will also write a proposal to work with the CAI at the Harris School. The investigator and the school personnel want to learn more about and study the attachment styles of children in their education and therapeutic program. The support from APsaA will help this committed developing scholar build a sound platform for future clinical and research work. 

Editor's Note:

*This column has replaced
Andrew Gerber's
regular science column
in this issue.*

Accreditation for Psychoanalytic Education: Current Status

Ronald M. Benson

In January 2005, I was elected to the Board of Trustees of the Accreditation Council for Psychoanalytic Education, Inc. (ACPEinc). When some of our members learned of my appointment, the most frequent comment was, "What's the ACPE?" I thought it might be useful to describe the organization.

INCORPORATED IN 2001 TO SET CORE STANDARDS

The Accreditation Council for Psychoanalytic Education (ACPE) was incorporated in 2001. It was established as an independent accrediting agency by the Psychoanalytic Consortium, an informal organization of four major United States psychoanalytic membership organizations: The American Academy of Psychoanalysis, The American Psychoanalytic Association, Division 39 (Psychoanalysis) of the American Psychological Association, and the National Membership Committee on Psychoanalysis in Clinical Social Work (now the American Association for Psychoanalysis in Clinical Social Work). Together, these organizations represent the majority of psychoanalysts in the U.S.A. Richard Fox was the APsA identified incorporator of ACPEinc.

As early as 1994, the intention to develop an accrediting board for psychoanalytic training programs was agreed upon by the consortium organizations. The process of developing a set of standards that was acceptable to all parties took several years. Extensive discussions at consortium meetings and frequent checking with the parent organizations resulted in a mutually agreed upon core set of standards that allows for some variability in requirements for any particular training program, provided

Ronald M. Benson, M.D., is training and supervising analyst at the Michigan Psychoanalytic Institute, chair of the BOPS Finance Committee, former chair of BOPS, and vice-president for accreditation, ACPE.

that such standards amplify and are not in conflict with the core standards of ACPEinc. These carefully negotiated standards were adopted by ACPEinc when it was spun off as an independent corporation.



Ronald M. Benson

ACPEinc BOARD

The initial Board of Trustees of ACPEinc consisted of one representative from each of the four consortium organizations. They, in turn, elected a board of 14. There were three nominees from each of the four organizations and two public members. The next generation of members of the board of trustees was elected by the board itself. The original members who were identified with APsA were nominated by the president and chairman of the Board on Professional Standards. They were Gerald Margolis, Alvin Robbins, and Allen Rosenblatt. Terms of office were of varying lengths so that the entire board would not change at one time. At the conclusion of Margolis's first term, he declined to continue his service. I was elected for a full three-year term to replace him. When Rosenblatt died, Phil Lebovitz was elected to complete his term. Robbins decided to leave the board after his term ended and David Turner replaced him. In addition, several other members of APsA serve as trustees because they are also members of other psychoanalytic organizations. In the future, new members of the board and new officers will be elected by ACPEinc members. Each time a training program is accredited, it becomes a voting member of ACPEinc.

The officers of ACPEinc are Nathan Stockhammer, chair of the board; Sheila

Hafters Gray, president; Penny Rosen, secretary; Phil Lebovitz, treasurer; and Joseph Palombo, financial secretary. I am vice-president for accreditation.

ESTABLISHING BYLAWS AND BUSINESS PLAN

Bylaws for the new organization were adopted in 2003 as well as a detailed business plan. This was a precondition for financial support of the fledgling accreditation board by consortium organizations. So far, ACPEinc has been supported financially by the consortium members and grants from the Group for the Advancement of Psychoanalysis and Psychotherapy in Psychology. It is anticipated that ACPEinc will eventually be self-supporting from the fees paid by training programs that seek its accreditation. ACPEinc's policy is to conduct all accreditations and site visits at no charge to the applying training programs until ACPEinc receives recognition by the U.S. Department of Education (DOE). This was adopted in order to establish the reputation of the new accreditation credential. To date, ACPEinc has accredited five training programs and one more is in the final stages of accreditation. Three of these training programs are affiliated institutes of APsA. ACPEinc encourages new applicants to take advantage of this period of free accreditation. ACPEinc also suggests that APsA institutes consider applying when they are in the site visit process of the Committee on Institutes (COI) in order to avoid duplication of effort.

