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Psychoanalytic Treatment of Psychoses

A three-part series

Introduction

Michael Slevin and Eric R. Marcus

Now that the limits of medication treatment for seriously ill patients are becoming known, talking treatments are being rediscovered. Although no longer in the forefront of inpatient treatment, psychoanalysts have much to contribute to the debate over appropriate treatment models and systems. We solicited articles from various analysts with expertise in understanding and working with patients with psychosis.

PART I: A LOOK AT THE RESEARCH; RETURNING TO THE BIO-PSYCHOSOCIAL MODEL

Andrew Lotterman leads off our section with an evaluation of the core studies cited by those who oppose treating psychotic

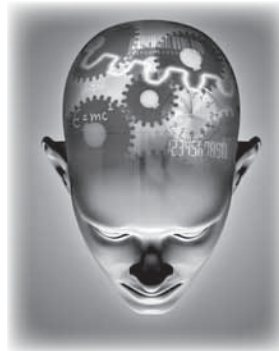
Michael Slevin, M.A., M.S.W., a former TAP editor, graduated as academic associate from the Baltimore Washington Institute for Psychoanalysis, where he completed as a clinician the Adult Psychotherapy Training Program. He works at Sheppard Pratt and has a private practice.

Eric R. Marcus, M.D., is director of the Columbia University Center for Psychoanalytic Training and Research and has a long-standing interest in psychosis. His book on the topic is *Psychosis and Near Psychosis: Ego Function, Symbol Structure, Treatment.*

patients with psychotherapy, finishing with a discussion of the status of the current debate over effective treatment. Brian Koehler presents thumbnail discussions of the considerable work that has been done in recent years on the relationship amongst genetics, neurobiology, cognition, emotion, and interpersonal relationships in severe mental disorders.

PART II: CLINICAL EXPERIENCE

In the next issue of TAP, Michael Stone, Michael Garrett, and Marlene Kocan will present clinical material in their discussions of their different approaches to treating people with psychosis. Stone works with a unique spectrum of serious character pathology, often co-morbid with severe mood disturbances or cognitive problems. Michael Garrett argues that challenging cognitive distortions with CBT techniques can be an important prelude to psychodynamic work, while Marlene Kocan will discuss working with psychotic patients in psychoanalysis proper. Lauren Scott will extend the reach of psychodynamic psychotherapy into the community mental health center.



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PART III: PSYCHOSIS AND CREATIVITY

We will conclude with discussions of creative process and psychosis. Danielle Knapfo will consider the similarities—as the therapist and patient learn of themselves together—while Eric Marcus will consider the differences.

We would like to thank our authors for this discussion of the current status of psychoanalytic ideas and treatment of patients with psychosis.



Editor's Note: The work of many researchers and clinicians (predominantly psychoanalysts) is cited throughout this series. If you would like the list of references, please contact Michael Slevin at michael.slevin1800@gmail.com.

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

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Internationalism and Psychoanalysis

Warren R. Procci

As I sit down to write this column, here in Pasadena, the long, languid days of summer, evocative of childhood and the promises of vacation, are yielding to the sense of a new beginning with the start of the fall academic year.

One of the joys of summertime this year was attending the IPA meeting in Mexico City. It was gratifying in many ways. Attendance exceeded expectations. The city itself offered many incredible charms including some of the most interesting art, architecture, and museums I've seen, and the meeting facilities were state of the art. The highlight, however, was the meeting itself. The three major panels offered fealty to our long-standing heritage, with "The Unconscious," "Dreams," and "Sexuality" as the subjects. Always a joy, we met new colleagues from such novel locales as Turkey, Lebanon, and Vilnius. Moscow has become reestablished as a receptive home for psychoanalysis, and the next IPA meeting will occur in Prague in 2013.

A MISSION, A STRATEGY, AND A RESOLUTE SPIRIT

While there was widespread acknowledgment of the serious problems facing all of us, and they are worldwide, reflecting the phenomenon of "internationalism," there was no pessimism or discouragement to be found, but instead an energy and a sense of resoluteness to find solutions. Just as we have been able to export psychoanalysis to these new markets around the world, there is also a spirit of being able to enhance psychoanalysis in our well-established areas.

I would like to discuss how IPA's approach to the current problems facing the profession has much in common with our own. They have embraced, as we have, the importance of strategic planning. Their history with

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

this approach dates back to 2001 when they first approved such a plan, the Strategy and Mission (SAM) project. In addition to proposing significant changes to IPA's

governance structure, SAM proposed a new mission for IPA, namely "to assure the vigor and development of psychoanalysis," quite in line with the goals we are supporting. It was also clear to IPA governance, that "the membership wants IPA to achieve real outcomes rather than engaging in a multitude of activities whose contribution to individual analysts' day-to-day work is not clear." I categorically agree with this approach. I have been personally involved with APsaA governance as an officer for more than nine years. During this time, I have been part of our budgeting processes where we have responded to requests for funding mainly based on the availability of funds rather than on whether these expenditures will support our needs. As you can see, IPA has taken the position that they must "move away from the general activities-based approach to the targeting of all IPA resources towards strategic choices." They explicitly acknowledge the need to "deploy resources to specific ends." And so must we.

STEADFAST COMMITMENT TO PRACTICE AND CANDIDATES

It is also striking that IPA has identified that "the profession is losing market share" and this loss of market share is occurring paradoxically in an expanding health care market. In one of their Strategic Plan documents, IPA acknowledges the very real prospect that we might find that "ultimately it is not much use



Warren R. Procci

being a highly trained and competent analyst if he or she cannot attract patients and earn a reasonable living." We cannot let this happen; it would be a disservice to our candidates. These are sentiments that I have been actively expressing for many of my leadership years in APsaA.

IPA initially proposed their Strategic Plan with two primary strategic outcomes in mind: "to enhance the sense of belonging to an international psychoanalytic community" and "actively encourage the promotion of psychoanalysis as a means of treatment." The IPA strategic planning group has just proposed adding a third outcome. And this is worth our attention as well. This outcome derives from IPA's accreditation role and is concerned with the quality of treatment and training. This objective is framed as reinvigorating "professional learning and interchange on a global basis in order to improve the quality of treatment in training."

I suspect that all of us have felt the impact of what is referred to as the global financial crisis of the last several years. If we had doubted the impact of the concept of "internationalism," it most certainly has been brought into our homes and offices with the market turmoil of recent years. IPA's position and proposed plan are strikingly similar to ours as we all are aiming towards achieving similar outcomes for the profession in grappling with what is a major worldwide problem.

Our own strategic plan continues to evolve. I invite all of you to visit the member pages of the APsaA Web site (www.apsa.org). After getting to the Web site, go to the Members' section and click it, then click "Association Documents" to review the goals and objectives which are clearly outlined there. Discuss them with your colleagues, locally and nationally, and let us know what you think. After our task force meets in New York in December to move our own plan towards implementation, I will keep you informed of our progress.

I wish all of you a positive new beginning in the current academic year.

APSA

APF Grants Break New Ground

Linda Benson



Linda Benson

Virtual online communities and architectural concepts are not often associated with psychoanalytic endeavors, but two grant proposals that received funding from the American Psychoanalytic Foundation Committee (APF) literally broke new ground this year.

Since 1994, the APF has provided financial support to a variety of projects that promote psychoanalysis as a framework for understanding individual behavior and cultural phenomena. One of this year's grants incorporates psychoanalytic thought with 21st century technologies while the other explores the relationship between psychoanalysis and the architectural perspectives of form, space, and structure.

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VIRTUAL NEONATAL COMMUNITY

The first grant, awarded to THRIVE Let's Talk, will help fund the creation of a virtual online community, Emotional Neonatal Intensive Care (ENIC), to connect parents of premature infants with professional resources and with one another. This will include an eBook, podcasts, and blogging space. When completed, the Let's Talk App can be downloaded on an iPhone, iPad, Android smart phones, and iPod touch.

Let's Talk is an expansion of THRIVE, established in Los Angeles in 2007 and sponsored, in part, by the New Center for Psychoanalysis. THRIVE developed out of the realization that premature parents often feel traumatized, helpless, and isolated when

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confronting the intensive medical needs of their fragile infants. In addition to assisting premature parents in attaching to their babies within the confines of the NICU, the program educates NICU nursing staff and collects observational data for future research in the emotional capacities of premature and micro-preemie infants.


ARCHITECTURE AND PSYCHOANALYSIS

The second grant was awarded to the publication of a special volume of "CENTER: A Journal for Architecture in America." The special volume, entitled "The CENTER: Space + Mind Publication," includes 10 original research essays by a multidisciplinary group of authors: professors and practitioners of architecture, art, history, sociology, political psychology, psychoanalysis, psychiatry, and psychotherapy. Established in 1985, the journal is one of the nation's premier series of accessible, topical, scholarly writing on architecture.

This special issue of "CENTER" examines potential parallels, connections, and common concerns between architecture and psychoanalysis. It arises from the Space+Mind conference held in April 2007 at the Austin

School of Architecture at the University of Texas, under the sponsorship of the Center for American Architecture and Design. The conference explored a range of topics from the constructed, physical environment and the internal workings of the mind to the reflection of space and self in childhood and the design of spaces for maximum psychotherapeutic benefit. The Center for American Architecture and Design and the Graham Foundation are also contributing financial support.

These two projects show psychoanalysis's capacity to meet the needs of an underserved community and to integrate psychoanalytic thinking in new and creative ways.

"We appreciate the continuing generosity of our donors," says Sandra Walker, chair of the APF Committee and faculty member of the Seattle Psychoanalytic Institute and Society. Walker adds, "APsaA received nearly \$25,000 in donations this year from members and friends to support timely and innovative projects. The committee takes great care in selecting projects that further public awareness of the value of psychoanalytic thought and its applications. And we hope that all APsaA members will support the work of the American Psychoanalytic Foundation Committee by adding a contribution to the foundation on their 2012 APsaA dues invoice." 



PRACTICE, PRACTICE, PRACTICE

I want to heartily praise TAP and all its staff for publishing the article on addictions by Lance M. Dodes ("New Psychoanalytic Understanding of Addiction," TAP 45/3). I found the information immediately useful in my practice. Please let's have more sharing of such hands-on clinical practice information from our members.

Lee Jaffe, Ph.D.
La Jolla, California

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

Psychoanalysis in the 21st Century

Colleen L. Carney and Lee I. Ascherman

Psychoanalysts of the 21st century live and work in a world very different from that of only a generation ago. The world of health and mental health, particularly, has changed and continues to change rapidly. One thing, however, has not changed: "Psychoanalysis still represents the most coherent and intellectually satisfying model of the mind." These are not our words, they are those of Eric Kandel, Nobel laureate, psychiatrist, and neuroscientist in his April 1999 article in the *American Journal of Psychiatry*, "Biology and the Future of Psychoanalysis: A New Intellectual Framework for Psychiatry Revisited." Kandel is simultaneously an ardent supporter and an astute critic of psychoanalysis. Not surprisingly, Kandel's recommendations to us have nothing to do with the internal conflicts that have preoccupied our organization for the past 15 years. Rather, he directs us outside of ourselves and toward pursuits which psychoanalysts have long resisted and which take us out of our comfort zone, such as alliances with cognitive neuroscience and biology, generating collaborative research into the human mind and the development of psychopathology as well as methodologies for studying and understanding treatment outcomes. The daunting scope of Kandel's recommendations helps to make sense of why we gravitate toward the internal, relatively easy things to change. Kandel strikes a more harmonious note when he proposes that the needed research "will need to be engaged constructively by those who care for it and care for a sophisticated and realistic theory of human motivation."

There is no doubt that no one cares more for psychoanalysis than the members of our organization; despite all of our differences, care we do. We also recognize that challenges facing the 21st century candidate are different from and more difficult than the ones we faced, and that our task includes anticipating those challenges and preparing them for the psychoanalytic world

Colleen L. Carney, Ph.D., is chair of the Board on Professional Standards, and Lee I. Ascherman, M.D., is secretary.

of the future. Over the past year, the Board on Professional Standards has begun to implement the changes in the revised Standards for Education and Training in Psychoanalysis. This will be a long, evolving, and collaborative process which will take many years. As important as this task is, we know that it is a necessary but insufficient focus. The health of psychoanalysis will not be restored by merely changing our own internal standards. Rather, the highest BOPS priority is that of finding ways to assist all 31 of our training facilities in their struggle to recruit, educate, and professionally develop psychoanalysts who will be fully equipped to thrive in a 21st century environment.

THREE INITIATIVES

FIRST: ANALYST KNOWTHYSELF

With this in mind, we have begun to develop three initiatives which should bring us one step closer to some of these more global and future goals. The first project is to study ourselves under the general rubric of the Psychoanalytic Development Project. We intend to identify specific points of entry during a psychoanalytic career and tease out both implicit and explicit criteria typically used to mark psychoanalytic competence at that stage of development. The new standards require this kind of study, but they also provide us with some natural and somewhat uniform points of inquiry, and possibly more than one perspective at the same stage of development. For example, the Certification Examination Committee's Pilot Project, which begins the initial stage of the certification process during candidacy, provides a window into the advanced candidate's psychoanalytic competence; this data could be utilized by progression committees to compare with the data from the mid-phase or pre-graduation colloquia which are required by all Developmental Pathway Institutes, but will be encouraged in all institutes. At this stage of development, institutes will also have data from the supervisory reports and faculty evaluations which together can provide Progression Committees more uniform evaluation data by which to make training, progression,

and graduation decisions. You will hear much more about this project in the coming year.

SECOND: UNIVERSITIES AND MEDICAL CENTERS

The second initiative is the Task Force on University and Medical Center Initiatives. Our goals for this task force are multifaceted. First, we plan to bring university and medical center affiliated institutes together, to share both their unique challenges and their unique opportunities. Academic and medical communities have recruitment, research, and collaborative potential not available to freestanding institutes. An academic and research environment provides the context in which the kinds of interdisciplinary collaboration proposed by Eric Kandel is really possible. University counseling centers and clinics in medical centers are a natural source of training cases for candidates, as well as opportunities to provide the next generation of mental health providers early exposure to the richness and value of a psychoanalytic perspective.

THIRD: CHILD AND ADOLESCENT TRAINING

The third initiative, only now being conceptualized, is a new Task Force on Child and Adolescent Training. Underestimating the dangers of current trends in psychiatry and psychology to the existence of child and adolescent psychoanalysis will have permanent consequences for both our profession and for young people of the future. This task force will have three committees: one to identify the most critical threats to child and adolescent training and practice, a second to develop a completely integrated curriculum of adult-adolescent-child psychoanalysis which will be made available to institutes, and a third to focus on prevention and early intervention of child and adolescent psychopathology. Each committee has been asked to provide a report to BOPS with specific findings and recommendations by June 2013. Collectively, we hope that this task force will ignite a spark of greater interest into child and adolescent treatment and breathe new life into our child and adolescent training programs.

We look forward to keeping you apprised of these activities and always welcome your comments and suggestions in our shared commitment to psychoanalysis.



2012 National Meeting Highlights

January 10-15

Gary Grossman



Gary Grossman

APsaA's 2012 National Meeting in January promises to be an exciting time for networking, collaboration, reunion, and learning. From large panel presentations to

small discussion groups, there will be a variety of opportunities for our members, mental health professionals, students, educators, and scholars to make connections and expand our skills.

CLINICAL WORKSHOPS AND PANELS

The Two-Day Clinical Workshops have been one of the most popular additions to the program. This year there will be six different workshops to choose from with discussants representing a range of clinical perspectives, including Virginia Ungar, from Buenos Aires; Stefano Bolognini, from Bologna; Rosemary Balsam; Jay Greenberg; Richard Almond; and Kirsten Dahl. Attendance is limited for these workshops and early registration is strongly recommended.

The panel presentations are also a very popular draw and January's five offerings feature both familiar and new faces. Friday afternoon's panel, "On the Use of Pre-Symbolic, Pre-Verbal Material: Where and How Does It Enter a Particular Analyst's Work?" features Virginia Ungar, Howard Levine, and Dominique Scarfone discussing South American, North American, and European perspectives on unrepresentable experiences in patients,

Gary Grossman, Ph.D., is a member and faculty at the San Francisco Center for Psychoanalysis, where he also serves as chair of the Psychoanalytic Psychotherapy Education Division, and is a member of APsaA's Program Committee.

with Henry Friedman as chair. Sydney Pulver, chair; Glen Gabbard, Helen Stein, and Steven Roose will explore contemporary approaches to treatment termination in Saturday morning's panel, "How and When Does Treatment End?"

How does desire enter the analytic encounter? How are development, gender, and culture reflected in our theories of desire? How is the analytic couple impacted by desire? These are a few of the questions that will be raised by Marilla Aisenstein from Paris, Carol Gilligan, Deborah Leupnitz, Don Moss, and Melinda Gellman in Saturday afternoon's panel, "Desiring and Being Desired." Rosemary Balsam chairs Sunday's panel, "Siblings, Identity Development and Clinical Process," with Christine Kieffer, Jeanine Vivona, Joseph Lichtenberg, and Salman Akhtar examining the influence of siblings in psychological development. The Child and Adolescent Panel, "A Comparison of the Role of Action in Adult and Child and Adolescent Psychoanalysis," will feature presentations of an adult and adolescent analysis for our consideration. Panelists include David Ott, Ruth Graver, Karen Gilmore, Eslee Samberg, and Mark Smaller, with Christine Kieffer as chair.

ARTS AND CULTURE

Now in its second year, the APsaA Artist/Scholar-in-Residence Program brings distinguished individuals to the National Meeting to conduct seminars and other exercises for analysts in attendance. We are especially fortunate this January to have the principals from the award-winning Austin design firm, Danze + Blood Architects as our Artists/Scholars-in-Residence. Elizabeth Danze is an associate professor in the School of Architecture, University of Texas at Austin. Her interests include contemporary architecture, equitable housing, and the architect's contribution to community and culture. She is the co-author of *Psychoanalysis and Architecture* (2007) and co-editor of *Architecture and Feminism* (1997).



John Blood is a senior lecturer in the School of Architecture, University of Texas at Austin. In addition to being a licensed architect, Blood also works as a concept artist, set designer, and storyboard artist in the film and video game industries. Danze and Blood will offer a variety of workshops and experiences beginning Friday evening.

The Theban Plays of Sophocles, including *Oedipus the King*, *Oedipus at Colonus*, and *Antigone*, will take center stage in the meeting's University Forum. Psychoanalysts Melvin Lansky and Leon Wurmser will be joined by distinguished academics David Konstan, professor, Department of Classics at New York University, and Elizabeth Brobrick, visiting scholar, Wesleyan University.

Psychoanalytic explorations of film provide a unique window to the human condition and an opportunity to discover psychological and emotional meanings as represented in this artistic medium. Thursday evening's Film Workshop, chaired by Bruce Sklarew, explores love, sexuality, and splitting in a woman's erotic life in Jean Jacques Annaud's *The Lover*, with presenter Gabriela Goldstein from Buenos Aires. *Star Trek: The Next Generation* will be screened at Saturday afternoon's Film Workshop, "Trauma, Telepathy, and Alien Mothers," followed by a presentation by Esther Rashkin on parent/child developmental issues and trauma as reflected in science fiction drama.

Also, be sure to visit the exhibit: *The Psychoanalyst as Photographer and Artist*, featuring photography, painting, sculpture, and jewelry by APsaA members, affiliates, associates, and IPA and IPSO members. This is the fourth annual exhibit organized by past-president Jon K. Meyer.

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National Meeting January 2012

PLENARIES AND SYMPOSIA

In his Friday morning plenary address, "Core Issues in the Treatment of Personality Disordered Patients," distinguished psychoanalyst Dan H. Buie discusses the capacities necessary for maintaining basic self-stability that are typically lacking in our patients with personality disorders. Judith Chused will focus on the narcissistic vulnerabilities of the analyst that are inherent in the practice of psychoanalysis in her Friday afternoon plenary address, "The Analyst's Narcissism." Use of the analyst's vulnerabilities to narcissistic injury and grandiose thinking in furthering the course of an analysis will be discussed.

Symposia explore the interface between psychoanalysis, society, and related disciplines and offer psychoanalysts an opportunity to dialogue with our colleagues in other fields. This year's National Meeting has a multitude of offerings, beginning with the Presidential Symposium, "Minding the Markets: How Psychoanalysis Can Help to Build New Economics and Finance Thinking." Professor David Tuckett, a British analyst and former economist, will be in conversation with Robert Johnson, executive director of the Institute of New Economic Thinking, and APsA president Warren Procci. The Community Symposium, "Psychodynamic Explorations of Power, Sexuality, and Identity in Twenty-First Century Variants of the 'Black Nanny-White Master' Syndrome," features presentations by Dorothy Holmes and Carlotta Miles.

El Sistema is a Venezuelan music education program founded by José Antonio Abreu in 1978. The program began with 11 music students and has grown into a vibrant institution teaching 300,000 of Venezuela's poorest



children, and has had a profound impact on the youth and their communities. In 2010 the New England School of Music founded the Abreu Fellows Program with the mission of establishing *El Sistema*-like programs throughout the United States. Abreu Fellows Marie Montilla and Patrick Slevin join psychoanalyst/musician Julie Jaffee Nagel for the symposium, "*El Sistema*/Abreu Fellows and Psychoanalysis: Beyond the Concert Hall and Consulting," in an exploration of the transformative effect of ensemble music, study, and performance.

The Educators Symposium, "Executive Function Disorders and Disorders of the Self: Exploring No Man's Land," chaired by Tillie Garfinkel, investigates the connection between neuropsychological deficits and deficits in the sense of self. Joseph Palombo, founding dean of Chicago's Institute for Clinical Social Work and faculty at Rush Neurobehavioral Center will present a new paradigm incorporating neuropsychological, relational, and intrapsychic dimensions of neurological disorders in children, with discussion by analyst and school consultant Stephen Kerzner.

RESEARCH

Although the majority of APsA's members are not directly involved in conducting empirical research, the scientific meetings offer a unique and rich opportunity for clinicians to learn about cutting-edge research relevant to our work. The research programs in January are too numerous to describe in detail here but include the Eighth Annual

Scientific Paper Prize for Psychoanalytic Research: "Changes of brain activation pre- and post-short-term psychodynamic inpatient psychotherapy: An fMRI study of panic disorder patients"; the Eleventh Annual Poster Session: "Research Relevant to Theory and Practice in Psychoanalysis"; and the RAAPA-PPRS all-day Research Forum offering three distinct sessions on defense mechanisms, the placebo effect in psychoanalytic treatments, and psychodynamic psychotherapeutic approaches to psychosis. In addition, there is the Neuroscience Symposium, "Empirical Social Cognitive Neuroscience Research as a Basis for a Comprehensive Theory of Psychotherapeutic Change."

ADDITIONAL INFORMATION

The National Meeting includes much more than these highlights, so be sure to review the Preliminary Program, which is available on APsA's Web site. Registration closes at midnight on Monday, December 19. For more information about attending a scientific meeting, especially if this will be your first time, I strongly recommend this Web page:

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

Making_the_Most_of_

Scientific_Meetings.aspx. 



SAVE THE DATE

June 12-17, 2012

APsA

101st Annual Meeting
Palmer House Hilton Hotel
Chicago





The Help: Exploring Power and Identity

Carlotta Miles



Carlotta Miles

It is very exciting to see the changes in the psychoanalytic terrain. One such change is the establishment of the Community Symposium at the upcoming meeting on January 13 from 12 noon to 1:30 p.m. Dorothy Holmes and I will address the topic of the black nanny–white family syndromes, chaired by Bruce Sklarew. Our organizations are reflecting the changes in sensitivity to the myriad aspects and kinds of relationships in the general American culture. As the diversity in American culture is more widely celebrated, it becomes evident that we must look hard at the formerly intentionally silent transference and countertransference issues in both professional and personal relationships. At this year's Community Symposium we will consider the voices of people who in the past would have been ignored, despite the importance of their presence in the lives of so many people, including some of us. The nurturing child care workers of a different race have always had a profound developmental effect on their charges. The psychodynamics of the black nanny's impact on the identity of the white child have been largely unexplored if not ignored in the psychoanalytic setting until recently.

Carlotta Miles, M.D., who practices psychoanalysis and adult and child psychiatry in Washington, DC, is a nationally known speaker and writer on psychological development. She served on the faculty of George Washington University Medical School and Howard University Medical College.