PROTECTING THE PUBLIC BY PROMOTING EDUCATIONAL EXCELLENCE

ACPEinc sees its mission as twofold: to protect the public by evaluating and accrediting psychoanalytic training programs in the United States and to promote excellence in psychoanalytic education. With this dual mission, it hopes to ensure that practitioners of psychoanalysis are educated to appropriate standards by the institutes in which they are trained. ACPEinc therefore mandates that psychoanalytic training programs require their students to participate in the three

Continued on page 27



COPE

Impasses and Failures in Analysis

Judy L. Kantrowitz and Steven H. Goldberg

Our COPE Study Group on Impasses and Failures in Analysis has been working together for the past five years. It was initially formed to complement an APsaA discussion group on the same topic that we created somewhat earlier. As we had hoped, the two groups have functioned synergistically in offering somewhat different vantage points on our areas of interest. In the COPE group, in particular, we have wondered about the impact of impasses and failed cases, especially on candidates and on analysts early in their careers. How could supervisors and faculty best help younger colleagues not only to weather such experiences but also to learn and to grow from them? To what extent could supervision contribute to the problem, and what was the relationship between clinical and supervisory impasses? How could supervisors, faculty, and the overall institute structure best foster an atmosphere of openness in which these clinical outcomes and derailments of supervision could be constructively discussed?

In the early meetings of both groups, we focused on impasses in treatment with a view to unraveling patient and analyst overlaps and disjunctures. In the COPE group, we increasingly found ourselves studying

the role of supervision in these processes, often studying clinical material presented first in the Thursday discussion group. The presenters in this discussion group have most often been candidates or recent graduates, and the cases they have presented have been supervised. In the course of their presentations, many of these new analysts have discovered that their thinking in the discussion group begins to expand. They realize, as people often do while presenting, that something has been limiting the scope of their awareness.

FROM DISCUSSION GROUP TO STUDY GROUP: A SECOND LOOK

The effect of supervision frequently emerged as more central to the impasse than these analysts had previously considered. Often it came up as something of a surprise. When this was the case, we invited the analyst to come back to meet with our



Judy L. Kantrowitz



Steven H. Goldberg

Nonetheless, their exploration of what occurred began to reveal previously unrecognized effects of the supervision. Sometimes there were overlaps in character or blind spots in the candidate that the supervisor shared. These became apparent when the study group was able to offer a new perspective on the case and sometimes on the supervision. Other times it became more clear in the course of the presentation and discussion that transference to authority by the analyst/supervisee, combined with a supervisor's critical tone, led to inhibitions in the clinical work. Sometimes the group could discern and demonstrate to the analyst how institutional conflicts and institute history were played out in the supervision, resulting in a constriction of the candidate's thoughts and creativity.

To what extent could supervision contribute to the problem, and what was the relationship between clinical and supervisory impasses?

Judy L. Kantrowitz, Ph.D., is a training and supervising analyst at Boston Psychoanalytic Institute, clinical associate professor at Harvard Medical School, and the author of *The Patient's Impact on the Analyst and Writing about Patients: Responsibilities, Risks, and Ramifications*.

Steven H. Goldberg, M.D., is a training and supervising analyst at San Francisco Center for Psychoanalysis, where he is currently serving as dean of students. He is also a personal and supervising analyst at Psychoanalytic Institute of Northern California.

COPE group to explore in greater depth the role of supervision and its contribution to the impasse. Other analysts, who had not previously presented at the Thursday discussion group, also brought us similar situations for us to try to help them explore. In general, these cases were not ones in which the analyst initially believed that the supervision had contributed significantly to the impasse. In fact, most often the analysts had positive things to relate about their supervisory experience, and did not focus on the contribution of the supervisory experience to the clinical impasse.

INFLUENCE OF THE INSTITUTE

In most, if not all, cases it emerged that problems in the supervision, if they were within the awareness of supervisee, supervisor, or both, were not explicitly discussed. Understanding why this occurs so consistently in a learning and professional environment that emphasizes open inquiry is a problem we plan to continue to explore.