OTHER MOTHER LOVE

As a black psychoanalyst, however, I have treated white patients who have presented with primary black identities, having had significant relationships with women of color during infancy and childhood. I have encouraged therapists to look for these people in the history-taking process and termed the relationship "other mother love." The American culture is finally ready to observe, recognize, and even delve more deeply into these relationships in order to better understand race relationships: differences in dual white identities; black anger; and secret white love of blacks, even in a hostile racial geographic area.

Nowhere are these changes more evident than in the movies. For the first time, a high level of attention is being given to the psyches and emotional dynamics of these people. The unimportant have become important and have become the centerpieces of dramas that win movie Oscars. The most recent and outstanding example is *The Help*, in which

a sympathetic young white woman journalist takes the risk of



giving a voice to numerous black maids working for a variety of white women in segregated Jackson, Mississippi. She, too, had had a black nanny who shaped her self-confidence and personality. In the face of outright racism and personal oppression, these working-class black women maintain their dignity



and contain and express their anger in a variety of ways. We will analyze their defense mechanisms and compare them to the defenses used during slavery. The movie takes the viewer into the community inner sanctums of the black Southern Baptist church and the modest homes of the maids and shows the role of survival religion and community support in maintaining the stamina of these women as they face the day-to-day overt psychological ignorance and prejudice of their white employers, residing in old plantation houses. One is constantly left with the question of how the flaky, racist, white women represented could leave their infants and young children in the care of people whom they demean and treat so carelessly, and how the black maids could love their white charges so warmly and largely unconditionally. Clearly, a split in the ego is required of both the caregiver and the employer.

The movie captures the emotional conflict of the black maids but shows different types of white women, some racist and hardened to introspection and others who do not share the same racist views but are afraid to push against the conformity of the peer group. What is blatantly missing is the liberal, wealthy, well-born, supportive white mistress of the time who was generous as well. (Leontyne Price, the great opera singer, was sent to the Juilliard School by her mother's white mistress.) Is there such a thing as a "good white woman"? Can a domestic servant be happy in a subservient role with no possibility of advancement? Can a white person in a superior role find the balance between control for control's sake and empathy for a person whose life is controlled by poverty and limited opportunities? Most important, when does the small, loving child,



raised by the nanny of a different color, switch identities and become identified with the hostile biological mother, and how does the switch take place?

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Candidates Enthusiastically Support New COPE Study Group

Caryn B. Schorr

A new relationship has been forged between the Candidates' Council and the Committee on Psychoanalytic Education (COPE). COPE co-chairs Harriet Wolfe and Robert Michels have invited a candidate to join COPE beginning in January 2012 and a candidates' COPE study group has been initiated.

At the June APsA meeting, candidates enthusiastically supported the creation of such a study group with a unanimous vote to proceed. A vigorous discussion took place regarding what topic would be best as an inaugural focus. The candidates present

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Caryn B. Schorr

expressed interest in supervision, boundary violations and their secondary effects on candidates, and the certification process. The decision was made to leave the initial focus broad and to call the group "The Challenges of Candidacy." The plan is to allow more specific foci to emerge from discussions among candidates from around the country and at different levels of training.

The goals of the candidates' study group, as with all COPE study groups, will be to have an impact beyond the study group. This might

be through publications and sponsorship of panels or workshops.

COPE invites graduate analysts as well as candidate members to identify trainees who might want to join this COPE study group and to encourage those trainees to make their interest known. The study group will have 8 to 12 members from training programs around the country and from different levels of training. Candidates will be asked to submit a CV that includes information about their interests, training, and experience to me, chair of the study group, at cbschorr@aol.com. If more candidates wish to participate than would be wise for a good working group, I, as chair, will select the first members in such a way as to insure the sort of geographic and experiential diversity described above. Initially, the members of the study group will all be candidates. Graduate analysts will be invited to participate as consultants and may be asked to join the study group in the future.

In summary, this new COPE study group will be an opportunity for candidates who have expressed strong interest in aspects of training to explore those interests with the goal of producing a product that enriches the profession.

APsA

NEW CINEMATIC INSIGHTS

Today's movies are taking the viewer into places never before visited. In the '50s, the Broadway play, *Member of the Wedding*, set the stage. Black cook, nanny—and her young charge, an eight-year-old white girl—never left the kitchen, which said it all. They lived there and talked. Today, the movie *Precious* takes the viewer into the world of a



poverty stricken, teenage, obese incest victim whose defense system (fantasy and mental escape) saves her from failure. Another current movie, *A Better Life*, follows an illegal Mexican immigrant, a lawn worker, through his day as he struggles to provide for his

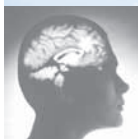
15-year-old son, whom he wants to benefit from American opportunities. Meanwhile, he has no bank account, no car, no credit, and no green card. He travels between Hollywood palaces and his own tiny little domicile, which he shares with his son. Will his son identify with him and his struggle

or with the America that is a constant threat of deportation? Another split.

This Community Symposium will also address the near disappearance of the American black domestic. She has been replaced by other women of color—Caribbean, Filipino, and African, to name a few, along with European au pairs. The conflicts may remain, although without the black/white history of slavery. The psychodynamics of women of color working in other racially mixed employment situations will be covered as well.

Looking at a future filled with diversity, we must understand that what we are accustomed to seeing and hearing is not all that there is to know. Diversity in our practices is growing at a rapid rate, and it is our duty to understand, develop, and recognize the complexity of other cultures, and to do so without judgment.

APsA



January 2012 Science Presentations

Psychoanalytic Psychodynamic Research Society (PPRS) 3rd Annual Meeting

Andrew J. Gerber

In June 2009, because of the vision and leadership of Stuart Hauser, the Psychoanalytic Psychodynamic Research Society (PPRS) was formed in association with the American Psychoanalytic Association. It is an organization with its own structure and governance and independent membership, but with deep ties to APsaA. As stated on its Web site (www.pprsonline.org), its mission is to "provide a community for all those interested in empirical psychodynamic/psychoanalytic research in scholarship related to psychoanalytic theory and practice as well as relevant scholarship from neighboring fields." It is committed to a "professionally and geographically diverse" membership, to supporting the training and development of young researchers, and to a transparent and democratic process for performing all organizational functions.

WHY A NEW ORGANIZATION?

Though existing psychoanalytic organizations, such as APsaA, the International Psychoanalytical Association, and Division 39 of the American Psychological Association, have long possessed their own committees and substructures devoted to research, each of which has done important work, for a complex set of reasons none of these organizations has yet succeeded in making empirical research

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a primary goal. Furthermore, empirical researchers from the U.S. and abroad need an organization of their own that does not exclude from membership (or relegate to less than full membership) those psychoanalytic/psychodynamic researchers who are not themselves fully trained psychoanalysts or even clinicians. The founders of PPRS are individuals who have worked in the often conflicting worlds of clinical psychoanalysis, academic psychiatry, and academic psychology and believe in the importance of having a "place to call home" for psychoanalytic researchers. Rather than dilute or subtract from the research presence in existing psychoanalytic organizations, we believe that having such a home will invigorate the psychoanalytic research community and enhance its presence within other organizations.



Andrew J. Gerber

WHAT DOES THE ORGANIZATION OFFER MEMBERS AND NON-MEMBERS?

PPRS is in its third year of organizing a set of empirical research presentations for its annual meeting held in association and partial overlap with the program of the APsaA National Meeting in January. Working with the APsaA Program Committee (APsaA past-president Lynne Moritz serves as this liaison), PPRS solicits presentations from researchers, selects the best in a fair and open process modeled after other scientific organizations, and coordinates and publicizes these presentations each year. PPRS-sponsored events are free for all PPRS members. Those events that are co-sponsored by APsaA are also open to APsaA members without PPRS membership. Second, PPRS has a Web site open to the public (www.pprsonline.org) with general information about its history and structure and the program for recent and upcoming meetings. Only members, however, have access to (a) uploaded audio and slides from each of the PPRS presentations from 2011 (and soon to be from 2012), (b) a copy of the scientific poster session abstracts, and (c) an up-to-date list of contact information for PPRS members. Finally, PPRS members are automatically added to a research listserv that is restricted to members. Of note, this is not the same as the Psychodynamic Research Listserv that Mark Hilsenroth and I run, which is open only to active psychoanalytic researchers (though many of them are members of PPRS as well).

APsaA

APsaA Call for Submissions

SCIENTIFIC PAPERS SYMPOSIA DISCUSSION GROUPS

Deadline for submission:

MAY 1, 2012

For the 2013 National Meeting (January)

PANELS

Deadline for submission:

MARCH 1, 2012

For the 102nd Annual Meeting (June 2013)

SEND ALL SUBMISSIONS TO:

Carolyn Gatto, Scientific Program and Meetings Director (cgatto@apsa.org)

For detailed information on submission guidelines, an overview of each type of submission, and answers to frequently asked questions, go to http://www.apsa.org/Meetings/Submission_Guidelines.aspx. Submission guidelines can also be found under the Meetings tab on the APsaA Web site.

Highlights of the



January 2012 Program

THURSDAY, JANUARY 12, 2012

12:00 noon-1:30 p.m.

Research Presentation

“In the real world, is dynamic psychotherapy a more cost-effective treatment for borderline personality disorder than dialectical behavior therapy?”

Presenter: Robert Gregory, M.D.
Discussant: To be announced

Gregory has developed a psychodynamic treatment for borderline personality disorder (BPD) called “dynamic deconstructive psychotherapy” (DDP) and will report on results from a quasi-randomized trial in which 23 patients received DDP and are compared to 19 patients who received dialectical behavior therapy (DBT).

4:30-6:30 p.m.

Research in Psychoanalysis

Discussion Group

“Bridging the Gap: The Relevance of Research for Psychoanalytic Practice and the Significance of Practice for Research”

Chair: Robert J. Waldinger, M.D.
Presenter: Jeremy Safran, Ph.D.
Discussant: Morris Eagle, Ph.D.

Safran and Eagle are leading an effort to respond to psychoanalysts who question the relevance of empirical research for psychoanalytic practice (perhaps best summarized in Irwin Hoffman’s 1989 *JAPA* article,

“Doublethinking Our Way to ‘Scientific’ Legitimacy: The Desiccation of Human Experience.”) A lively exchange on these issues is of great significance to the psychoanalytic research endeavor.

FRIDAY, JANUARY 13, 2012

12:00 noon-1:30 p.m.

Research Symposium

“Parental Mentalizing in Action: Verbal and Embodied Parental Mentalizing in Theory and Clinical Practice”

Chair: Robert J. Waldinger, M.D.
Presenters: Dana Shai, Ph.D.,
Arietta Slade, Ph.D.,
Nancy Suchman, Ph.D.
Discussant: Mary Target, Ph.D.

Minding the Baby is a home-based interdisciplinary intervention designed by Slade, Mayes, and Sadler to enhance mentalizing capacities in high-risk young mothers and their families. The authors will present results of a randomized controlled trial of this intervention.

2:30-3:30 p.m.

Research Presentation

“Seeing Red: Assessing Unconscious Processes of Emotional Regulation with the Rorschach”

Presenter: Jobanna C. Malone, Ph.D.
Discussant: Adam C. Conklin, Ph.D.

The Rorschach has long been at the heart of psychoanalytic research efforts to measure unconscious processes. The latest advances in how to use chromatic color determinants to learn about affective regulation will be presented.

3:30-5:00 p.m.

Research Symposium

“Listening to Patients’ Repetitions: A Marker of Inertia or Change in Psychotherapy?”

Presenters: Sibel Halfon, M.A.,
Lissa Weinstein, Ph.D.
Discussant: Norbert Freedman, Ph.D.

In the best tradition of careful process research, the authors will describe their linguistic analyses of 10 psychoanalytic sessions, with the particular goal of elucidating the role of repetition in the patient’s language.

SATURDAY, JANUARY 14, 2012

10:00-11:45 a.m.

Research Symposium

“Still Alive & Well: An Overview of the Current Empirical and Clinical Status of Defense Mechanisms”

Presenters: Phebe Cramer, Ph.D.,
Sergio Paradiso, M.D.,
Ph.D., John H. Porcerelli,
Ph.D., A.B.P.P.
Discussant: Jack Novick, Ph.D.

Cramer and her colleagues are leaders in the careful description and study of defense mechanisms (see *Protecting the Self: Defense Mechanisms in Action*, Guilford, 2006).

1:00-3:00 p.m.