Having heard dilemmas brought to us both by supervisors and by supervisee/analysts over these past five years, in a variety

Continued on page 27

Who Will Teach Psychodynamics in the Future?

By Melissa Grady

With Lisa Cobourn, Rana Duncan-Daston, Douglas Lane, Sergio Paradiso, and Daniel Rochman

The above question is what the leaders within the American Psychoanalytic Association sought to answer and, upon reflection, they found that the answer was not clear. The Association is an organization with a rich history, now spanning over 100 years, with a diverse membership of different disciplines, representing a multitude of specialty areas within psychoanalytic and psychodynamic practices. It has grown from a practice-based organization where practitioners from around the country and world could come together to discuss theory, practice challenges, and their most illustrative cases to one that includes researchers and leaders that reach beyond the organization into different disciplines and orientations. While these changes have enriched the organization and broadened its appeal to others as the scope of the work supported by the Association expands, most university settings have significantly reduced content in psychoanalytic and psychodynamic practice in their training programs. This reality led the leadership within APsaA's Education Department to begin to consider who would be the next generation to carry on the work of the Association that previous generations have so tirelessly promoted.

TEACHERS' ACADEMY: MENTORS AND TEACHERS

Out of this discussion emerged the idea of the Psychoanalytic and Psychodynamic Teachers' Academy: a program designed to support the efforts of teachers working to

include psychodynamic and psychoanalytic theory and practice into their training settings. By targeting those who are directly involved in training future practitioners, the Association's goal is to help practitioners or academicians with a psychodynamic background and inclination develop skills specific to teaching psychodynamic thinking to trainees in psychiatry, psychology, and social work,



Psychoanalytic and Psychodynamic Teachers' Academy participants (from left): Richard Summers, chair of the Teachers' Academy Committee; Sergio Paradiso, Daniel Rochman, Douglas Lane, Lisa Cobourn, Melissa Grady, Rana Duncan-Daston, and members of the Teachers' Academy Committee, Susan Sherman and Elisabeth Schreiber.

including trainees who have no previous exposure to or are prejudiced against psychodynamic thinking. Teaching teachers will achieve the goal of reaching out to exponentially more trainees and exposing them to psychodynamic theory and practice. The impact of this effort in its inaugural year is unknown. However, we as the program's participants have planned to share our initial impressions of the experience to date in the hopes that as the first tier of this experiment, we may inspire the Association (and other psychodynamically oriented organizations) to continue to think creatively about how to

foster the development of practitioners and leaders who will take this Association and others into its next 100 years.

For this yearlong experience, APsaA through an application process selected six teachers, two each from three different disciplines: social work, psychology and psychiatry. All applicants were required to submit a proposal for a teaching project that they would develop over the course of the year. During the development process, through the Association, each teacher was assigned a mentor who is a master teacher in his or her discipline. Together, the mentor and the teacher will work to develop the proposal further, to anticipate and prepare for any barriers, and to come up with concrete ideas on ways the

project can be implemented to have the greatest impact within the respective treatment or teaching settings. The mentors and teachers began this exciting process at the 2011 National Meeting in January through individual meetings and now are continuing through phone calls, e-mail, Skype, and other contacts until January 2012.

CREATING A HOLDING ENVIRONMENT IN THE CLASSROOM

Although we are at the beginning of this process, we feel invigorated, excited, and inspired by our experiences to date. At the January 2011 National Meeting, we had the opportunity to meet and learn from several master teachers representing our various disciplines. These teachers

exposed us to applied teaching skills as well as broader issues related to pedagogy and the parallel process of creating a holding environment in the classroom where affect and unconscious processes can evolve and enrich the learning of our students. In addition, we attended many workshops of our choice, further enhancing our own knowledge of psychoanalytic theory and practice. These workshops, along with the experiences with the master teachers, armed us with new knowledge and inspiration that we can bring back to our own training sites.

Continued on page 27

The authors are the first class of participants in the Psychoanalytic and Psychodynamic Teachers' Academy.

ACPE

Continued from page 24

components that are nationally and internationally recognized as essential to psychoanalytic education: a comprehensive course of didactic study; a personal psychoanalysis of a frequency, intensity, and duration adequate to provide a deep psychoanalytic experience; and substantial experience treating patients with the supervision and support of senior faculty. It also encourages research by candidates and faculty.

ACPEinc believes, on the basis of its contacts with the DOE, that accreditation of psychoanalytic training programs recognized by a DOE-recognized accrediting agency is rapidly becoming necessary to ensure these programs are recognized as legitimate within the United States and to ensure the continuation of clinical psychoanalysis and psychoanalytic training programs as a legitimate professional endeavor. It is also the opinion of ACPEinc that accreditation by an independent organization is essential to recognition of psychoanalysis as a professional specialty by all organizations and grant awarding entities.

To date, ACPEinc has developed an application procedure, a self-study protocol, and a site visit protocol. These documents and other information about ACPEinc are available at its Web site, ACPEinc.org

ACPE VS. APsA STANDARDS

ACPEinc standards match the core of APsA's requirements, but differ in some ways. The principle differences are in the number and duration of supervised cases and the minimum frequency for training analyses and supervised analyses. It accepts and applies APsA standards for APsA-affiliated institutes. ACPEinc has established a cooperative and collegial relationship with BOPS and COI. Several of the accredited institutes of APsA used their preparations for a COI site visit for applying to ACPEinc and vice versa. The accrediting process by BOPS is much more a consultative and ongoing matter than is the usual relationship between the organization to be accredited and its accrediting agency. ACPEinc site visits are also consultative, but are mainly focused on ensuring that the training program is fully in compliance with the core standards. We anticipate that as time

goes on the relationship between the two site visiting organizations will further evolve.

It is hoped that the accreditation by ACPEinc will become widely accepted and create a national core standard for all psychoanalytic training in the U.S.A. However, licensure laws in New York state and other places, already seem to accept a much lower standard both for prerequisite training before psychoanalytic training and for the training itself than these ACPEinc requirements. This is a matter of concern for all the consortium organizations and all who advocate for high standards in psychoanalytic training. These apparent trends place ACPEinc in a challenging uphill battle as a champion of high quality training psychoanalytic standards.

Further information about ACPEinc can be obtained at its Web site, ACPEinc.org. [APsA](http://www.apsa.org)

Editor's Note: This article first appeared in "Free Associations," Michigan Psychoanalytic Society and Institute Newsletter, V. 36:1, February 2006. It was republished, slightly revised, in the Fall 2007 AAPCSW newsletter. This is a further revision.

Psychodynamics

Continued from page 26

We believe that the Teachers' Academy is a vital step in ensuring a future for psychoanalytic practice. Infusing university and other training settings with information to creatively engage future professionals is critical if younger practitioners are to be exposed to and enriched by psychoanalytic training. Educational and training projects such as these are well worth the effort. What we know from psychoanalytic theory is that healthy functioning emerges through attention and nurturing during the early developmental years. Through the nurturance and attention the Psychoanalytic and Psychodynamic Teachers' Academy provides to early trainees, APsA is setting the stage for a richer and healthier future. For more information on APsA's Teachers' Academy, visit: www.apsa.org/teachersacademy. [APsA](http://www.apsa.org)

Impasses and Failures

Continued from page 25

of educational and institutional contexts, the supervisory process and the impact on supervision of other factors in institutional life is appearing to us as ever more intricate and complex. The impact on both treatment and supervision of institutional conflict and dysfunction is an area to which we have only recently focused our attention and which we hope to study further. To what extent might an impasse represent not only a co-construction between analyst and patient but also a more complicated construction involving the institute itself?