Research Symposium

“Placebo Effects in Psychoanalytic Treatments”

Presenters: Bret R Rutherford, M.D.,
Andrew Gerber, M.D., Ph.D.,
Steven P. Roose, M.D.
Discussant: Robert Michels, M.D.

Rutherford studies the role of expectation (aka placebo) effects in all forms of treatment—medication and psychotherapy—and the neural bases of these very real effects. This will be discussed in the light of other theories as to the mechanisms of action of psychodynamic psychotherapy.

3:30-5:00 p.m.

Research Symposium

“Disturbances of Self-Awareness in Schizophrenia: Neuroscientific Findings and Their Relevance for Psychodynamic Psychotherapeutic Approaches to Psychosis”

Chair: Benjamin K. Brent, M.D.
Co-Chair: Christopher R. Morse, Ph.D.
Presenter: Larry J. Seidman, Ph.D.
Discussant: Eric R. Marcus, M.D.

Psychoanalytic theories and psychodynamic interventions have an expanding role in understanding the various cognitive deficits of schizophrenia and their relationship to self-awareness and social functioning. The authors will present data from a functional magnetic resonance imaging (fMRI) study of social cognition in schizophrenia.

Psychotherapy Can Benefit Schizophrenic Patients

Andrew Lotterman



Andrew Lotterman

The treatment of schizophrenia has long been a challenge for psychoanalysis. At the very beginning, Freud worked with patients who described a variety of severe

and bizarre symptoms, and some of these responded to the new psychoanalytic method. Over the next half century, despite Freud's misgivings, many psychoanalysts worked with psychotic patients, some reporting good results. However, problems in accurate diagnosis and assessment made the validity of these outcomes uncertain. Some psychoanalysts, e.g., Paul Fernald, tried modifications of classical psychoanalysis, while others, like Bryce Boyer and Peter Giovacchini, used traditional methods, including the couch. There were individual reports of therapeutic success. But neither classic psychoanalytic techniques nor depth interpretations used by the Kleinians seemed to produce reliable benefits. In the 1970s and 1980s psychoanalytic approaches fell into disfavor and the focus of treatment became pharmacological, not psychological. The absence of reliable research data on the beneficial effects of psychotherapy reinforced the developing focus on biological etiologies and treatments. However, after a half century of research, a definitive biological cause and therapy remain elusive, and

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there is renewed interest in psychological factors which play a role in schizophrenia. Today, psychoanalytic thinkers are focusing on what makes the psychology of schizophrenic patients unique and are trying to modify their technical approaches to address the particular way the mind works in psychosis. Future articles in this series will describe some of these new approaches.

BIAS AGAINST PSYCHODYNAMIC PSYCHOTHERAPY

Schizophrenia devastates individual lives and causes tremendous pain to family and friends. Its economic cost is enormous, estimated at \$318 billion in the United States alone in 2002.

The modern treatment of schizophrenia has focused on medication management. Medication, though, has been only partially successful. In 1997, José Ayuso-Gutiérrez reported that 20-30 percent of patients do not respond. In 1996, Susan Essock and colleagues found that 48 percent of patients relapsed in the first year. Peter Weiden found that even if medication does work, studies find that 50 percent of patients stop taking their pills after one year, and 75 percent after two years.

The current treatment of schizophrenia is guided by a de facto research-clinical consensus: Schizophrenia is a progressive, biologically based disease. Treatment should focus on psychopharmacology that is ameliorative



and not curative. Psychodynamic psychological therapies are ineffective and possibly harmful and should not be used.

Part of the trend in favor of medication resulted from the success of phenothiazines in reducing the number of hospitalized patients in the 1950s. But because of the limits of medication, we need to reconsider the role of other therapies, including psychodynamic psychotherapy. By definition, if a patient stops his medication, as so many do, no pill will induce him to take it. Some sort of psychological approach is necessary.

In order to reconsider the value of psychodynamic psychotherapy with schizophrenic patients, we should take a look at the case that has been made against it.

IS PSYCHOTHERAPY INEFFECTIVE OR HARMFUL?

The belief that psychotherapy does not work with schizophrenic patients has been repeated throughout the psychiatric literature over the course of the last 30 years by such authors as Allen Bergin, Michael Lambert, Robert Drake, Lloyd Sederer, Thomas McGlashan, Kim Mueser, Howard Berenbaum, Jack Scott, Lisa Dixon, Anthony Roth, and Peter Fonagy. These views were formalized in two very influential reports: the Patient Outcomes Research Team (PORT) Study funded by the N.I.M.H. in 1998, and the Guidelines for the Treatment of Patients with Schizophrenia developed by the American Psychiatric Association in 1997.

The Schizophrenia Patient Outcomes Research Team report, observed in Recommendation 22:

"There is no evidence in support of the superiority of psychoanalytic therapy to other forms of therapy and there is a consensus that psychotherapy that promotes regression and psychotic transference can be harmful to persons with schizophrenia. This risk, combined with the high cost and lack of evidence of any benefit argues strongly against the use of psychoanalytic therapy, even in combination with effective pharmacotherapy."

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Psychotic Disorders: From DNA to Neighborhood

Brian Koehler

*What we teach today is
part biology and part history...
but we don't always know
where one ends and
the other begins.*

J. T. Bonner, Biologist

In 2010, Dante Cicchetti emphasized that the abnormalities in the broad domains of genetics, neurobiology, cognition, emotion, and interpersonal relationships in severe mental disorders do not exist in isolation. He encouraged researchers to strive to comprehend the interrelationships between the biological, psychological, and social in these disorders.

Canadian psychologist Donald Hebb was asked the question: "Which contributes more to personality, nature or nurture?" Hebb's reply was to ask which contributes more to the area of a rectangle, the width or length? Social neuroscientists John Cacioppo and William Patrick, in commenting on this question, emphasized neither nature nor nurture (nor both), rather, dynamic gene-environment interactions which regulate gene suppression or expression. Gene-environment interactions directly relevant to psychotic disorders can be observed in the research of Pekka Tienari and colleagues.

In Finland, Tienari and colleagues demonstrated that in the adopted-away children of a biological mother with schizophrenia,

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adoptive-family rearing behavior is predictive of the later development of a schizophrenia spectrum disorder. Tienari and colleagues also found a significant association



Brian Koehler

between communication deviance in adoptive parents and thought disorder in those children thought to be at genetic risk for a schizophrenia spectrum disorder but not in low-genetic-risk adoptees. These results are consistent with either genetic control of sensitivity to the environment or environmental control of gene expression. Importantly, there was no difference in the presence of communication deviance in the adoptive parents of high-risk versus low-risk adoptees, thus suggesting that the adoptees at high risk did not have a special impact on increasing the communication deviance in their adoptive parents. From the perspective of Tienari and colleagues, diseases will tend to cluster in families not because of a direct genetic effect, but because relatives are more vulnerable to the risk increasing effects of a particular environmental factor.

NEUROBIOLOGY

In reviewing recent research on structural brain imaging in schizophrenia, Christos Pantellis noted: "It is beyond doubt that there are gross neuroanatomical changes in patients with schizophrenia, but these are probably non-specific, weakly related to the cardinal manifestations of the disorder, and of largely unknown cause." Paul Harrison and colleagues point out that the neuropathological findings in schizophrenia are not diagnostically specific and there are few established

clinicopathological correlations. Patrick Sullivan and colleagues emphasized that the "pathogenesis of schizophrenia is unknown, and no compelling biological markers of sufficient sensitivity and specificity exist." Daniel Weinberger and Pat Levitt went so far as suggesting:

Schizophrenia, of course, is not something someone has; it is a diagnosis someone is given. It is worth considering that the syndrome of schizophrenia is not a disease at all, but a state of brain function based on an altered developmental trajectory from early programming with changing repercussions throughout life... That there appear to be numerous genetic and environmental factors that can contribute in various combinations to this recognizable state of altered brain function further suggest that what we call schizophrenia may represent "not the result of a discrete event or illness process at all, but rather one end of the developmental spectrum that for genetic and other reasons approximately 0.5 percent of the population will fall into."

NEUROPLASTICITY

The term "neuroplasticity" refers to the capacity of the nervous system to exhibit structural and functional adaptations to impinging stimuli. One important molecular biological basis for neuroplasticity is the

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transcriptional function of genes. The transcriptional function of genes, and therefore neuronal functioning, is responsive to social and environmental factors. Stress-induced neuroplastic changes may be observed in persons with schizophrenia. Ralph Hoffman suggested that social deafferentation-induced neuroplasticity plays a role in schizophrenia. He noted: "...it is at least plausible that severe social withdrawal in humans during critical developmental periods induces deafferentation-like reorganization in regions of association cortex underlying social cognition that consequently produces spurious experiences with social meaning (e.g., hallucinations, delusions)."

THE GENOME

Genes do not code for psychosis per se, e.g., hallucinations or delusions, rather, they sometimes code for proteins. They can code for proteins which may increase or decrease certain vulnerabilities, which in interaction with high-risk environmental factors (e.g., urban birth/living, migration), may or may not cross the threshold into clinical psychosis. Weinberger and Gregor Berger reminded us that "genes do not encode for psychopathology per se, and that the human genome did not evolve with the intention of reifying the DSM-IV criteria."



intentional causal processes, e.g., subjective and sociocultural meanings, pervade biological systems to the level of DNA. Psychogenic and environmental stress has been shown to be genotoxic in various body cells by Harlow Fischman, Ronald Pero, and Dennis Kelly and to contribute to premature cell aging by Elissa Epel.

TRAUMA AND LONELINESS

According to Ruth Lanius, Eric Vermetten, and Clare Pain, early life trauma such as physical, emotional, or sexual abuse, as well as neglect, bullying, and social isolation are correlated with pervasive neural alterations in both gray and white matter, e.g., atrophy and dysmyelination, respectively. In 1997, at an international conference on schizophrenia in London, I proposed that the neuroscience of the severe mental disorders overlaps with the neuroscience of chronic

emotion, and information processing abnormalities described by David Fowler; and theories linking cognition, emotion, and the social world by Paul Bebbington. Social isolation and loneliness can, among other things, undermine our capacity to think clearly and regulate our emotions, as well as increase our paranoid experience of others as described by Cacioppo and Patrick. In humans, loneliness, which is associated with higher rates of mortality and morbidity for every cause of death, has been demonstrated to predict the progression of neurodegenerative disease as well as to alter DNA transcription in the cells of our immune system. In addition to the consequences of cardiometabolic disease secondary to the use of second generation antipsychotic agents, I suggest that trauma, social isolation/defeat, loneliness and states of nonrelatedness (i.e., social disconnection) may be partly responsible for the reduced longevity in persons diagnosed with severe mental disorders reported by NIMH director Thomas Insel.

THE EPIGENOME

According to Richard Francis, it is the field of epigenetics that extends our understanding of genes from one to three dimensional processes. Art Petronis offered a succinct definition of epigenetics: "...epigenetics refers to regulation of gene expressions that are controlled by heritable but potentially reversible changes in DNA methylation and/or chromatin structure." A large number of genes demonstrate an inverse relationship between the degree of DNA methylation and gene expression. Social and psychological experience can epigenetically alter gene expression. Some epigenetic "marks," i.e., specific chemical attachments such as a methyl group, can be transgenerationally transmitted. This adds to the complexities of psychoanalytic models on the transgenerational transmission of trauma in psychosis as described by Francoise Davoine and Jean-Max Gaudilliere. Petronis proposed that epigenetic factors may help to explain the significant lack of full concordance for schizophrenia in monozygotic twins.

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Social psychiatrist Leon Eisenberg concluded that "genes set the boundaries of the possible; environments parse out the actual."

We must not ignore or minimize the significant role of the social-psychological environment on genetic and epigenetic function. Social psychiatrist Leon Eisenberg concluded that "genes set the boundaries of the possible; environments parse out the actual." It is also not possible to reduce everything to the molecular level or to physicochemical processes without vital information being lost. According to Derek Bolton and Jonathan Hill,

and profound stress, trauma, social isolation, extreme loneliness, and social defeat. Fourteen years later, I am even more convinced that this might be so for many persons diagnosed with a severe mental disorder. The role of various kinds of traumas in psychotic disorders is being increasingly recognized as seen in the work of Warren Larkin and Anthony Morrison; the catastrophic interaction hypothesis involving stress, trauma,

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PORT cites a 1995 paper by Scott and Dixon:

"...there seems to be no evidence for the efficacy of dynamic insight oriented psychotherapies (either individual or group) for patients with schizophrenia. Indeed there is some indication that such therapies may be potentially toxic for these patients."