ONGOING THURSDAY DISCUSSION GROUP

As we continue to gather case material, we are beginning to consider writing a

casebook to communicate some of our experience and what we have learned from it to colleagues. We continue to invite colleagues to present cases involving impasse or failure at our Thursday discussion group, and we will continue in our COPE group to study analyses in which supervision itself is an issue and has played a significant role in the impasse or failure. We welcome supervisors and supervisees to contact us about bringing such situations to our Friday morning COPE group. Situations in which a candidate has been supervised by an analyst who is known to have been involved in a boundary violation or boundary crossing, and where the case has foundered or ended prematurely, would be welcomed as we try to understand some of the possible ripples and collateral damage from these events. Please contact judy_kantrowitz@hms.harvard.edu or stevengoldberg@sbcglobal.net. [APsA](http://www.apsa.org)



CASES
from the
Frenkel Files

Psychotherapy Notes

John C. West



John C. West

On the evening of January 18, 2003, Marcus Weiss made a call to Harvard Vanguard's triage unit regarding the status of his son, Jordan Bennett Weiss, then nine years

old. It is not clear from the opinion whether defendant nurse practitioner, Ann Bragan, took the call or acted upon the information received during the call. It appears that Bragan gave advice regarding Jordan's care. The call was taped and the tape existed at the time of the litigation that arose out of the events of that night. The details of the conversation were not disclosed in this opinion. At some time subsequent to January 18, Jordan died and suit was brought against Nurse Practitioner Bragan.

Weiss entered counseling to help him to deal with his grief. After litigation ensued, Bragan sought discovery of Weiss's psychotherapy records, allegedly to obtain proof of the guilt that he felt as a result of the information conveyed during the telephone call in question. Bragan alleged that the tape of the telephone call contained inaudible sections, hence she needed the psychotherapy records to prove what was said.

The trial court disagreed. It held that the best evidence of the conversation is the tape.

John C. West, J.D., M.H.A., is a senior health care consultant with Global Loss Prevention, Inc., a Chartis company. This column constitutes general advice not legal advice. Readers should consult with counsel for legal concerns. For questions or comments contact john.west2@chartisinsurance.com.

If the tape had inaudible sections, it could be enhanced by an expert to determine whether an accurate transcription could be made. The court denied the request to review Weiss's psychotherapy records.

NO SINGLE RIGHT ANSWER

This case highlights a perennial problem for psychotherapists: When should the records of patients be disclosed? If there is a validly executed authorization for release, the issue is resolved, but otherwise care must be taken. In this case it appears that Weiss never consented to the release of his records, and no demand other than through discovery was made, so the psychotherapist was not really called upon to make that decision. However, attorneys sometimes will seek records or information directly, without the patient's authorization, from the practitioner, either by request or by subpoena, and practitioners need to know how to respond. There is no single right answer to that question given the multitude of jurisdictions in the United States,



but the best answer is usually to involve counsel, particularly in sensitive cases. It is generally necessary to do something when records are requested and their release is questionable: Do not simply ignore the request. Nonetheless, the decision to release a patient's records should never be made lightly without the patient's authorization.

This case also highlights the humanity of the legal system. The legal system is, of course, governed by rules and sometimes seems hard-hearted. It is also, however, a system designed and implemented by humans, and run by humans. Judges are not immune to the issues of humanity that come before them. In this case the judge recognized the heart-wrenching nature of the matter before him. The judge noted:

Some may suggest that with the passage of time, memory will diminish Jordan's parents' sense of loss. But anyone who has suffered such a tragic and catastrophic loss could not possibly feel this way. How often are we asked in daily conversation, "How many children do you have?" The father or mother who has lost a son (or daughter) must answer: "Well, I had—, but my son (or daughter) died." Every time parents are asked that casual question, their hearts break.

Here, the Court is asked to allow Marcus Weiss's deepest grief and dearest thoughts to be splayed in a most public forum. After deliberation, I simply cannot countenance such an effort.

It often seems that requests for records are mechanical operations that require little thought. This case stands for the proposition that that is not always the case.

Weiss v. Bragan, 26 Mass. L. Rep. 331 (Mass. Super. Ct. 2009)

APSA

POLITICS and
PUBLIC POLICY

Ethical Versus Legal Obligations in the Eist Case

A Shift in the Burden

Graham L. Spruiell



Graham L. Spruiell

After 31 months of deliberations, on January 21, 2011, the Court of Appeals decided in a divided 4-3 decision in favor of the board in *Maryland State Board of Physi-*

cians v. Harold I. Eist. The Court of Appeals upheld the board's reprimand and fine against Harold I. Eist (a psychoanalyst and child psychiatrist) for failing to cooperate with a lawful investigation conducted by the board and failing "to obey, timely, a subpoena for the production of certain patients' medical records in his possession."

STUNNING REVERSAL OF FIVE PREVIOUS FINDINGS

The court held that the board's action to reprimand and fine Eist be affirmed because Section 4-306 (b) of the Health-General Article of the Maryland Code expressly requires a health care provider to disclose the medical record in the context of an investigation without the consent of the patient, and neither Eist nor his patients exercised the prescribed legal remedies necessary to challenge the board's subpoena specifically, they did not file either a motion to quash the

Graham L. Spruiell, M.D., is co-chair of the Committee on Government Relations and Insurance. He participates in the Program in Psychiatry and the Law and has an interest in confidentiality as the basis of trust in the doctor-patient relationship.

subpoena or a motion for a protective order. Ruling in favor of the board, the Court of Appeals reversed the judgments of two administrative law judges and three lower courts. The court did not address the important question of who owns or regulates information contained in the medical record, nor did it opine about the impact of its ruling upon confidentiality.

FACTS OF THE CASE

Eist was treating a mother and her two sons. The mother was in the midst of a contested divorce and custody battle with the estranged husband, an attorney. At the mother's request, Eist issued an affidavit attesting, based on his observations, that the mother was a competent caretaker for her children. Seven months later her husband filed a complaint with the board, accusing Eist of overmedicating his wife and sons.

Eist received a subpoena from the board on April 19, 2001, ordering him to produce "a copy of all medical records" of the mother and two children within 10 days. The board did not inform the mother or her children of the request for their records. Eist immediately called the board's representative and informed him that the complaint was false and that the complainant was an estranged husband involved in a contentious divorce proceeding. He also informed the board representative that, under standards of ethics, he could not release the records without the patients' consent. Eist consulted with counsel, who confirmed his belief that the records could not be turned over to the board unless his patients consented. The next day, Eist wrote a letter to the board restating that he believed the complaint was motivated by a

bitter divorce proceeding. Eist, following the advice of counsel, also wrote a letter to the mother, informing her of the complaint filed by her husband and of the subpoena from the board; he explained that if she did not respond within one week he would be compelled to forward her complete medical record and the records of her two sons to the board.

In response to his correspondence with the mother, Eist received a letter from the attorney representing the two sons, indicating they would *not* waive their right to confidentiality. He also received a separate letter from the mother, stating that she would not consent to the release of her medical records.

SCYLLA AND CHARYBDIS

Imagine being in Eist's position. The board commands you to release your patients' medical records and informs you, contrary to your professional ethics, your own sense of right and wrong, as well as advice from counsel, that your patients' consents are unnecessary and irrelevant. You inform your patients about the subpoena and your patients are emphatic that they do not want you to share their private information with the board.

In sorting out ethical and legal obligations, Eist believed that it was his ethical duty to maintain confidentiality. He considered the possible harm that might occur to his patients as a result of disclosure. In addition to state laws such as Section 4-306(b) of the Maryland Code, he considered landmark cases that protect patient confidentiality, such as *Jaffe v. Redmond*. He conferred with trusted colleagues regarding professional ethics and his obligations to his patients. He tried to be responsive to the board. In consultation with highly respected and competent counsel, he initially delayed in complying with the subpoena.

On July 7, Eist received a response from the board again demanding production of the medical records, this time within 48 hours. The letter reminded Eist that in accord with Maryland statute, provision of records is not contingent upon the consent of his patients. On July 11, Eist's attorney wrote to the board and related the history of the

Continued on page 30

Eist Case

Continued from page 29

matter and informed the board that he wanted to cooperate, but that all of his patients had asserted their confidentiality rights. His attorney added that it should not be Eist's responsibility to explain to his patients, that in relation to a board investigation, their consent was not necessary.