The Guidelines of the American Psychiatric Association (APA) published in 1997 conclude:

"Intensive exploratory techniques during the acute phase of psychosis can prolong disorganization and precipitate relapse."

CONCLUSIONS FROM FLAWED REPORTS

The conclusions summarized above are drawn from less than a handful of papers that became influential. However, there are prominent flaws in these reports; they are (1) poorly designed, (2) based on opinion (or even hearsay), (3) not derived from direct clinical observation, and (4) sometimes involve anecdotal data from one or two patients. Here are the most often cited:

In 1986, Drake and Sederer published a single case as told to them by a patient and his family describing a five-time per week psychotherapy, conducted years earlier. The authors relied on the patient's and family's account exclusively. It is not clear what the training and expertise of the therapist was, what the psychotherapy methods were, what the duration of this therapy was, or how the outcome was measured. The patient developed a delusion, and later dropped out of individual treatment. In a later hospitalization, he became threatening during group psychotherapy. On the basis of this single case report and an equivocal research study from the 1960s conducted by George Fairweather and colleagues, Drake and Sederer conclude that intensive

psychotherapy is harmful to schizophrenic patients. They use the analogy of pouring hot oil on a wound, a discredited medical procedure. The force of their argument lies more in the evocativeness of their metaphor than the clinical data.

Drake and Sederer's paper was cited by Mueser and Berenbaum's 1990 editorial, which was to have a major impact on both the PORT study and the APA guidelines. Mueser and Berenbaum reviewed the literature on psychotherapy with schizophrenic patients and concluded that there was little

Sederer's paper, which consisted of one anecdotal case and Fairweather's 1960 problematic report. Repetition seems to have lent authority to these claims, which were questionable when they were first put forward, and makes them appear to be definitive. It is essentially these claims that were formalized in the PORT study and APA guidelines. In effect, all roads lead back to Mueser and Berenbaum, and from there, to Drake and Sederer.

To add a comment about the PORT study: It relied on a panel of psychiatric experts.

"While medication had kept me alive, it had been psychoanalysis that helped me find a life worth living."

—Elyn Saks

evidence that it was effective. They reviewed four controlled clinical outcome studies published from 1968 through 1984. Two of the studies found no beneficial effect for psychodynamic psychotherapy; two of the studies found that psychodynamic treatment was better than antipsychotic drug therapy. However, the authors acknowledged that all the studies had serious methodological flaws. Mueser and Berenbaum recommended a "moratorium on the use of psychodynamic treatment for schizophrenia based on lack of evidence of usefulness and use of resources."

Like Drake and Sederer and Mueser and Berenbaum, Scott and Dixon did not themselves conduct research with schizophrenic patients but, rather, reviewed the literature. They acknowledged that most studies were flawed and the results could not be generalized. Despite this, they offered an opinion: *"[There is] no evidence for the efficacy of dynamic, insight oriented psychotherapies (either individual or group) for patients with schizophrenia. Indeed there is some indication that such therapies may be potentially toxic for these patients."* What is this evidence of toxicity? They cite the article by Mueser and Berenbaum, which in turn cites Drake and Sederer. Scott and Dixon thus, via a chain of repetition, use the evidence in Drake and

Each was asked to vote on whether these certain clinical practices were recommended or not, based on his or her "knowledge of the literature." PORT was thus essentially an opinion poll. The experts made recommendations based on what they read, not on direct research experience. It is not clear whether the experts had any direct clinical or research experience with schizophrenic patients. There was no new information in Recommendation 22 which went beyond what existed in the literature that I have reviewed above.

IN SUMMARY

To summarize: Research evidence that psychodynamic psychotherapy is beneficial is inconclusive. However, for the present, the same might be said of psychotherapy or psychoanalysis with neurotic patients. Outcome research for psychotherapy of any kind and with any category of patient has historically been notoriously difficult. I want to emphasize this however: There is no actual research or clinical data to show that psychodynamic psychotherapy is harmful to schizophrenic patients.

I have reviewed the data that opponents of psychotherapy with schizophrenic patients have cited. But, there are statistics


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Petronis suggested that because of its complexity, the brain is likely to be vulnerable to even mild epigenetic malfunction which might lead to a diversity of small morphological and functional changes. The neural morphological aberrations observed in schizophrenia, according to Petronis, "are more likely to be just reporters of mild deviation in the developmental program rather than factors causing or predisposing to schizophrenia." More recently, Petronis identified several dozen loci in the genome where epigenetic differences between people diagnosed with schizophrenia and controls emerged.

SOCIOCULTURAL FACTORS

From a sociocultural framework, the following factors have been demonstrated in epidemiological research to be associated with the initiation, course, and outcome of severe mental disorders: urban birth/urban living, socioeconomic status, migration, reduced social support and networks, social isolation, social defeat and marginalization, childhood adversity, expressed emotion (particularly hostile criticism) in caregivers, stigma and discrimination, ethnic density, marital status, relative inequality, and others. A viable and coherent model of the schizophrenias would have to be able to explain the neuroscience and clinical findings, as well as the epidemiological research on social factors, including recovery research and the findings of the WHO studies in which Kim Hopper demonstrated better recoveries in developing countries as opposed to the developed nations. Hopper and colleagues challenged the premise that a deteriorating course is a significant feature of schizophrenia, a viewpoint which has accompanied us since the early taxonomic efforts of Emil Kraepelin. Hopper and colleagues proposed: "As the earlier WHO studies had suggested and others since have corroborated, the course of schizophrenia is not 'hard-wired' into the diagnosis itself; rather, it is a developmental product of continuing interaction of disease process, treatment, local environment, and the active agency of the person." 

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which support psychotherapy. A variety of studies have reported that psychological treatment with schizophrenic patients is effective. Cognitive behavior therapy has been shown to be useful, and studies have shown that psychodynamic therapy can also be helpful. In 1997, Gerard Hogarty reported the benefits of his version of individual psychotherapy, which he termed "personal therapy." Moreover, in a 2002 meta analysis of 37 studies involving 2,642 patients, William Gottdeiner and Nick Haslam found that "*Individual psychotherapy can be effective even without the concurrent use of antipsychotic medication.*" There are also reports by patients themselves who emphasize the importance of talk therapy. In her 2007 autobiography Elyn Saks said "While medication had kept me alive, it had been psychoanalysis that helped me find a life worth living."

In the debate among researchers, who is right? Right now, we simply do not have enough good data to know. While schizophrenia has a significant biological component, environmental and psychological factors also play a significant role: 60 percent of women patients diagnosed as schizophrenic had a history of childhood sexual abuse; 77 percent of sexually abused children admitted to psychiatric hospitals were psychotic as compared with 10 percent of children who were not abused. Every symptom seen in schizophrenia, whether positive or negative, has been associated with environmental trauma. Auditory hallucinations, visual hallucinations, paranoid ideation, thought disorder, loss of reality testing, and even Capgras syndrome have all been linked to post traumatic stress disorder. Mark Hamner found that schizophrenic patients scored only slightly higher on the positive symptom scale of the Positive and Negative Syndrome Scale (PANSS) than PTSD patients. Remarkably he found that the scores on the negative symptoms scale were identical. Otto Doerr-Zeggars and Patricia Herbst found a connection between torture and negative symptoms.

WHICH PATIENTS WILL BENEFIT?

Psychotherapy is not a panacea for all schizophrenic patients. Although it is fraught with difficulties, in certain cases it can be very useful. It can be helpful in building a therapeutic alliance that leads to the acceptance of medication. In certain cases of acute onset psychosis, it has been associated with the resolution of symptoms even when medication has failed. In some cases of chronic psychosis, it can be associated with slow but sometimes dramatic improvements in psychological and social functioning. Unfortunately, for now we cannot identify which patients will benefit from this approach, and which will not.

Attempts at psychotherapy with schizophrenic patients in the past have suffered from a lack of specificity. Standard psychotherapy technique was originated for patients with neurotic psychological structure. Recently, new approaches have been developed which take into account the particular psychological and cognitive structure of schizophrenia (e.g., the lack of self-object boundaries, the breakdown of language use). Eric Marcus, David Garfield, Hogarty, and I have developed such approaches.

Based on the clinical experience of a variety of psychotherapists, and on patients' own reports, psychotherapy can help at least some schizophrenic patients. First, accurate interpretations can help bring disruptive unconscious affect and fantasies to the surface, and can reduce their disorganizing effects. Second, accurate interpretations can be seen as a sign of the therapist's personal interest and commitment, which leads the patient to feel accepted, and thus not so alone and inhuman. Because the interpersonal world of psychotic patients is so eccentric and isolated, the crucial experience of feeling understood and significant may not exist outside the therapy. Withholding psychotherapy is not a neutral step. It can deprive a patient of essential emotional contact. Menacing fantasies and emotions, will not simply disappear if the patient avoids psychotherapy. In the end, it is not psychotherapy that introduces terror into the schizophrenic patient's life. 

From the Unconscious Abbottabad

poetry

Aisha Abbasi



Aisha Abbasi

On May 2, 2011, 79 American commandos in four helicopters launched an exquisitely planned attack on a compound in Abbottabad, Pakistan, and killed Osama Bin Laden, the most wanted terrorist in the world.

"Abbottabad. What was that? Where was that? It was, and is, a very nice, medium-sized city of some affluence, grace, and culture in the north of the country. It is, figuratively speaking, a stone's throw from the capital... Its nickname is 'the city of schools,' and it can be thought of as a Pakistani

equivalent of Cambridge (either Massachusetts or England). Its population is among the nation's youngest and smartest. It is also where the esteemed Pakistan Military Academy is located. The academy has three training battalions in constant residence," as described in LIFE's *Brought to Justice: Osama Bin Laden's War on America and the Mission that Stopped Him*. Abbottabad was founded in 1853 by James Abbott, a British army officer and colonial administrator, and because of its location in the mountains, is a popular summer retreat.

In the days and weeks that followed, the discovery of Bin Laden in a fortified compound located about a thousand yards from one of Pakistan's most prestigious military academies became an important topic in my consulting room. Many of my patients knew I had migrated to America from Pakistan. A few were aware that I visited Abbottabad routinely (this being the city my family lived in since I was 10). The Bin Laden compound's 18-foot-high, razor wire topped walls that concealed secrets behind them and defended against intruders became a significant metaphor in my mind and in the minds of many of my patients. It brought forth reactions that had to do both with external matters (political and social) and internal ones. I found myself renegotiating old and strong barriers in my mind as I struggled, yet again, between the need to deny a painful reality and an effort to see it more clearly: an ongoing journey for all human beings.

A poem I wrote in 1986, soon after I moved to the south of Pakistan and, later, to the U.S.A., highlights my earlier internal images of Abbottabad (and all that it represented for me)—images that often have to be revisited and reworked. It was just such a reworking that took place more actively after the discovery and killing of Bin Laden in Abbottabad and prompted me to begin work on a new paper titled "Abbottabad: Denial, Deception, and Discovery in the External World and the Analyst's Consulting Room."

Sheri Butler Hunt, M.D., who usually writes this column, welcomes readers' comments and suggestions at annseattle1@gmail.com.

Abbottabad (Ebat abad)

Corner of a hill, quiet evening,
I stop and lean against an old tree.
In the valley I see a yellow rope of mustard flowers
Aglow against greenery, and I laugh again.

The air, intoxicated, drowning from the scent
of narcissi,
The sky itself holds its breath to see this sight,
Flowers strewn along paths winding up and down,
And my heart sings: *If there is a heaven, it is here.*

Beautiful city, poetry fills your air;
Dance the movement of your flowers;
When I can feel your fragrance from afar;
Should I call this love "madness," or something else?

I can still feel the touch of your rain on my hands;
Your soil still tickles my feet;
Your world, drowning in the light and color;
Thoughts of you still gladden my saddest times.

I could forget you, but with what kind of heart?
I spent much of my life in your embrace
And still wish, keeping your picture in my eyes,
I could become so intoxicated that I would never
come to my senses again.

Corner of a hill, quiet evening.

—Translated from Urdu
by the author and Carlo Coppola



Mustard fields in bloom, Abbottabad, Pakistan, February 2011.

MRRC—Reflections from Two Past Presidents

Newell Fischer and Prudy Gourguechon

NEWELL FISCHER



Newell Fischer

In June 2011, at the Annual Meeting of the Association, seven of our new members were unique in that they had not trained in an APsaA or IPA institute. Under

the Membership Requirements and Review Committee (MRRC) provision, our organization for the first time expanded its membership criteria to applicants who had not graduated from an IPA approved institute but who had equivalent training. There were 10 applications—seven were accepted and three were deferred. Though the numbers were small, this program signaled a new chapter in the Association's efforts at outreach and inclusion and symbolized a further openness to diversity and enrichment from analysts who were not part of our alumni group. This initiative is to be applauded, and some historical perspective is in order.

During my presidency of the Association, one of the most rewarding and exciting aspects of my tenure was the opportunity to spend two weekends a month visiting nearly all of the 30 plus psychoanalytic societies and centers around the country. It was an exhausting odyssey, but it was highly educational and richly rewarding. The core of these weekend visits was my presentation centered on the Association's recent marketing study (learning what other professionals and consumers thought about psychoanalysis and about psychoanalysts)

Newell Fischer, M.D., served as president of the American Psychoanalytic Association from 2002-2004.

Prudy Gourguechon, M.D., served as president of the American Psychoanalytic Association from 2008-2010.

and developing an agenda for national and local outreach efforts.

Following a slide show presentation, most of my time was spent in freewheeling discussions with members and candidates, in small groups and with individuals. Some of the most enlightening exchanges were with recent graduates who had volunteered to chauffeur me around between meeting locations, hotels, and the airport. I listened carefully and learned a great deal.

To my surprise, I found that a significant number of members of local psychoanalytic groups were not members of APsaA. Upon inquiry, I learned that some of these local members had not joined the Association because they did not see what personal gain there was to national membership, and a few had some specific complaints about the organization. But then I found there were a sizable number of analysts who were dedicated local members (indeed, they had come out on a weekend night for my presentation) but who were not qualified by their training to be members of the Association. These were psychoanalysts who had arranged their own individualized analytic training (a personal analysis, supervised control cases, and suitable didactics). Often it was not clear why these analysts had elected this alternate route—a route that allowed them to join local psychoanalytic societies but barred them from application to the American Psychoanalytic Association. It appeared that in most cases these non-APsaA psychoanalysts had selected highly respected senior analysts for their personal analysis and case supervision and they also audited institute classes. These non-members clearly wanted and actively sought psychoanalytic training but did not want to be, or could not be, part of our organized educational programs. Indeed some of these analysts had had no choice but to pursue individualized training, because they were non-physicians who did not have the opportunity to train in APsaA institutes prior to the 1989 lawsuit, which was settled by allowing non-physicians to become analysts.

In several cases some of these non-APsaA analysts were officers in their local psychoanalytic societies.

There was something wrong with this picture. These non-APsaA/IPA analysts were accepted and respected locally and yet they were not eligible to apply to our national organization, an organization that was becoming increasingly aware of declining membership numbers and aging demographics.

Our Association bylaws allow an officer to put forth a bylaw amendment and so in the final months of my presidency, I drew up a bylaw amendment that would permit dedicated non-APsaA/IPA psychoanalysts who had sufficient equivalent training to apply for membership in the American Psychoanalytic Association.

I decided not to publicize my proposal until just weeks before the Annual Meeting in San Francisco in 2004. I had been a fellow on the Board of Professional Standards for several years and then on the Executive Committee of the Association for eight years and I was weary of hearing belabored discussions of what we could NOT do, the daunting warnings about professional hazards and the "slippery slope" and the deterioration of our educational standards. I did not want to rehash old anxieties about outreach efforts and inclusion ("done that, been there"). I was concerned that such endless debate would lead to stagnation and a "fear of trying" (Plenary Address, Fischer, *JAPA*, 54/1). I also knew that Arnold Cooper (president of the Association, 1980-81) had proposed a similar initiative 25 years earlier but it had been debated, squashed, and lost for a quarter of a century.

The bylaw proposal to allow non-APsaA/IPA trained analysts to apply for membership in our Association was formally brought before BOPS and the Executive Council in San Francisco (2004) and the anticipated heated discussion followed. Several colleagues—Prudy Gourguechon, Harriet Wolfe, and Ellen Fertig—were particularly helpful in moving this proposal through our many meetings and

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committees. The proposed bylaw was then sent to the membership for a vote and it was approved in the fall of 2004 (87 percent of the voters approved the bylaw, 11 percent voted against, and 2 percent abstained).

Of course, this was just the beginning and the ensuing struggle for implementation unfolded.

PRUDY GOURGUECHON



Prudy Gourguechon

The original bylaw Newell Fischer proposed and shepherded to fruition established two things: First, that there would be a pathway to membership for qualified psycho-

analysts who did not graduate from an APsaA or IPA institute. Second, that the criteria for such a pathway would be worked out by the MRRC, an elected committee of the Executive Council, approved by Council, and by a two-thirds vote of the membership—in other words, a follow-up bylaw amendment. It is important to emphasize that the MRRC, newly established, had a *bylaw mandated responsibility* to take this next step, without which the intention of the original bylaw could not be fulfilled.

I'll call the first bylaw, Newell Fischer's, the "establishment amendment" and the second step, which eventually went through several iterations, the "implementation bylaws."

The first attempt at an implementation bylaw was written by the MRRC under then president Jon Meyer's leadership. It contained a great many details specifying the qualifications and procedures for evaluating the prospective members. There was considerable objection to this bylaw primarily because of the plethora of details and specifics, and the proposed amendment was defeated.

Following this defeat, a new implementation bylaw was written by the MRRC, now under the presidency of Lynne Moritz. This implementation bylaw took a very different approach. Instead of laying out specific qualifications in detail, it simply required that the

MRRC develop criteria for membership such that admitted members would have substantially equivalent training to those who graduate from IPA or APsaA institutes. Additionally, the amendment specified policies according to which the MRRC would define substantial equivalence in sufficient detail that actual procedures could be written, submitted to the membership for comment, approved by a supermajority of the Executive Council, and then actually implemented.

There were objections to this implementation amendment too. This time, it was seen as too vague, and some saw it as a renegeing on the principle that criteria for membership would be approved by the members (i.e., in a bylaw). I insisted rather persistently that "substantial equivalence" WAS the criterion that members were being given a chance to approve, thus no renegeing was occurring. This did not satisfy opponents of this change who felt that it was too broad and vague a mandate to the MRRC and Executive Council. Because of unfortunate and, one might say, rather silly contortions in our bylaws regarding amending the bylaws, only a negative statement about this proposal could be included in the mailing to members. This implementation bylaw was submitted to the membership for a vote and, not surprisingly, it, too, was defeated.

A year later, I was now president, and I asked the three other officers at the time, Bob Galatzer-Levy, Judy Schachter, and Warren Procci, to join me in putting forward the same amendment once more. We felt it was an excellent amendment with the right terms and criteria for this process. By submitting the bylaw as officers, rather than through another means such as the Executive Council, we were able to include a positive supportive statement with the mailing. Finally, this amendment passed in June 2010, fully six years after the first amendment giving the MRRC the responsibility of articulating a pathway to membership for non-APsaA/IPA graduates.


I remember during this entire process I kept specific friends and colleagues in my mind, psychoanalysts who have made great contributions to the profession and to APsaA as well. I wanted to make it possible

for them to join us as members—if we could make membership attractive enough. Keeping it personal helped me stay organized and on track.

The final step occurred in the fall of 2010 when the MRRC, now chaired by president Warren Procci, accomplished the task of developing specific procedures and the actual application forms.

Graduates of APsaA institutes have seen three supervised cases four to five times a week, have had a training analysis, and have taken a substantial range of courses in specific subjects. Prospective applicants through the new pathway are asked to demonstrate that they have received training in these three areas, at an intensity and depth "substantially equivalent" to APsaA graduates. However, exact equivalence is not a reasonable standard, so the application is considered in its totality and not based on any one number or fact.

So this story ends at the beginning of a profound philosophical change. As Newell Fischer said, seven new members were accepted in June 2011 through the new pathway. At this moment, the American Psychoanalytic Association was transformed from an alumni association to an association of like-minded psychoanalysts. The potential of this shift is enormous and exciting. Doors open and unimagined futures become possible.

Obviously, prospective members must see something of value in membership in APsaA to put up with the bother of applying and the cost of membership. It is our job to make it clear that membership in APsaA adds value to our colleagues' professional lives. We are under no illusion that there are bunches of analysts out there who seek the prestige of membership in APsaA. However, the depths of our programs—in advocacy, public information, research, scholarship—must be maintained, enhanced, and publicized so that many analysts will want to join us, use our resources, and share theirs with us. 

To download an application for membership through the new pathway channel visit: www.apsa.org/NewMembership.

APsaA's Excellent New Fellows for 2011-2012

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

Andres Barkil-Oteo, M.D., M.Sc., is a fourth-year psychiatry resident at Yale University. He was born in Madrid and raised in Damascus, where he attended medical school at the



Andres Barkil-Oteo

University of Damascus and collaborated in an effort to provide psychological assistance to Iraqi and Sudanese war refugees. After medical school, he completed an M.Sc. in neuroscience at Amsterdam's Vrije University where he explored the genetic basis for long-range temporal correlations in EEG signals. From 2006-2008, Barkil-Oteo engaged in a joint program of University College London and Yale, during which he studied psychodynamic theories at the Anna Freud Centre and performed functional MRI studies. Barkil-Oteo currently provides mental health services to diverse groups in New Haven and is pursuing a public psychiatry fellowship at New York State Psychiatric Institute.

Nina Burtchen, M.D., Ph.D., M.Sc., is a postdoctoral research fellow at the Division of Developmental Neuroscience, Department of Psychiatry, Columbia University. After graduating from Humboldt-University in Berlin, she trained as a pediatrician at Jacobi Medical Center in New York. Her

major academic interest is the relationship between parental psychiatric disorders and regulatory disturbances of early infancy. As part of an M.Sc. program in clinical translational investigation at NYU School of Medicine, Burtchen conducted a study of perinatal mood disorders and infant social withdrawal behavior. For this she received the American Academy of Pediatrics 2010 Young Investigator Award and the 2011 Fellow Research Award. Her clinical work and research have long been psychoanalytically informed. She is currently a candidate at the Anni Bergman Parent-Infant Program at the Institute for Psychoanalytic Training and Research/New York Freudian Society.



Nina Burtchen

Elizabeth Castrellón, M.S.W., received her master's degree from Smith College School for Social Work. Most recently she was a Post-Master's Clinical Social Work Fellow at the Baylor College of Medicine Psychiatry Clinic in Houston, where she had the opportunity to further her understanding of psychodynamic theories. She now works as a psychotherapist for children and families at Baylor's Community Behavioral Health Program. Castrellón completed her undergraduate degree



Elizabeth Castrellón

in sociology at Rice University. After graduation she worked at the Houston Area Women's Center, where her interest in individuals with early childhood trauma began. Her current interests include psychodynamic theories and their applicability to marginalized populations and the impact that the process of immigration has on an individual's sense of self and relationship to others.

Elisa Cheng, M.D., completed a fellowship in the Program for Psychotherapy at the Cambridge Health Alliance/Harvard Medical School, where she now holds a clinical/teaching



Elisa Cheng

position. Cheng received her B.A. in cognitive neuroscience at Harvard-Radcliffe, her M.D. from Harvard Medical School, and completed her adult psychiatry residency training at the Cambridge Health Alliance. Throughout her training, she has been deeply interested in clinical education, community psychiatry, and psychoanalytic thinking. She has particular interest in those forced to grapple with change in life through processes such as individuation, acculturation, and illness. As an APsaA Fellow, Cheng hopes to learn how psychoanalysis and psychoanalytic therapy can retain their place in a world increasingly beset by financial and time pressures, and how to engage future generations of trainees.

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Kathleen Ross, Ph.D., L.S.W., and Michael Caplan, M.D., are co-chairs of the APsaA Fellowship Committee.

Umi Chong, Psy.D.,

is a postdoctoral fellow in Child and Adolescent Acute Services at the Cambridge Hospital/Harvard Medical School. Prior to becoming a psychologist,



Umi Chong

Chong worked as a health policy consultant advising the federal government and private foundations. She graduated from Georgetown University and the University of Pennsylvania with degrees in foreign service and bioethics, respectively, and received her doctorate from George Washington University. Chong's dissertation examined the effectiveness of ethnically similar therapeutic dyads and was presented at the American Psychological Association's 2010 annual meeting. She has been honored as an American Psychological Association Minority Fellow. Her areas of clinical expertise include cross-cultural psychology, cultural competence, and impact of trauma on development, and she is interested in the intersection of philosophy and spirituality with psychoanalytic thinking.