EIST'S ATTEMPT AT PATIENT CENTERED RESOLUTION

Eist informed his patients about the letter from the board, and said that he wanted, "to try and bring this matter to a close." He notified his patients a second time that he was being compelled to make their entire medical records available, unless they indicated that they would obtain a court order to prevent him. In a third letter on July 16, Eist specifically requested, in a nine-page single spaced letter, a response regarding the subpoena, given his quandary about ethical versus legal obligations. Eist was making an effort to be responsive to the board, but the board was not being responsive to Eist in the respect that it disregarded his legitimate questions about responsibilities to his patients. Eventually, Eist did agree to forward the records, when his patients failed to obtain a court order to prevent him. A peer review quickly determined that the complaint was false, as Eist had said. The board, however, continued to sanction Eist for his lack of prompt compliance with the subpoena.

THE BOARD'S UNYIELDING RESPONSE

Eist successfully challenged the board's reprimand and fine, whereupon the board "doggedly appealed," losing its case four more times before finally succeeding in the Court of Appeals. The board prevailed by a single vote, reversing five decisions of the lower courts and affirming the board's complaint against Eist. Until this holding, the burden had been on the state to show how and why the patient's right to privacy should be abrogated without the patient's consent.

From the point of view of physicians and other clinicians, it might be an overstatement to say that this decision eliminates the right of


confidentiality with respect to board investigations, but it does damage this right. Physicians now must assume the burden of wrestling with the ethical dilemma about whether to comply with the subpoena or to take legal action to quash the subpoena. Upon receiving a subpoena from the Board of Registration, physicians practicing in Maryland should carefully consider their options and consider legal advice and assistance from professional organizations before responding.

When a clinician receives a subpoena that advises the clinician that a patient's records can be legally released without the patient's consent, a clinician might be tempted to comply, even if it meant breaching a patient's confidentiality. Compliance with the board's subpoena might seem more attractive than investing resources in the legal system to quash a subpoena, or alternatively urging the patient to quash the subpoena. In either event there is the risk of antagonizing the board, the patient, or both. An unintended consequence of this decision may be that it encourages clinicians to act against their ethical code by providing an incentive in the direction of breaching their patients' confidentiality. This decision is troubling, both because the clinician is in the impossible role of serving two masters with mutually exclusive demands, but also because it leaves no room for discretion when it comes to matters of conscience and professional ethics.

TROUBLING CONSEQUENCES

From the point of view of patients, it might also be an overstatement to say that as a result of this decision, this is the end of confidentiality. Nevertheless, it is patients who will now be expected to assume a new burden. They will be faced with either allowing a breach of their personal information or hiring an attorney to quash the subpoena; that is assuming they are familiar with the statute and can afford an attorney. It is troubling that the board did not inform the patients that their records were being sought for purposes of an investigation, as if this information by default belonged to the board or to the physician, and not to the patients, and as if the patients' wishes and Eist's ethical duties were not worthy of consideration.

Patients also assume a burden in terms of a potential loss of trust in the clinician-patient relationship. If confidential information is disclosed by the clinician according to Section 4-306 (b), and if patients conclude that their clinicians no longer have control of the information that they have entrusted to them, they might be more reluctant to seek treatment and to be candid about ailments, knowing that it is possible that the board could access their protected health information, regardless of what the clinician believes is ethical, and regardless of what the patient wants and decides.

Given the possibility that this decision could become a precedent and be followed in similar cases in other states, it might be practical in the course of discussing the usual limitations of confidentiality with patients to include some reference to the rare event of a board investigation, even though no psychoanalyst will savor reading a Miranda-like warning to a patient. The statute, the board's action, and the decision of the Court of Appeals together signal major shifts in the triangular relationships of patient and physician, patient and board, and physician and board—such that a patient's expectation for confidential treatment can no longer be assured. After a 10-year battle, Eist will now have to petition the United States Supreme Court, his only legal remedy. The next step will be to rally the 28 professional and privacy organizations (including our own Association) that supported him from the start and will no doubt support him again. He is greatly admired by patients and colleagues for his willingness to fight for the rights of his patients. 

Special thanks to Jim Pyles for his invaluable legal expertise, president-elect, Robert Pyles, and TAP editor-in-chief, Janis Chester, all of whom have been involved in the Eist case from its beginning.