Darren Del Castillo, Ph.D.,

is a staff psychologist at the University of California, Santa Barbara Counseling Services. He received his Ph.D. from Miami University in clinical psy-



Darren Del Castillo

chology, and completed a postdoctoral fellowship at U.C.L.A. Counseling and Psychological Services. Del Castillo's doctoral dissertation took an interdisciplinary approach to the study of men and masculinities, utilizing perspectives from narrative psychology, social constructionism, and contemporary psychoanalysis. Considering trends within the helping professions—specifically, the profession of psychology becoming increasingly female-concentrated—he conducted an in-depth

qualitative inquiry into how male psychotherapists negotiate their gender and professional identities in this context. As a staff psychologist at UCSB, Del Castillo conducts individual and group psychotherapy, and collaborates with campus organizations to encourage men's leadership in preventing violence and sexual assault.

Aaron Denham, Ph.D.,

is assistant professor of anthropology at Northern Arizona University. He holds a B.S. in psychology and an M.A. in anthropology from the University of Idaho, and a Ph.D. in anthropology from the University of Alberta. As a medical and psychological anthropologist, Denham is interested in the complexities of the human experience of distress and healing as situated within their broader contexts. He has researched and published on intergenerational trauma and resilience in a Native American family and on the models and metaphors of mental health and healing in an Inuit community. Denham's current research considers family sentiments and discourse surrounding child mortality and infanticide in Northern Ghana. He previously worked as a mental health counselor and is currently treasurer of the Arizona Psychoanalytic Society.



Aaron Denham

Anna Fishzon, Ph.D.,

is assistant professor of history at Williams College. She received a B.A. from Duke University and a Ph.D. in history from Columbia University. Fishzon is a historian of Russia and modern Europe with cross-disciplinary research interests that assimilate methods and theory from sociology, anthropology, literary studies, and



Anna Fishzon

psychoanalysis. Her book manuscript, *Mad Acts, Letter Scenes: Fandom, Opera and Authenticity in Fin-de-Siècle Russia*, links opera performance and the commodified personality to prevailing notions of self and affect in the early 20th century. In her second book project, Fishzon hopes to make extensive use of psychoanalytic thought: She will look at Brezhnev-era children's literature and musical animated films in order to shed light on late-socialist childhood and its memory in the Soviet diaspora.

Sharmin Ghaznavi, M.D., Ph.D.,

is a fourth-year psychiatry resident in adult psychiatry at the Harvard Massachusetts General Hospital/McLean Hospital program. She graduated from the Massachusetts Institute of Technology with a B.S. in brain and cognitive sciences, biology, and philosophy and received her M.D. and Ph.D. from Yale University. Ghaznavi also completed an M.A. in philosophy while at Yale. Her doctoral work focused on the effects of rumination on cognitive processing in dysphoria. Her current research looks at the neural correlates of brief psychodynamic psychotherapy as well as neural correlates of self-processing and rumination in major depression. She aspires to a career that combines research and clinical work, with an emphasis on psychodynamic and psychoanalytic therapy.



Sharmin Ghaznavi

Laurie Gray, M.D.,

is currently chief resident of outpatient psychiatry at the University of Pennsylvania. She received her B.A. summa cum laude in biology from Harvard



Laurie Gray

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2011-2012 Fellows

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University and her M.D. from the University of Pennsylvania School of Medicine, where she was a member of the Alpha Omega Alpha honors society. A participant in the Clinical Research Scholars Program at Penn, Gray studies bereavement in children after the death of a parent, an extreme stressor that 4 percent of U.S. children will face before age 18. She is interested in studying bereavement from several different perspectives, taking into account cultural and developmental influences and family and individual factors. After finishing her residency, she plans on entering a fellowship in child and adolescent psychiatry.

Margaret Haglund, M.D., is chief resident at Columbia University/New York State Psychiatric Institute in New York City. She received her medical degree from the



Margaret Haglund

Mount Sinai School of Medicine where she was awarded a Doris Duke Clinical Research Fellowship to study resilience to trauma. Prior to medical school, she studied political philosophy at Wesleyan University, which sparked her interest in understanding the mind. In her psychiatric training she has been drawn to psychodynamic models of illness. She is currently involved in research on the prodromal phase of psychosis and the utility of psychological treatments for psychotic disorders. She is also interested in substance use disorders and hopes to integrate psychodynamic principles into learning how best to understand and treat patients with addiction.

Sarah Juul, M.D., M.Sc., is a fourth-year resident in psychiatry at Emory University

School of Medicine and a chief resident at Grady Memorial Hospital in Atlanta. She holds an M.D. from Stanford University, an M.Sc. in infectious diseases from the London School of Hygiene and Tropical Medicine, and a B.A. in liberal arts from the University of Texas at Austin. Juul developed her interests in the social determinants of health by studying infectious diseases in the former U.S.S.R. and South Africa, and gender-based health policy at the World Health Organization. As a resident, she has directed the Atlanta Asylum Network and worked with The Carter Center. In 2010, she received an Outstanding Resident Award from the N.I.M.H. Her current interests include the overlap of mood and personality disorders.



Sarah Juul

Johanna C. Malone, Ph.D., is a postdoctoral fellow at Massachusetts General Hospital, Harvard Medical School where she pursues research at both the Longitudinal Study of Adult Development with Robert Waldinger and the Personality Evaluation and Research Laboratory with Mark Blais. Her research focuses on the transactional nature of relationships and personality development. Her clinical work includes both psychodynamic therapy and integrated neuropsychological and psychological assessment. Malone completed her graduate studies in human development at the Harvard Graduate School of Education and in clinical psychology at Michigan State University. Prior to studying psychology, she completed her undergraduate studies in music composition at the New England Conservatory of Music.



Johanna C. Malone

Matthew Steinfeld, Ph.D., is a postdoctoral associate in the Department of Psychiatry at Yale School of Medicine. He received his Ph.D. in clinical psychology from The New



Matthew Steinfeld

School for Social Research, where he also received his M.A. and his B.A. from Eugene Lang College, The New School's liberal arts college, as a "Mind, Nature, & Value" major. Currently, Steinfeld's research in the area of substance abuse focuses on the negative psychological effects of social marginalization and racial segregation, particularly as related to minority overrepresentation in substance abusing populations, and on the psychological processes implicated in the maintenance of this inequity. A classically trained trumpeter, he also studies music psychology. His dissertation looked at the role of auditory imagery in the acquisition of musical skill.

Brandon Unruh, M.D., received his undergraduate degree from Harvard University and attended medical school at UCLA while blending interests in literature, religion,



Brandon Unruh

and philosophy with a growing commitment to psychiatry. He finished his residency at Massachusetts General Hospital and McLean Hospital as chief resident in 2010-11. He has published in the areas of medical research ethics, general hospital psychiatry, and literature and medicine. Unruh is currently a fellow in the treatment of personality disorders at the Gunderson Residence and a staff psychiatrist in the Personality Disorders Clinic and Posttraumatic and Dissociative Disorders Program at McLean Hospital. He is interested

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APsaA's New Public Affairs Director



Geralyn Lederman

Geralyn Lederman has recently joined APsaA as our new director of public affairs. She has been developing and implementing communications and marketing programs for more than a decade. Lederman's expertise includes media relations, message development, crisis planning, and branding.

Most recently, she was with the professional services firm Kellen Company, where she created highly successful marketing and communications plans for several trade associations and professional societies. Previously, Lederman served as communications manager at the Pacific Institute for Research and Evaluation, a public health research organization, and before that she was at the Anxiety Disorders Association of America.

APsaA's former public affairs director, Jake Lynn, left to take an advocacy and communications position with Lockheed Martin in the Washington, DC metro area. During his tenure, he helped APsaA and its members increase our voice in the media and promote psychoanalysis.

—Dean K. Stein, *APsaA Executive Director*

in psychoanalytic viewpoints on topics including dissociative phenomena, suicide, borderline personality, adaptive religiosity, and the sorts of intrapsychic changes made possible only after successful behavioral treatments.

Ben Weiss, L.C.S.W.,

is a second-year fellow in the Program for Psychotherapy at the Cambridge Health Alliance. The fellowship focuses on training in psychoanalytically-



Ben Weiss

informed psychodynamic psychotherapy. A graduate of Smith College School for Social Work, Weiss interned at the Cambridge

Health Alliance on its couples and family therapy team and at Valley Human Services in Ware, Mass. Before attending Smith, he worked as an assessment specialist at Somerville-Cambridge Elder Services in Somerville, Mass. He received his B.A. from Hampshire College and is a bluegrass mandolin player.

Alecia Zalot, Ph.D., is staff psychologist on the Adolescent Unit of San Antonio State Hospital, and adjunct assistant professor of psychiatry at the University of Texas Health Science Center, San Antonio. She received her Ph.D. from the University of North Carolina at Chapel Hill, where she became interested in multi-systemic approaches to

research and treatment and examined adolescent risk and resiliency in the context of family, neighborhood, and biological vulnerability. Zalot completed her postdoctoral fellowship



Alecia Zalot

at Yale's Department of Mental Health and Counseling, where she developed further appreciation for psychodynamic therapy. As an APsaA Fellow, she is interested in increasing the influence of psychoanalytic thinking in patient conceptualization and treatment at San Antonio State Hospital in order to augment the prevailing brief, behaviorally-informed medical model.

APSA

Keeping Tabs on Tabulators: Patient Identification Transformation

Graham L. Spruiell

Beyond the disputed individual mandate of the Affordable Care Act (ACA) requiring citizens to purchase health care insurance, there is another "individual mandate" that assigns a unique identification number to every citizen-patient. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) already required the adoption of a unique identification number for each clinician, called the National Provider Identifier (NPI). This system was established to collect information about each licensed health care provider. Similar to the NPI number for providers, the Simplification Adoption of Operating Rules for Eligibility for Health Plan and Health Care Claim Status Transactions, also from HIPAA, will establish a unique identifier for patients. This national patient number is simply referred to as "Patient Identification" and will be required in order to receive health care services through ACA.

DIGITIZING PATIENTS

Both NPI and Patient Identification numbers, combined with the requirement that by 2015 medical records held by insurers will be converted into an electronic format, represent key building blocks for both the full implementation of the Electronic Health Record (EHR).

UNPARALLELED INCURSION

The EHR is not the first national identification system. The Social Security Act was successfully passed in 1936 for the purpose of tracking earnings of individuals for taxation

Graham L. Spruiell, M.D., is co-chair of the Committee on Government Relations and Insurance and a member of the Program in Psychiatry and the Law, Beth Israel Deaconess Medical Center, Boston.



Graham L. Spruiell

purposes. Since then, there have been other efforts to track more and more information. Under the Bush administration (2005), Congress passed the Real ID Act that uses state driver licenses and ID cards for "official purposes" by Homeland Security, although many states have not complied. As part of the Immigration Reform Act of 2006, the Electronic Employment Verification System (EEVS) requires that all workers carry an identification card to ensure that companies do not hire non-citizens. In April of 2011, President Obama submitted the National Strategy for Trusted Identities in Cyberspace. These proposed guidelines assign a unique Internet Identification Number to users for purposes of enhancing Internet security. But different from these preceding identification efforts, assigning Patient Identification numbers represents an unparalleled incursion into the personal lives of citizen-patients because, rather than being primarily enumerative, this number will provide a means to specifically identify individuals through personal health information.

After recognizing the importance of health record security and privacy, Secretary of Health and Human Resources (HHS) Kathleen Sebelius said in 2010: "I feel equally strongly that conversion to electronic health records may be one of the most transformative issues in the delivery of health care, lowering medical errors, reducing costs and helping to improve the quality of outcomes." Secretary Sebelius announced new rules to expand the use of the EHR. These new rules

were in response to the American Recovery and Reinvestment Act (2009) that defines incentive payments for providers who demonstrate "meaningful use" of EHR technology, and penalties for providers who do not.



Kathleen Sebelius,
Secretary of Health and
Human Services

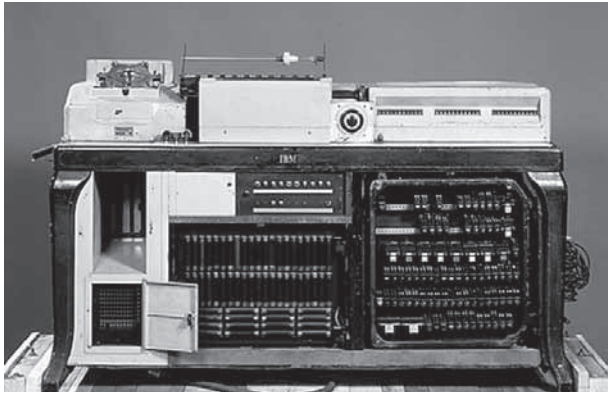
If the secretary feels "equally strongly" about health record security and privacy versus the conversion to electronic health records, it is not clear why she would then be willing to move forward with implementation of the EHR, knowing that the EHR jeopardizes patient confidentiality. Further, if the EHR is transformative in a positive sense, it is not clear why it would be necessary to adopt a carrot-stick approach with providers; until it is realized that without providers' conveying data to insurance companies and government depositories, there can be no EHR.

APSA legislative counsel, James Pyles, has noted that EHRs have not produced the promised results that were the basis for the legislation. He said, "Health Information Technology (HIT) legislation was passed on the representation that it would save 100,000 lives a year and \$77 billion annually. Studies to date have shown that Health IT has not produced any savings, has added to the cost of health care with expensive systems with expensive security measures, and has not reduced medical errors or saved lives but in fact has added errors." To the contrary, it appears that electronic health information systems are adding unanticipated costs to the health care delivery system at a time when Congress is contemplating deep cuts in reimbursement for federal programs.

Beside there being little advantage in terms of cost and quality, the infrastructure of the EHR is fundamentally flawed. For every security measure to shield information in a database there is eventually a countermeasure to get around the shield. As a result of Internet

Continued on page 25

hacking and lost or stolen laptops/memory devices, breaches of personal health information (PHI) are skyrocketing. According to data from the Privacy Rights Clearinghouse, from 2005 to July 10, 2011, there were 513 separate breaches in which 20,705,963 patients had their medical records disclosed without their consent. This represents 6.8 percent of the U.S. population (303,256,310).



DC Holocaust Memorial Museum, DEHOMAG Hollerith Tabulator

Not everyone in the U.S. population is a patient and many breaches go unreported, so the actual percentage is likely to be much higher. If an individual practitioner were to breach the confidentiality of 6.8 patients for every 100 patients seen, that practitioner would not be permitted to practice.

Pyles has written in a soon to be released analysis of electronic health records over the past 15 years, "Electronic health information systems are the nuclear energy of health reform. They can bring great benefit if carefully used and controlled, and can be costly



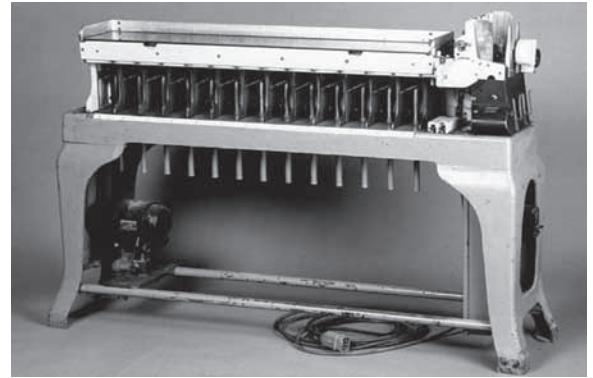
DEHOMAG Logo

and produce catastrophic damage if not tightly controlled. Electronic health information systems make it possible, for the first time in the history of medicine, (A) to breach the health information privacy of millions of individuals with the punch of a button; (B) steal health information without having physical access to it (or even be on the same continent); and (C) breach health privacy in a manner that it can never be restored."

Personal health information contained in EHR is quite detailed and includes demographic profile, ethnicity, height, weight, waist circumference, blood pressure, detection of cognitive impairment, screening schedule for the next 5-10 years, age appropriate preventive services, individual risk factors, and mental health conditions. There is an expectation for practitioners to provide personalized health advice and to promote self-management and wellness including weight-loss, physical activity, smoking cessation, fall prevention, and nutrition. The secretary has the authority to introduce additional data elements as she deems appropriate.

BEFORE COMPUTERS

Implementation of the EHR does not represent the first "transformative issue" of this type. In the late 1880s a U.S. Census Bureau employee named Herman Hollerith patented a machine named the Hollerith Tabulator. The Hollerith Tabulator mechanically sorted perforated cards representing numerical data and is considered the first working machine capable of sorting, storing, and cross-tabulating data. The Hollerith Tabulator was used by the United States government to perform its 1890 census with unprecedented speed and accuracy. Besides transforming census taking, the Hollerith Tabulator soon proved to be indispensable in elections and in a variety of business applications and was heralded as a significant innovation.



Hollerith Sorter of punch cards

HOLLERITH'S INNOCENT TOOL

But just as a chisel can become a bludgeon, an ax can become a battle ax, and farm machinery can become a tank, a useful tool for government census taking and business inventory control can become a weapon of surveillance. In 1910, Hollerith licensed his patents to a new German company, Deutsche Hollerith Maschinen Gesellschaft (DEHOMAG), and the following year sold his own Tabulating Machine Company to a U.S. conglomerate, the Computing-Tabulating-Recording Company (CTR). In 1924, CTR acquired DEHOMAG and renamed itself "International Business Machines" (IBM).

Continued on page 26



Advertisement, "Overview with Hollerith Punch Cards"

Tabulators

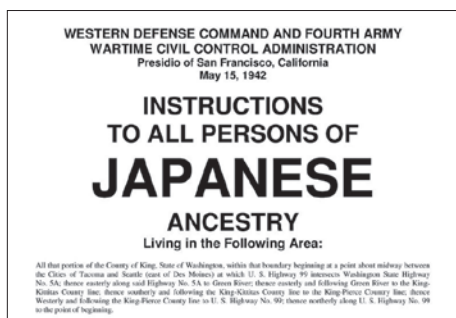
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Leon Greenman, English Auschwitz Survivor

In addition to conducting its census, the Nazi regime began using DEHOMAG's Hollerith Tabulators to compile information on targeted populations. Tabulators were used to regulate the trains that transferred prisoners to concentration camps. Once imprisoned in camps, information was entered into the tabulators about ethnic background, type of worker, and whether the individual was scheduled to be killed or kept alive as a laborer. That number was represented on the punch card and at least in the beginning was tattooed on the prisoner's forearm.

And it was not just the Nazis. Following the declaration of war against Japan, Franklin D. Roosevelt signed an executive order (9066) which authorized the (mis)use of Hollerith Tabulators to surveil and facilitate internment of Japanese-Americans (1943). Although imprisoning Japanese-American citizens differs from the Holocaust in many respects, it does demonstrate that even a so-called enlightened government can be susceptible to "keeping tabs" on its citizens. (The origin of this phrase is unclear but came into parlance in the late 1800s around the time that the Hollerith Tabulator was developed, and means "to keep a close eye on" or "to track.")



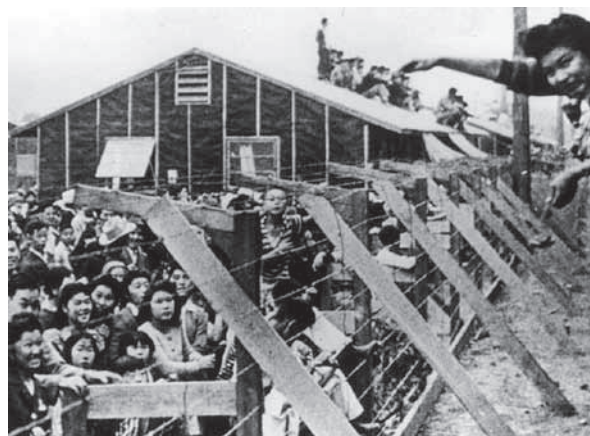
Having a Patient Identification number may seem indispensable in terms of threading the needle of the EHR and expanding a national identification system; but benefits are exaggerated, data is often unreliable, the EHR is fundamentally insecure, and governments have misused such information in the recent past. These facts should give us pause to question this transformation. Secretary Sebelius has the authority to facilitate implementation of the EHR and Patient Identification, but she does not have the authority to compel practitioners to act against their ethical beliefs. If the EHR and Patient Identification are implemented, our government for the first time would have access and the means to regulate and exploit what has heretofore been considered private information belonging to individual citizens.

The most compelling way to maintain confidentiality and preserve trust in the therapist-patient relationship is to avoid using the EHR altogether through private contracting, although this is becoming increasingly impractical; some say impossible.

If information about treatment is disclosed to the EHR, psychoanalysts should consider the following:

1. Have forthright discussions with patients about what information will be recorded.
2. Obtain informed consent regarding the EHR and limitations of confidentiality. (Medical, non-criminal, Miranda Warning)
3. Record the minimal data necessary.
4. Record sensitive information in "psychotherapy notes," making sure that this information is kept separate from the rest of the medical record.

If the EHR is inevitable, then it will be important to legally clarify who owns and has authority to regulate information contained in the medical record. According to medical




Japanese-American Internment Camp

ethical tenets that have existed for over 2,000 years, the patient has been considered to be the putative owner of, not the physical record itself, but information contained in the record which the patient volunteered in order to receive treatment. Before HIPAA, it was the patient's prerogative to disclose or not to disclose, not the agency which collected this information.

To clarify ownership of health information and to preserve confidentiality will require a legal foundation. In terms of transformation, the EHR should be fundamentally redesigned to become patient-centered. Similar to a bank

account, the patient (or surrogate) should have exclusive rights to issue PHI from a "personal information account" to trusted recipients only and to be alerted when this information is accessed without authorization. Existing technologies do not require a national patient identification number; do not



require practitioners to betray trust and confidence, are not vulnerable to massive breaches or abuse; but would re-establish patient control over health information. 

Editor's Note: If you would like the list of references, please contact Graham L. Spruiell at gls@analysis.com.

Remembering Arnold M. Cooper, M.D.

1923-2011

Robert Michels

Arnold M. Cooper died on June 9, 2011, at the age of 88. He had been an emeritus professor and associate chairman for education in the Department of Psychiatry at Cornell University; a training and supervising psychoanalyst at the Columbia University Center for Psychoanalytic Training and Research; president of the American Psychoanalytic Association, vice-president of the International Psychoanalytical Association; deputy editor of the *American Journal of Psychiatry*; and North American editor of the *International Journal of Psychoanalysis*.

Arnie was noted for his intellect, both its breadth and its depth. A psychoanalytic scholar, he was always open to new ideas, both at the core of the field and at its boundaries with other disciplines. His interests ranged from the psychodynamics of narcissism and masochism, the "burnout" of psychoanalysts, the role of pharmacotherapy in psychoanalysis, psychoanalytic studies of the humanities, to the epistemology of psychoanalysis. He was also a scholar in literature, music, and the arts.

He was a brilliant and beloved teacher—of undergraduates, medical students, psychiatric residents, psychoanalytic candidates, and colleagues. His former students from each of these groups

maintained contact with him over the years and often attributed their enthusiasm and success in the field to his mentorship.

Arnie played a major role in developing psychiatric and psychoanalytic curricula, always emphasizing that he was an educator, facilitating the development and creativity of his students, rather than a trainer, teaching them what he already knew. The result was that he educated many of our finest educators.

He was a member of the American Psychoanalytic Association for 50 years. He served on the Committees on Indexing, Public Information, New Training Facilities, and Government Relations; he chaired the Program Committee, the Committee on Latin American Colleagues, and the Committee on University and Medical Education. He was a Fellow of the Board on Professional Standards and, from 1980-82, president. He recognized the importance of professional organizations, and during his presidency initiated the process of reorganizing the structure of the Association to recognize the appropriate role of the members in its governance, a process that continues to this day.

He is survived, and missed, by his wife, Katherine Addleman, his children Andrew Cooper, Melissa Cooper Hamburger, and Tom Van Cooper, three grandchildren, grateful patients, students, and grieving colleagues.



Arnold M. Cooper

Robert Michels, M.D., is University Professor at Cornell University, where he was chair of the Department of Psychiatry and dean of the Medical College. He is training and supervising analyst at the Columbia University Center for Psychoanalytic Training and Research.

APSA



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