From the Unconscious

Sheri Butler Hunt



John Tieman, an educator associate with the American Psychoanalytic Association, has had poetry published in prior editions of *The American Psychoanalyst*. His local affiliation is with the St. Louis Psychoanalytic Institute. Tieman has had an interest in eastern poetic forms including the haibun, originated by Basho. He describes his poem in this way, “‘The Sacred Heart’ is a thoroughly Western piece that borrows, and modifies, the structure of a Japanese art form. In this case, I begin with a haiku, write a prose poem, and then finish with a tanka, another form of Japanese poetry.” The work is direct and powerful, moving in what it says and what it does not say.

THE SACRED HEART

a maroon leaf drops
stem to stem with a yellow
an autumn death pact

My mother is 101. She lives in a home. She had a private room until last month. Until her privacy didn't matter because reality doesn't matter. Because I live half-a-country away, I never met the new roommate. Until my visit last Monday.

There is a simplicity to our visits. Mother likes the relationship. I like the relationship. Beyond that, there is nothing. Mother has dementia. So when we talk about the old days, nobody's dead to her and everyone—husbands and parents and friends—are all in the next room. I'm in there. Like when she tells me about the other son named John, “the teacher;” the one she delivered last week “in the next room.” To her nurse, dementia is a complex disease. To me, it's as simple as emptiness.

But about the roommate. Mother says the roommate's husband once visited, that and something about him kneeling. Their room is just over there. So I look. She's beautiful. The roommate is half my mother's age. While Mother has all manner of personal items—her rosary, snapshots, a box of Kleenex, a drawing of the Sacred Heart—the roommate has just one photo, her and her husband at something formal. The husband is the kind of guy who wears a tuxedo well. She is tan, 35-ish, shapely, charming in that Southern big-haired sort of way. She effortlessly wears the low cut dress of a woman who knows she's sexy. The shot captures her mid-laugh. Today she stares out the window on her right. She pays no mind to her photo, to me, to the nurse who comes up behind me. Her nurse says she's been staring for fifteen years this way. But this isn't about the window. She simply stares to the right.

just before I leave
I stare out the living room
window to the street
a basketball rolls by followed
by nothing no one not a soul
—John Samuel Tieman

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

Associating with APsaA

AFFILIATION CATEGORIES FOR EDUCATORS, STUDENTS, RESIDENTS, PSYCHOTHERAPISTS, RESEARCHERS

Over the last several years, APsaA has developed a number of categories of affiliation to allow colleagues and friends interested in psychoanalysis to establish a tie to our organization. Associates of APsaA get more out of the national meetings, can start to network nationally with like-minded professionals, and contribute to the richness and vibrancy of the psychoanalytic community. Each Associate category is sponsored and supported by a committee of the American Psychoanalytic Association.

EDUCATOR ASSOCIATE—available for teachers, professors, and administrators at all levels of education, pre-school through university, who are interested in the integration of psychoanalytic principles and ideas into their teaching and scholarship.

PSYCHOTHERAPIST ASSOCIATE—available for psychoanalytic psychotherapists with a minimum of a master's level degree and licensed and/or certified by the state in which they practice.

Individual Psychotherapist Associates are listed in a National Directory of Psychotherapist Associates, prepared annually.

RESEARCH ASSOCIATE—available for research scientists, research oriented clinicians, and others with an interest in psychoanalytically oriented research. The sponsoring committee will facilitate presentations of research at psychoanalytic meetings.

STUDENT/RESIDENT ASSOCIATE—available to medical students, psychiatric residents, psychology, social work, graduate, and undergraduate students of all academic disciplines.

Standard benefits provided to Associates in all the above categories include reduced APsaA meeting registration fees, advance notification of meetings, and subscriptions to this publication. Reduced subscription rates to the *Journal of the American Psychoanalytic Association (JAPA)* are also available. Please note: Individuals who qualify for full APsaA membership are not eligible to join as Associates. Contact APsaA's National Office for more information: 212-752-0450 ext. 18. E-mail: membership@apsa.org. Or go to the APsaA Web site, www.apsa.org/associates, to download the latest brochures.

